

CONTRACTORS QUESTIONNAIRE

APPLICANT INFORMATION

Full Name of Applicant:			
Address:			
Website Address:	FEIN:		
Separately list and describe all operations:			
List all states in which the applicant operates:			
Licensed for business in state(s):			
Percentage of work by State:			
List all business names the applicant has used in the past:		Contractor's License Number:	
Number of years in business under current name:		Number of years' experience:	
Are you a union shop? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Both union & non-union. If both, please list percentage breakdown: UNION % NON-UNION %			
List any industry associations which you are a member of:			
Please attach an inland marine equipment list.			
If you are new in business, please attach your resume			
What company currently writes your general liability coverage:			
Deductible:		Premium: \$	
Willing to renew? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EXPOSURES

1.	Percentage of Operations: (must total 100%)	General Contractor %	Subcontractor - Work for GC - % Work directly for Owner or Tenant - %	Owner/Builder %	Construction Manager %
2.	Describe the types of projects in which the applicant specializes:				
3.		DIRECT TRADE PAYROLL: <small>(not to include clerical/sales payroll)</small>	SUBCONTRACTED COSTS:	GROSS RECEIPTS:	
	Next 12 mos.	\$	\$	\$	
	1 st Prior Year:	\$	\$	\$	
	2 nd Prior Year:	\$	\$	\$	
	3 rd Prior Year:	\$	\$	\$	
4.	Does the applicant do any work over two stories in height from grade (other than interior remodel only)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please describe.				
	If yes, Maximum Number of Stories:		stories	If yes, Percentage of Total Work:	

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5.	For the next twelve months, detail the % of construction work performed by you or on your behalf. Total for ALL classifications (New/Renovation/Commercial/Residential) must equal 100%. Indicate the number of homes, condos or apartment units		
	Type of Construction	% New	% Renovation
	Commercial	%	%
	Industrial	%	%
	Office/Retail	%	%
	Apartments – Frame construction and/or garden style	%	%
	Apartment – High Rise-Commercial grade construction – Concrete & Steel	%	%
	Other – Describe	%	%
	Residential	%	%
	Townhouses – Frame construction	%	%
	Co-ops – Frame construction	%	%
	Co-ops – High rise – Commercial grade construction – Concrete & steel	%	%
	Condos – High rise – Commercial grade construction – Concrete & steel	%	%
	Single family homes or duplexes	%	%
	Single family homes – Custom homes to customer specifications	%	%
6.	NEW YORK OPERATIONS		
	Does the insured perform any operations in the state of New York? If no, will the insured accept an exclusion for all operations in NY?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does the insured perform any operations in the five boroughs of New York City? If no, will the insured accept an exclusion for all operations in NYC?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does the insured perform any Public Entity work for the City of New York or surrounding counties of Orange, Rockland, Westchester, Nassau or Suffolk?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does the insured perform any operations in Nassau, Rockland, Suffolk or Westchester Counties in NY? If no, will the insured accept an exclusion for all operations in Nassau, Rockland, Suffolk or Westchester Counties?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does the insured perform any operations in Orange or Putnam Counties in NY? If no, will the insured accept an exclusion for all operations in Orange or Putnam Counties?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If you answered YES to any of the above: <ul style="list-style-type: none"> • Attach a breakout of all NY operations by class code – including payrolls, sub costs and gross receipts. • Breakout the % of NY work between the 5 boroughs of NYC; Nassau/Rockland/Suffolk/Westchester Counties; Orange/Putnam Counties; A/O NY. 	_____% NYC _____% Nassau/ Rockland/Suffolk/ Westchester Co. _____%Orange/ Putnam Counties _____% A/O NY	
	Does the insured perform any exterior height work in NY? If so, quantify the amount, locale and the height involved below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	IMPORTANT – List the number of jobs projected in the next 12 months:		jobs

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8.	Using the percentage of Payroll (under Direct) and percentage of Contract costs (under Subcontracted), indicate the anticipated percentage of construction work you will perform over the next 12 months:								
	Type	Direct	Subbed	Type	Direct	Subbed	Type	Direct	Subbed
	Asbestos Removal	%	%	Exterior Restoration	%	%	Seismic /Retrofitting	%	%
	Blasting	%	%	Façade Work	%	%	Sewer	%	%
	Bridge Building/ Repair/Painting	%	%	Grading	%	%	Shoring/ Underpinning	%	%
	Carpentry	%	%	HVAC	%	%	Siding/window	%	%
	Concrete	%	%	Insulation	%	%	Sprinkler or Fire	%	%
	Con Edison Work	%	%	Lead Paint/Removal	%	%	Steel (Structural)		
	Crane Operation	%	%	Maintenance	%	%	Steel (Ornamental)	%	%
	Dams & Levees	%	%	Masonry	%	%	Street/Road	%	%
	Demolition (Exterior and/or Building)	%	%	Masonry – exterior work in excess of 3 stories	%	%	Street Digs in NYC	%	%
	Demolition (Interior Non-Structural)	%	%	Mechanical	%	%	Stucco	%	%
	Drilling	%	%	Painting	%	%	Supervisory	%	%
	Drywall	%	%	Plastering	%	%	Water/Gas Mains	%	%
	Earthquake Repair	%	%	Plumbing	%	%	Waterproofing (trowel/masonry)	%	%
	Electrical	%	%	Roofing	%	%	Other:	%	%
	Elevator Installation/ maintenance	%	%	Scaffold Erection (interior)	%	%			
	Excavating	%	%	Scaffold Erection (exterior)	%	%			
9.	Provide the following information on your 4 largest current projects:								
	Location	\$ Value		On-Site Employees / # of Subcontractors		Start Date		End Date	
10.	Provide the following information on your 4 largest projects in the past 5 years:								
	Location	\$ Value		On-Site Employees / # of Subcontractors		Start Date		End Date	

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SUBCONTRACTED EXPOSURES		
1.	If you employ subcontractors, do you require a written contract from all subcontractors prior to being allowed on the job site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the contract contain the following:	
	Hold harmless and indemnification in favor of you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hold harmless and indemnification in favor of owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Waiver of subrogation in favor of you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you named as additional insured by the subcontractor and any sub-contractors on the subcontractor's GL policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the owner named as additional insured by the subcontractor and any sub-contractors on the subcontractor's GL policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Coverage includes products/completed operations and full contractual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Limits of liability equal to or greater than your own?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you require excess limits from subcontractors hired by you? Attach limits required by type of work performed by Sub.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you obtain current certificates of insurance from each sub-contractor prior to them starting work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you obtain updated certificates for subcontracted work each year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have a certificate tracking and monitoring procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Does the subcontractor carry workers compensation for all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Attach a copy of an executed sub-contractors agreement.	
6.	Do all subcontractors have OSHA, Right to Know, and DEP Codes Procedures in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Do all of your subcontractors offer a guarantee for their work, materials, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
RESIDENTIAL WORK		
1.	How many new homes will you build as a general contractor in the next year?	
	What is the greatest number of new homes you have built in any one year?	
	Have you or will you be involved with work on tract developments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, how many units in the entire development?	
2.	Have you or will you in be involved of the construction of condominiums or townhouses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, is the work new construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Maximum number of units in any one year:	
	Is the work for repair/renovation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the work for the association or directly for individual unit owners?	<input type="checkbox"/> Assn. <input type="checkbox"/> Owner
	If you have worked on new condominiums/townhouses or new tracts, how long ago?	
3.	Will any work involve the construction of apartments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, is the work new construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the work repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you or will you ever convert apartments to condominiums?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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OPERATIONS		
1.	Does the insured provide Architectural or Engineering Design Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the insured provide Construction Management Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does the insured carry Errors & Omissions Insurance coverage? If yes, provide details: Carrier: _____ Limits: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Do you lease equipment from others? If so, when leasing equipment, do you do so with operators? If you do lease equipment from others without operators, what is the experience of your operators?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Do you own or lease Heavy Equipment? If so, list Heavy Equipment that is owned: If so, list Heavy Equipment that is leased from others:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	If you own your own equipment, do you rent this equipment to others? If you rent equipment to others, is this done with or without operators? Do you own or lease cranes or other aerial lifts? What are your annual receipts for rented equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With <input type="checkbox"/> Without <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Own <input type="checkbox"/> Lease \$
7.	Will any work you do include adding additional stories to an existing structure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	How many additional insured endorsements do you anticipate needing in the next year?	
9.	Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Has any licensing authority ever taken any action against you? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have you built or will you build on hillsides terraces, landfills or subsidence areas? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have you been involved or will you be involved with blasting operations or any other hazardous work activity? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Do you perform or subcontract stucco/synthetic work (EIFS)? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Will you be doing any demolition work other than remodeling? If "Yes" please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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15.	Have you built/demolished or will you build/demolish buildings or other structures in excess of four (4) stories? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16.	Have you been involved or will you or your subcontractors be involved in any removal of asbestos, PCB's or other hazardous materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17.	Have you been involved or will you or your subcontractors be involved in any removal or work on fuel tanks or pipelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18.	If you are a roofing contractor or perform roofing work, what percentages of operations are:		
	Built-up Roofs: %	Asphalt: %	Coal Tar Pitch: %
	Modified Bitumen (hot): %	Modified Bitumen (cold): %	Hot Air Welding: %
	Torch Down: %	Self-Adhered: %	Foam: %
	Hot Tar: %	Mopped: %	
	Please explain other items.		
19.	Do you perform any Mold Remediation Work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do any of your subcontractors perform any Mold Remediation Work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Mold Remediation Work is Performed, is insurance coverage in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Provide the name of the Insurance Carrier providing Coverage.		
20.	Have you performed, or will you or your subcontractors perform any work below grade?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If work is performed below grade what is the maximum depth:		
	What % of work is performed below grade?	%	
21.	Any shoring, underpinning, cofferdam or caisson work? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22.	Have you worked or will you or your employees work under the U.S. Longshoremen's and Harbor Workers Act or Jones Maritime Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23.	Do you have any operations other than contracting? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are these other operations to be covered by this insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If these operations that are "other than contracting" carry other insurance, provide details on the policy – coverage, limits, and name of insurer.		
	Any unusual exposures/operations not otherwise covered by this questionnaire? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24.	Any current or past involvement with Wrap-Up/OCIP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, how long ago?		
	Type of Project?		

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25.	<p>Are you or have you ever been involved in a Designated Project which was separately covered? If "Yes" please list all (attach separate sheet if necessary):</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Have you ever worked in assisted living facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, how long ago?	
	How many units in the entire building?	
27.	Do you ever employ temporary or day laborers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes" please describe:	
28.	Describe any other types of projects the applicant has performed.	
29.	<p>Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member of your company's predecessors in business, or against any person company or entities on whose behalf your company has performed operations or assumed liability? For the purpose of this application only, a claim means a receipt of a demand for money, service or arbitration. If "Yes" please describe below, including the name(s) of the person, company, entity and the name(s) and location(s) of the project(s) where such operations were performed (attach separate sheet if necessary)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	Are there any claims or legal actions pending against any of the entities named on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.	<p>Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to: allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction injury) at a location or project where your company has performed operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? If "Yes" please describe below, including the name(s) and location(s) of the projects where such operations were performed (attach separate sheet if necessary):</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
32.	<p>During the past five (5) years has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company? If yes, please describe:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
33.	Have you been accused of faulty construction in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34.	Have you been accused of breaching a contract in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35.	Have you ever filed any Mechanic Liens in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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LOSS CONTROL		
1.	Do you have a formal safety program in place? If yes, please attach a copy of the formal safety program.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does your safety program contain the following written procedures:	
	Safety Rules Requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Subcontractor Responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Pre-Planning Meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Safety Meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Site Safety Inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Non-Compliance Notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Non-Compliance Notice for Public Safety Hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fall Protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Accident Reporting System?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does your Accident Reporting System include Subcontracted Employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are Training Sessions held?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	What is your current Worker's Compensation (NCCI) experience Modification? Please attach a copy of your NCCI Workers Compensation Modification certificate.	
5.	Have you been cited for any OSHA violations in the last 5 years? If yes, please attach details to this questionnaire.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	List the Dollar Value of your average completed job.	\$
7.	Do your employees take company vehicles home in the evening?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Does the insured have a Vehicle maintenance plan in place to address the following equipment?	
	<input type="checkbox"/> Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Tires	<input type="checkbox"/> Electrical <input type="checkbox"/> Drivability
9.	What is the applicant's policy regarding personal and family use of company vehicles. Describe.	
10.	Do you review Motor Vehicle Records on prospective employees and annually thereafter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Do you have specific criteria that you use to determine acceptable/unacceptable-driving records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Please detail criteria used to determine acceptable/unacceptable-driving records?	
13.	Explain how you handle employees with unacceptable driving records (remove driving privileges, written warning, probationary period, etc.).	
COMMONLY USED DEFINITIONS:		
EIFS:	Exterior Insulation Finishing Systems – multi layered exterior wall systems (which resemble stucco in appearance) that are used on both commercial buildings and residential homes.	

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GENERAL CONTRACTOR:	A contractor who subcontracts work to others, exercises primary control of the job site, and is named in the construction documents as the general contractor of record.
RESIDENTIAL CONTRACTOR:	A contractor who performs work on single or multi-unit-family housing, including condominiums and townhouses, planned unit developments and tract housing or similar planned communities. Most insurers consider APARTMENTS to be commercial construction, not residential construction.
SUBSIDENCE:	Any movement of the land or earth including landslides, mudflow, earth sinking, rising and shifting, collapse or movement of fill, earth settling, slipping, falling away, caving in, eroding or tilting and earthquake.
TORCH APPLIED ROOFING (Modified Bitumen):	This process which is also called torch welding, involves modified bitumen installed on a roofing deck by means of a torch. A membrane is laid on the roof, heated by a torch and allowed to cool so that the material solidifies in place. The asphalt component in the membrane serves as an adhesive between the surface material and roof substrate.
HOT AIR WELDING:	Hot Air Welding is a system utilizing a heating source (either electric or propane flame) attached to a hose, which blows hot air onto the membrane.
TRACT HOUSING:	Developments where the houses are similar in price, physical characteristics, lot size and square footage; numerous houses of similar or complementary design constructed on a given expense of land, by a single builder.
WRAP-UP (OCIP):	An insurance policy providing coverage(s) for all interests in a major construction project. Also known as an OCIP (Owner Controlled Insurance Program) or a CCIP (Contractor Controlled Insurance Program).

WARRANTY

The undersigned applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The applicant agrees to notify us of any material changes in the answers to the questions on this application which may arise prior to the effective date of any policy issued pursuant to this application and the applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The applicant further understands that, if a policy of insurance is issued, this application will be incorporated into and form a part of such policy.

Signature of Applicant:			
Name & Title:		Date:	