

CONSTRUCTION CONTRACTORS LIABILITY SUPPLEMENTAL QUESTIONNAIRE

(Complete in Addition to M-1025 General Liability Application)

1. Name of Applicant: _____
(Complete one questionnaire for each named insured | for each risk.)
2. Length of time in business? _____ years; Years of experience? _____ years
4. Applicant(s) will operate in the following states: _____

5. Is the applicant (or any proposed named insured) a:
- | | | | | | |
|-------------------------|------------------------------|-----------------------------|------------------------|------------------------------|-----------------------------|
| Developer | <input type="checkbox"/> YES | <input type="checkbox"/> No | General Contractor | <input type="checkbox"/> YES | <input type="checkbox"/> No |
| Sub Contractor | <input type="checkbox"/> YES | <input type="checkbox"/> No | Construction Manager | <input type="checkbox"/> YES | <input type="checkbox"/> No |
| Construction Consultant | <input type="checkbox"/> YES | <input type="checkbox"/> No | License # & Expiration | _____ | |
6. Describe all operations, in detail: _____

7. List all active owners, partners, officers and their job duties/responsibilities:

INDIVIDUAL

DUTIES/RESPONSIBILITIES

Are any of the above qualified by education or are any licensed as an architect, engineer, surveyor or real estate agent/broker?

Yes No If **YES**, explain _____

8. List all employed supervisors or foremen (who are strictly supervisors) and their actual payroll:

INDIVIDUAL

PAYROLL

9. Have you: (a) **ever done**, (b) **contemplated doing this year**, or (c) **in the future**, any of the following:

a. **RESIDENTIAL**

- | | | |
|-----------------------|------------------------------|-----------------------------|
| (1) Apartments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Condominiums | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Townhomes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Tract Homes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Speculative Homes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Custom Homes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

b. **COMMERCIAL**

- (1) Airport Hangers/Buildings Yes No
- (2) Industrial Buildings Yes No
- (3) Mercantile Buildings Yes No
- (4) Office Buildings <than 3 stories Yes No
- (5) Office Buildings >than 3 stories Yes No
- (6) Office Buildings >than 10 stories Yes No

If you answered "YES" to **ANY** of these questions, please advise construction details: _____

10. Do you utilize any of the following in your OPERATIONS:

- Casual Labor Yes No Leased Employees Yes No
- Cranes (Owned or rented from others) Yes No Sub Contractors Yes No
- Explosives Yes No

11. Indicate % of work performed in the following:

- New Construction _____% Remodeling _____% Demolition _____% Repair _____%
- Commercial _____% Industrial _____% Residential _____% Institutional _____%
- Condo's _____% Townhomes _____% Apartments _____% Single Family _____%
- Inside Buildings _____% Outside _____%

12. Any work performed in excess of: 2 stories; 4 stories; 4+ stories (specify) _____

13. Any work performed **BELOW GRADE**? Yes No If YES, Maximum depth _____ft _____ % of work

14. Is scaffolding Owned; Rented, Are others allowed to utilize? Yes No

15. Please fill in the appropriate amount in each space or an "X" if not applicable:

<u>CLASS</u>	<u>SUB COSTS</u>	<u>EMPLOYEE PAYROLL</u>
Alarm Systems	\$ _____	\$ _____
Blasting	\$ _____	\$ _____
Bridge Construction	\$ _____	\$ _____
Building Demolition	\$ _____	\$ _____
Caisson or Cofferdam Work	\$ _____	\$ _____
Carpentry - Residential	\$ _____	\$ _____
Carpentry - Interior	\$ _____	\$ _____
Carpentry - Other	\$ _____	\$ _____
Concrete - Driveways, Sidewalks or Parking	\$ _____	\$ _____
Concrete - Other Flat Work	\$ _____	\$ _____
Dam Construction	\$ _____	\$ _____
Demolition Work – Interior	\$ _____	\$ _____
Drywall/Wallboard Installation	\$ _____	\$ _____
Electrical Work - Within buildings	\$ _____	\$ _____
Electrical Work - Other	\$ _____	\$ _____

Electrical Apparatus Installation	\$ _____	\$ _____
Excavation	\$ _____	\$ _____
Fireproofing	\$ _____	\$ _____
Insulation	\$ _____	\$ _____
Gas Mains	\$ _____	\$ _____
Grading of Land	\$ _____	\$ _____
Masonry	\$ _____	\$ _____
Pile Driving	\$ _____	\$ _____
Plastering/Stucco	\$ _____	\$ _____
Plumbing - Residential	\$ _____	\$ _____
Plumbing - Commercial	\$ _____	\$ _____
Roofing - Residential	\$ _____	\$ _____
Roofing - Commercial	\$ _____	\$ _____
Sewer Main Construction	\$ _____	\$ _____
Street or Road Construction	\$ _____	\$ _____
Street or Road Paving/Repaving	\$ _____	\$ _____
Swimming Pool Construction/Installation	\$ _____	\$ _____
Supervision	\$ _____	\$ _____
Petroleum Tank Removal/Installation	\$ _____	\$ _____
Water Mains Construction	\$ _____	\$ _____
Wrecking of Buildings/Structures	\$ _____	\$ _____
Other(describe) _____	\$ _____	\$ _____
Totals:	\$ _____	\$ _____

16. Total number of employees? _____

17. Account History for each of the past five (5) years plus the estimate for the next twelve (12) months:

	<u>PAYROLL</u>	<u>RECEIPTS/REVENUE</u>	<u>SUB CONTRACTED COSTS</u>
5 th prior	\$ _____	_____	_____
4 th prior	\$ _____	_____	_____
3 rd prior	\$ _____	_____	_____
2 nd prior	\$ _____	_____	_____
Last year	\$ _____	_____	_____
Next year	\$ _____	_____	_____

18. List all major projects completed within the past 5 years, including **CURRENT WORK IN PROGRESS** and planned projects. (list all project names, partnerships, joint ventures, corporations, etc.)

19. Do you have a formal safety program in operation? Yes No If YES, please explain or provide a copy: _____

20. Do you have a formal Home Warranty Program? Yes No If YES please provide details: _____

21. Do you rent **ANY** equipment? Yes No
 If YES, explain: _____

22. Do you carry Workers Compensation Insurance on your employees? Yes No
23. Do you obtain the following from **ALL** sub contractors **BEFORE** they enter your jobsite?
- a. Certificate of Insurance for:
- General Liability Insurance Yes No
 If YES, what limits of liability? \$ _____/_____/_____
- Workers Compensation Yes No
- b. Additional Insured Endorsement Yes No
- c. Do **ALL** sub contractors hold our insured harmless by **WRITTEN AGREEMENT** Yes No
24. Do you ever hold the property of others for storage, service or repair? Yes No
 If YES please provide details: _____

25. Have you **EVER** built or do you **intend on building** on hillsides, slopes, hills or in subsidence prone areas?
 Yes No If YES, explain: _____

- Percent of Grade _____ % Prior soils testing (geological, topical) Yes No If YES, explain _____

- Any previous SUBSIDENCE losses? Yes No If YES, explain _____

26. Do you have model homes? Yes No If YES, how many _____
27. Do you own any Vacant Land or Real Estate Development property? Yes No If YES, indicate
 locations and number of acres per location:
- 1) Location: _____ Acres _____
- 2) Location: _____ Acres _____
- 3) Location: _____ Acres _____
- 4) Location: _____ Acres _____
28. Do you, or any of your employees hold a Real Estate Agent's License? Yes No If YES, has
 Professional Liability Coverage been obtained, covering that exposure? Yes No
29. Any other operations conducted by or on behalf of the named insured outside of the realm of contracting?
 Yes No If YES, explain: _____

