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CONTRACTOR'S SUPPLEMENTAL QUESTIONNAIRE

Note: Throughout this questionnaire the words "you" and "your" include all entities seeking coverage.

1. Name(s) of Applicant: _____

Years in business of entities seeking coverage? _____*

*If this is a new operation, please provide details on prior experience of owners (attach resumes):

2. What percentage of your work is: (each line must add to 100%)

a. Residential: _____% Industrial: _____% Commercial: _____%

b. New Construction: _____% Remodel/Repair: _____% Remodel/Repair: _____%
 (non-structural) (structural)

• Please provide a specific breakdown of any residential work performed as follows:

Single Family Custom Homes	_____%	New Construction	_____%	Repair/Remodel
Tract Homes	_____%	New Construction	_____%	Repair/Remodel
Condos/Townhouses	_____%	New Construction	_____%	Repair/Remodel
Apartments	_____%	New Construction	_____%	Repair/Remodel

3. What percentage of your work is as a:

General Contractor: _____% Subcontractor: _____% Construction Manager: _____%

4. Do you use subcontractors? Yes No If yes, complete the following:

a. Percentage of your work subcontracted out: _____% Annual Costs: \$ _____

b. List the trades of the subcontractors you use and give the percentage of work they perform:

<input type="checkbox"/> Striping _____%	<input type="checkbox"/> Sealing _____%	<input type="checkbox"/> Other _____%
<input type="checkbox"/> Concrete _____%	<input type="checkbox"/> Concrete Pumping _____%	<input type="checkbox"/> Other _____%

c. Do you collect certificates from all subcontractors? Yes No

If yes, what are the minimum limits required? \$ _____



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 by A.M. Best





d. Do you require all subcontractors to name you as an additional insured: Yes No

e. Does your contract with subcontractors include a hold harmless favoring you? Yes No

f. How long do you maintain records of the above documents? _____

5. Where do you perform work? _____

Do you do any work outside of California? Yes No

Describe your work: _____

6. Gross receipts for the next 12 months and for the past 4 years:

Next 12 months \$_____ Last 12 months \$_____

2nd year \$_____ 3rd year \$_____ 4th year \$_____

7. Number of owner, officers, and partners active at job sites or performing supervisory duties:

Payroll of the employees (other than owners, officers, partners and clerical) \$ _____

Cost of leased, temporary, staffing service, casual labor \$ _____

(if not included in above)

Total Payroll \$ _____

8. Describe your five largest projects over the past five years, including values:

1. _____

2. _____

3. _____

4. _____

5. _____

9. Describe your two largest projects currently underway or planned for the next year, including values:

1. _____

2. _____

Dollar value of average job completed (including all materials, labor, and equipment): \$ _____

10. a. How many new homes will you build as a general contractor in the next year? _____

b. What is the greatest number of new homes you have built in any one year? _____

11. Do any prior operations differ substantially in nature from current operations? Yes No

Please explain: _____

Not Applicable: _____



Note: the following question applies to work done in any capacity (including general contractors, developers, artisans, remodeling contractors, site work contractors, suppliers, etc.):

12. Have you ever or will you perform work involving or related to NEW CONSTRUCTION, on or about the premises of:
- a. Condominiums or townhouses: Yes No
 - b. Apartments: Yes No
 - c. Tracts, PUD's, or any other development, premises or project with more than 7 homes built or planned: Yes No

Please provide details for any "yes" responses:

13. Have you ever performed work on hillsides, hilltops, slopes, landfill or other subsidence areas, or do you plan to in the future? Yes No If yes, maximum degree of slope: _____

If yes, please describe:

14. Have or will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques? Yes No

If yes, please describe:

If retaining walls have been or will be built, maximum height: _____ ft

15. Do you perform work above two stories in height (other than interior remodeling)? Yes No

If so, what percentage? _____% Maximum height: _____ ft

16. Do you perform any work below ground level? Yes No

If so, what percentage? _____ % Maximum depth: _____ ft

17. Have you ever or will you build, remove, repair or replace roofs? Yes No

If yes, please describe, and indicate % of hot tar work (if any):

18. Have you or will you work as a construction manager on a fee basis? Yes No

19. In the past 3 years have you been fired or replaced on a job in progress? Yes No

In the past 3 years have you replaced another contractor on a job in progress? Yes No

If yes, please provide details:



20. Note: the following questions apply regardless of whether the applicant was at fault for a claim or incident, and regardless of whether the claim or incident was covered by insurance. Explain any “yes” answers in the space provided below:

- a. Have there been any losses, claims or suits against you in the past 5 years? Yes No
- b. Are there any claims or legal actions pending against any of the entities named in the application? Yes No
- c. Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against any such entity? Yes No
- d. Have you been accused of faulty construction in the past 5 years? Yes No
- e. Have you been accused of breaching a contract in the past 5 years? Yes No

21. For each of the following activities, check:

Yes: if the activity has or will be preformed, subcontracted, or supervised by applicant.

No: if the applicant has never and does not plan to perform, subcontract, or supervise the activity.

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|--|---|
| Yes | No | | Yes | No |
| a. Demolition | <input type="checkbox"/> | <input type="checkbox"/> | n. Road/Highway/Bridge/
Overpass Construction | <input type="checkbox"/> <input type="checkbox"/> |
| b. Concrete Tilt-Up Const. | <input type="checkbox"/> | <input type="checkbox"/> | o. Underground Tank | <input type="checkbox"/> <input type="checkbox"/> |
| c. LPG work | <input type="checkbox"/> | <input type="checkbox"/> | removal, repair or installation | |
| d. Seismic Retrofitting | <input type="checkbox"/> | <input type="checkbox"/> | p. Work on Gas Lines/Pumps | <input type="checkbox"/> <input type="checkbox"/> |
| e. Swimming Pool Const. | <input type="checkbox"/> | <input type="checkbox"/> | q. Asbestos or Lead Abatement | <input type="checkbox"/> <input type="checkbox"/> |
| f. Boiler Installation/Repair | <input type="checkbox"/> | <input type="checkbox"/> | r. Environmental Cleanup | <input type="checkbox"/> <input type="checkbox"/> |
| g. Industrial Machinery
Repair | <input type="checkbox"/> | <input type="checkbox"/> | s. Dam or Levee Work | <input type="checkbox"/> <input type="checkbox"/> |
| h. Use of Cranes | <input type="checkbox"/> | <input type="checkbox"/> | t. Traffic Signals/Control Work | <input type="checkbox"/> <input type="checkbox"/> |
| i. Rental of Equipment
to others | <input type="checkbox"/> | <input type="checkbox"/> | u. Gas Stations | <input type="checkbox"/> <input type="checkbox"/> |
| j. Process Piping | <input type="checkbox"/> | <input type="checkbox"/> | | |



- | | | | | | |
|--------------------|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|
| k. Refineries | <input type="checkbox"/> | <input type="checkbox"/> | v. Airports | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Chemical Plants | <input type="checkbox"/> | <input type="checkbox"/> | w. Public Utilities | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Hospitals | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Explain any “yes” answers to Questions 24, and state whether performed by insured or subcontracted:

Warranty: The purpose of the Supplemental Questionnaire is to assist the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his knowledge, information and belief. This Supplemental Questionnaire, and the application to which it is appended, shall be the basis of any insurance policy that may be issued and will be a part of such policy.

Signature of Applicant:

Date: _____

Name and Title: _____

Signature of Producer:

Date: _____

Name and Title: _____