

Applicant Instructions:

- Answer all questions. If the answer to any question is NONE, please state NONE.
- Questionnaire must be signed and dated by owner, partner or officer.
- PLEASE CAREFULLY READ THE STATEMENTS AT THE END OF THIS QUESTIONNAIRE.

Applicant's Name: Producer Name:

Applicant's Address:

Business Telephone: Phone Number:

Contractor's License No. Class: Fax Number:

Location of Premises (if different than Mailing):

Website Address:

Applicant is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture

1. Fully describe all operations of the Applicant (*ISO Class is insufficient*)

2. Year business started:

3. What percentage of work performed is (*must total 100%*):

Residential:	<input type="text"/>	%
Commercial:	<input type="text"/>	%
Industrial:	<input type="text"/>	%

4. Has the Applicant ever been involved in new construction or development of residential structures including, but not limited to, single family dwellings, apartment buildings, condominiums, town homes, townhouses, or tract housing? ☐ Yes ☐ No

5. Has the Applicant ever performed work for developers or general contractors involved in new construction or development of residential structures including, but not limited to, single family dwellings, apartment buildings, condominium, town homes, townhouses or tract housing? If YES, please detail below: ☐ Yes ☐ No

6. Does the risk perform any burglar alarm or fire alarm installation, service or repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.1 Does the Insured perform any exterior work in excess of three (3) stories?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.2 Is there any marine or marina?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.3 Does the Insured do any work for oil & gas industries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.4 Do you subcontract more than 40% of your work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.5 Do you require certificates of insurance from your subcontractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.6 Is the named insured named as an additional insured on the subcontractors policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does the Applicant act as a construction manager for individuals or other contractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. (A) If corporation, how many active owners or officers: <input type="text"/>	(B) Number of Employees: <input type="text"/>	
(C) Names and duties of each owner and officer: <input type="text"/>	<input type="text"/>	
9. Please advise gross annual receipts for the prior three (3) years:		
Current year: <input type="text"/>	Last year: <input type="text"/>	Prior year: <input type="text"/>
10. Percent of work subcontracted to others <input type="text"/> % (Please describe work subcontracted)	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
11. Do you require and collect certificates of insurance from all subcontractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. What limits of general liability insurance do you require subcontractors to carry?	<input type="text"/>	
13. Do you require to be named as an additional insured on all certificates of insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Supplemental Contractor Questionnaire		
14.1 List all the states that the insured operates in, or has operated in:	<input type="text"/>	
	<input type="text"/>	
14.2 Describe the last three (3) largest jobs		
Job <input type="text"/>	Type of work <input type="text"/>	Receipts <input type="text"/>
Job <input type="text"/>	Type of work <input type="text"/>	Receipts <input type="text"/>
Job <input type="text"/>	Type of work <input type="text"/>	Receipts <input type="text"/>
14.3 Any high rise work (over 3 stories)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "YES", please advise the maximum number of stories and controls:	<input type="text"/>	
14.4 Any bridge, airport (i.e. aprons, taxiways, runways), dam or dike work, blasting, demolition, pile driving, tunneling, or work in ships or tankers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "YES", please provide complete details of work.	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	

14.5 Product and Installation Questions

- | | | |
|--|------------------------------|-----------------------------|
| a) Does the Insured install or contract to another entity to install hardboard siding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Does the Insured install or contract to another entity to install EIFS? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Has the Insured ever installed polybutylene pipe? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Has the Insured ever been involved in any construction defect lawsuits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- If you answered "YES" to any of the questions above, please provide comments below.

14.6 Work Type Questions

- | | | |
|--|------------------------------|-----------------------------|
| a) Does the Insured do any structural steel or structural concrete work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Any gas main work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Any boiler work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Any burglar or fire alarm system installation or monitoring? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Any leasing or renting of cranes and / or scaffolding TO others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, what percentage is leased / rented with operators? | <input type="text"/> | % |
| f) Any leasing or renting of cranes and / or scaffolding FROM others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, what percentage is leased / rented with operators? | <input type="text"/> | % |

14.7 General Information

- | | | |
|--|------------------------------|-----------------------------|
| a) Is there a formal safety program in place? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Are MVRs checked prior to hire and monitored on a regular basis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Are the equipment and vehicles maintained and kept in good condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Is the public kept at a safe distance from Insured's operations and work areas? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Are the premises in good condition and well maintained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) Does the Insured do accident investigations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g) Does the Insured have a safety director on staff? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h) Does the Insured have a certified drug-free workplace? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i) Does the Insured adhere to all OSHA standards to promote a safe workplace? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j) Has the Insured ever been cited for safety violations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- If you answered "YES" to any of the questions above, please provide comments below.

15. Indicate whether you or any of your subcontractors (while working for you) have ever been, are currently, or will ever be involved in any removal or abatement or asbestos, lead, PCP's or other hazardous materials. If "YES", please describe in detail below.

16. Prior Insurance Carriers

Expiring Carrier		Policy No.		Premium	
Expiring Carrier		Policy No.		Premium	
Expiring Carrier		Policy No.		Premium	

17. Was any policy canceled or non-renewed in the past three (3) years?

☐ Yes ☐ No

If "YES", please describe in detail below.

18. Have there been any losses in the past five (5) years?

☐ Yes ☐ No

If "YES", please describe in detail below (include dates, amounts paid or reserves and provide details of losses / claims, project name, date of losses, carrier handling claim, policy number and claim number)

Applicant Statement:

1. Applicant hereby attests that the information contained herein is true and accurate to the best of his / her knowledge, information and belief AND
2. Applicant hereby acknowledges that this application including all statements, warranties and representations contained herein will be made a part of and incorporated into any policy issued based on the same.

 Signature of Applicant

 Date
Producer Statement:

The undersigned Broker / Agent acknowledges that no coverage is afforded under this application until accepted by the company and assumed full responsibility for any earned premium developed hereunder following acceptance by the company.

 Signature of Applicant

 Date