



DRILLING CONTRACTOR QUESTIONNAIRE

1. General Information

Date completed: _____	
Name of Applicant: _____	
Email Address: _____	
Website Address: _____	
Annual Receipts: _____	State(s) in which you do business _____
Years in Business: _____	Number of years you have been with the agent submitting account _____
Applicant Operates as Follows: (indicate %)	
_____ % General Contractor (if Sub cost is > 35% of receipts please complete the General Contractor Questionnaire CTR 921)	
_____ % Sub-contractor working for General Contractor or Prime Contractor	
_____ % Trade contractor working directly for Commercial or Residential customers	
100% Total	

2. Indicate the percentage of the type of work performed. (Each column should total 100%)

<table style="width: 100%; border-collapse: collapse;"> <tr><td>New Construction</td><td style="text-align: right;">_____ %</td></tr> <tr><td>Alterations / Remodeling</td><td style="text-align: right;">_____ %</td></tr> <tr><td>Service / Repair</td><td style="text-align: right;">_____ %</td></tr> <tr><td>Maintenance</td><td style="text-align: right;">_____ %</td></tr> <tr><td>Other (describe) _____</td><td style="text-align: right;">_____ %</td></tr> <tr><td style="text-align: right;">Total</td><td style="text-align: right;">100%</td></tr> </table>	New Construction	_____ %	Alterations / Remodeling	_____ %	Service / Repair	_____ %	Maintenance	_____ %	Other (describe) _____	_____ %	Total	100%	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>Commercial _____ %</td> <td><input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Apartments/Dorms</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Offices <input type="checkbox"/> Retail</td> </tr> <tr> <td>Residential (Indicate type) _____ %</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Custom Single Family</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Tract Homes/Subdivisions</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Townhomes / Condos</td> </tr> <tr> <td>Industrial _____ %</td> <td></td> </tr> <tr> <td>Institutional _____ %</td> <td></td> </tr> <tr> <td>Other (describe) _____</td> <td style="text-align: right;">_____ %</td> </tr> <tr> <td style="text-align: right;">Total</td> <td style="text-align: right;">100%</td> </tr> </table>	Commercial _____ %	<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Apartments/Dorms		<input type="checkbox"/> Offices <input type="checkbox"/> Retail	Residential (Indicate type) _____ %			<input type="checkbox"/> Custom Single Family		<input type="checkbox"/> Tract Homes/Subdivisions		<input type="checkbox"/> Townhomes / Condos	Industrial _____ %		Institutional _____ %		Other (describe) _____	_____ %	Total	100%
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3. Type of Work Subcontracted to Others

Check all that apply:			
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Drywall / Plastering	<input type="checkbox"/> Insulation	<input type="checkbox"/> Playground Equipment
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Electrical	<input type="checkbox"/> Landscape Construction	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Concrete	<input type="checkbox"/> Excavation	<input type="checkbox"/> Masonry	<input type="checkbox"/> Roofing
<input type="checkbox"/> Demolition	<input type="checkbox"/> Grading	<input type="checkbox"/> Paving	<input type="checkbox"/> Siding
<input type="checkbox"/> Doors / Windows	<input type="checkbox"/> Heating & Air Cond.	<input type="checkbox"/> Painting	<input type="checkbox"/> Swimming Pools
			<input type="checkbox"/> Water / Sewer
<input type="checkbox"/> Other (describe) _____			

4. Subcontracted Work & Contractual Risk Transfer

a. Do you subcontract work to others? If yes, complete Sections b. thru d. below	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. What is the annual amount of work subcontracted to others? \$ _____		
c. Do you require all sub-contractors to enter into a written contract? (If yes, attach a copy) <input type="checkbox"/> Always <input type="checkbox"/> Sometimes (describe) _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you have a written subcontract agreement		
Do the contracts contain hold harmless and indemnification provisions in your favor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do the contracts require you to be added to the sub's policy as an additional insured:		
For Ongoing Operations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
For Completed Operations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do the contracts require the subs carry limits equal to or greater than \$1,000,000?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you require certificates of insurance from all your sub-contractors prior to their starting on a project?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you require the sub-contractor be in compliance with the insurance requirements of the contract before they are paid in full?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Do you have formal recordkeeping procedures in place for maintenance of copies of contracts, certificates of insurance, additional insured endorsement and/or OCP policies for each project? If yes, how long are records maintained? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

5. Job List (Last 5 jobs - attach list or complete below):

Project	City, State	Nature of Work	Job Cost

6. Management Practices (please check all that apply)

a. Employee selection process: <input type="checkbox"/> Application <input type="checkbox"/> Reference Check <input type="checkbox"/> Pre-Placement Medical Exam <input type="checkbox"/> Other (describe) _____		
b. Do you have a formal drug-testing program? <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Post accident <input type="checkbox"/> Probable Cause <input type="checkbox"/> CDL Drivers Only <input type="checkbox"/> Other (describe) _____		
c. Are safety meetings held on a quarterly basis; do managers and employees attend and are attendance records kept? If less than quarterly, how often? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Have you been cited for any OSHA violations in the past 3 years? If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Do you hire any day labor or casual labor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

7. Liability Exposures:

<p>a. Do you employ an architect, engineer or surveyor who draws or stamps plans, designs or specifications? If yes, do you have professional liability coverage in place? Limit of Professional Coverage: \$ _____</p>	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO																				
<p>b. Do you or have you ever worked for builders or developers of tract homes, townhomes or condos? If yes, list the developers or builders you have worked for: _____ _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO																				
<p>c. Do you or have you ever applied, installed or managed any jobs involving any synthetic stucco (EIFS) related product or material? Describe: _____ _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO																				
<p>d. Do you or have you ever performed any abatement or removal of (Check all that apply) <input type="checkbox"/> asbestos <input type="checkbox"/> lead <input type="checkbox"/> mold Describe: _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO																				
<p>e. Do you perform any snow plowing/ snow removal / ice treatment services for others? If yes, complete Snow Removal Questionnaire CTR 936. Selective excludes snow and ice removal activities performed for others. If an insured desires coverage for these operations, they can complete CTR 936 and we will consider the buyback of this coverage on an individual risk basis. Our appetite is for the contractor whose snow and ice removal activities are incidental to their overall operations. (Snow & Ice removal is not automatically excluded in AZ, CO, GA, MD, NC, NM, SC, UT & VA but will be underwritten when the exposure is identified)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO																				
<p>f. Any current or past involvement with a wrap-up/OCIP/CCIP? If yes, describe below: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:25%;">Wrap-Up Project</th> <th style="width:30%;">Project Description</th> <th style="width:15%;">Date</th> <th style="width:30%;">Work Performed by Applicant</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>			Wrap-Up Project	Project Description	Date	Work Performed by Applicant	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<p>g. Do you rent, lease or loan equipment <u>to others</u>? If yes, is the equipment rented to others with an operator? Do you use a written contract or rental agreement? Does it include a hold harmless agreement in your favor? Does it require the renting party to provide physical damage coverage for the property being rented? Describe the type of equipment rented to others: _____ _____</p>	<input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO																				

8. Inland Marine Exposures

<p>a. Is your equipment provided with theft-deterrent devices and/or registered with NER (National Equipment Registry)? If yes, describe: _____ _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>b. How are your equipment and materials secured at jobsites? Describe: _____ _____</p>		
<p>c. Do you borrow, lease or rent equipment <u>from others</u>? If yes, what type? Describe: _____ How much do you spend on equipment rental annually? _____ _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

9. Auto Exposures

<p>a. Account has the following controls in place (Please check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Formal Fleet safety program</td> <td><input type="checkbox"/> Formal Accident Investigation Program</td> </tr> <tr> <td><input type="checkbox"/> Documented Fleet maintenance program</td> <td><input type="checkbox"/> Seat belt use policy</td> </tr> <tr> <td><input type="checkbox"/> GPS Tracking/Monitoring</td> <td><input type="checkbox"/> Cell phone use policy</td> </tr> <tr> <td><input type="checkbox"/> MVR's ordered at point of hire</td> <td><input type="checkbox"/> MVR's ordered annually</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> MVR Driver acceptability criteria in place (Describe): _____ _____</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Account has procedures in place to deal with problem drivers (Progressive discipline policy) (Describe): _____ _____</td> </tr> </table>			<input type="checkbox"/> Formal Fleet safety program	<input type="checkbox"/> Formal Accident Investigation Program	<input type="checkbox"/> Documented Fleet maintenance program	<input type="checkbox"/> Seat belt use policy	<input type="checkbox"/> GPS Tracking/Monitoring	<input type="checkbox"/> Cell phone use policy	<input type="checkbox"/> MVR's ordered at point of hire	<input type="checkbox"/> MVR's ordered annually	<input type="checkbox"/> MVR Driver acceptability criteria in place (Describe): _____ _____		<input type="checkbox"/> Account has procedures in place to deal with problem drivers (Progressive discipline policy) (Describe): _____ _____	
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<p>b. Do you allow personal use of company vehicles? If yes, select all that apply</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Insured</td> <td><input type="checkbox"/> Insured's Family Members</td> </tr> <tr> <td><input type="checkbox"/> Employees</td> <td><input type="checkbox"/> Employees Family Members</td> </tr> </table> <p>If yes, do you have a written permissive use policy in place for employees that take company vehicles home?</p>	<input type="checkbox"/> Insured	<input type="checkbox"/> Insured's Family Members	<input type="checkbox"/> Employees	<input type="checkbox"/> Employees Family Members	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO								
<input type="checkbox"/> Insured	<input type="checkbox"/> Insured's Family Members													
<input type="checkbox"/> Employees	<input type="checkbox"/> Employees Family Members													
<p>c. Do your employees use their own vehicles for company business? If yes, what limit of insurance do you require they carry? _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO												
<p>d. Do you have any drivers who are not your employees? If yes, explain _____ _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO												
<p>e. Do you haul material or equipment for others? If yes, indicate annual receipts from hauling \$ _____ Describe type of material or equipment being hauled: _____ _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO												
<p>f. Are your vehicles wrapped, encased or marked with any special marketing or advertising graphics or any special equipment? If yes, has the value of each vehicle been updated to reflect the additional value associated with the advertising graphics or specialized equipment?</p>	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO												
<p>g. Do you have a motor carrier filing? If yes, what is the MC# _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO												

10. Work Comp

a. Health Insurance is provided for (Check all that apply): <input type="checkbox"/> All Employees <input type="checkbox"/> Full-Time Employees Only <input type="checkbox"/> Key Employees Only <input type="checkbox"/> Provided by Union		
b. What is the annual percentage of employee turnover? _____ %		
c. Do you have a written Safety Policy and Program in place?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, are the employees required to sign the Policy acknowledging they have read and understand it?		<input type="checkbox"/> YES <input type="checkbox"/> NO
d. Do you enforce the use of personal protective equipment (hard hats, safety glasses / goggles, hearing protection, steel-toed shoes, etc) as required by OSHA?		<input type="checkbox"/> YES <input type="checkbox"/> NO
e. Are injured employees contacted immediately following medical treatment by a designated person? If yes, list the title of the designated person _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
f. Are claims involving lost work time reviewed and pro-actively managed by a designated individual? If yes, list the title of the designated person _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
g. Do you have a return to work (RTW) program? If yes, describe: _____ _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
h. Have you or will you perform work under the US Longshoremen's and Harbor Workers Act, or any other Federal Act? If yes, describe: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO

11. Drilling Contractors

a. Purpose of Drilling: ___ % Water Wells ___ % Geothermal Heating & Cooling ___ % Oil or gas ___ % Blast holes ___ % Monitoring test holes for landfills or hazardous waste sites ___ % Geo Exploration (soil composition or solidity) ___ % Cathodic Protection Systems and Wells 100% = Total		b. Drilling Method: ___ % Percussive Cable Tool ___ % Rotary ___ % Other (describe) _____ 100% = Total	
c. Area of Operation: ___ % Urban ___ % Suburban ___ % Rural 100% = Total			
d. Are utilities marked before the start of every dig? If telephone inquiries are made is a log maintained with date, time, person spoken to, plot number and map number referred to? If no, explain: _____ Are overhead utilities located? If no, explain: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO
e. Do you drill holes greater than 18 inches in diameter? If yes, describe: _____ _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NO
f. Are any of your projects monitored or approved by DER, DEP or EPA? If yes, describe: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NO
g. Do you perform 24 hour emergency service?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NO
h. Any excavation performed other than drilling? If yes, describe: _____ _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NO

i. Any abandoned well sealing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
j. Any pump service or repair?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
k. Are any rigs mounted on sleds?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
l. Do you perform any conduit or cable work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
m. Do you perform any horizontal drilling or boring operations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
n. Do you perform any pipe ramming, impact moling and pipe jacking?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
o. Do you perform any micro tunneling or pipebursting?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
p. Do you perform any plumbing operations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
q. Do you perform any installation of water pumps?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
r. Do you perform any welding operations in conjunction with drilling?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
s. Do you perform any drilling for road expansion or under highways or railroads?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
t. Do you perform any foundation testing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
u. Do you perform any pile driving operations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
v. Do you perform building structure raising or moving? If yes, do you self-perform this work or subcontract it to others? Describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
w. Do you perform any fracking for gas production operations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
x. Do you perform any water treatment? If yes, describe including chemicals used: _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
y. Do you perform any water testing? If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
z. Do you own or operate a water company? If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
aa. Do you perform any caisson or cofferdam work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ab. Do you perform or do you subcontract to others activities that involve earth movement (i.e. site prep work, soil compaction). If yes, please answer the following questions: 1. How do you verify the land has been properly graded? _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.a. Is the graded/compacted soil tested to verify compliance to project specifications or industry standards?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Who is responsible for that testing? <input type="checkbox"/> You <input type="checkbox"/> Other _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Do you obtain and retain records that verify your work meets the project specifications or industry standards? If yes, how long are the records kept? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.a. Do you work in areas with expansive, swelling or shifting soils?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. If yes, please describe what is done to stabilize the soil to prevent it from moving, shifting or subsiding. _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. If you subcontract this work to others does your subcontract agreement require your subs to carry coverage for earth movement in their general liability and umbrella policies?	<input type="checkbox"/> YES	<input type="checkbox"/> NO