

CONTRACTORS GENERAL LIABILITY SUPPLEMENTAL QUESTIONNAIRE

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.

THE TERM "WILL YOU" IN A QUESTION MEANS UNTIL THE EXPIRATION DATE OF THE POLICY.

1. Applicant: _____

Business Address: _____

2. Contractor's license #: _____ Years in business under current name: _____

List all business names which applicant has used in the past: _____

Describe your business operations: _____

States in which you are licensed to do business _____

3. Percent of operations: General Contractor _____% Subcontractor _____% Owner Builder _____%

4. **Estimates for next 12 months:** Number of Owners and Officers active at job sites _____ x \$33,600 = _____

Direct Payroll: \$ _____ Sub-Contract Costs \$ _____ Gross Sales \$ _____

Prior Years:

yr _____	Direct Payroll \$ _____	Sub-Contract Costs \$ _____	Gross Sales \$ _____
yr _____	Direct Payroll \$ _____	Sub-Contract Costs \$ _____	Gross Sales \$ _____
yr _____	Direct Payroll \$ _____	Sub-Contract Costs \$ _____	Gross Sales \$ _____
yr _____	Direct Payroll \$ _____	Sub-Contract Costs \$ _____	Gross Sales \$ _____

5. Indicate the percentage of construction work performed by you:

New Construction	_____%	Commercial Projects	_____%	Inside Work	_____%
Structural Remodeling	_____%	Industrial Projects	_____%	Outside Work	_____%
Non-Structural Remodeling	_____%	Residential/Habitational Projects	_____%		
Repair/Service	_____%	Petro/Chem Refineries	_____%		
		Airport Projects	_____%		
		Hospital Projects	_____%		
Other _____	_____%	Other _____	_____%		
Total	100%	Total	100%	Total	100%

6. Indicate the anticipated percentage of construction work over the next twelve months to be performed by you using percentage of your total payroll under "Direct" and percentage of your total subcontract costs under "Subbed" as the basis:

	Direct	Subbed		Direct	Subbed		Direct	Subbed
Blasting	_____%	_____%	Environmental	_____%	_____%	Roofing	_____%	_____%
Boilers	_____%	_____%	Excavation	_____%	_____%	Seismic Retro-Fitting	_____%	_____%
Bridge or Overpass	_____%	_____%	Grading	_____%	_____%	Sewer	_____%	_____%
Carpentry	_____%	_____%	Insulation	_____%	_____%	Steel (Structural)	_____%	_____%
Concrete	_____%	_____%	LPG work	_____%	_____%	Steel (Ornamental)	_____%	_____%
Dams or Levees	_____%	_____%	Maintenance	_____%	_____%	Street/Road	_____%	_____%
Demolition	_____%	_____%	Masonry	_____%	_____%	Stucco and/or EFIS	_____%	_____%
Drilling	_____%	_____%	Mechanical	_____%	_____%	Supervisory Only	_____%	_____%
Earthquake Repair	_____%	_____%	Painting	_____%	_____%	Swim Pool Constr	_____%	_____%
Electrical	_____%	_____%	Plastering	_____%	_____%	Traffic Signals	_____%	_____%
Elevator/Escalator	_____%	_____%	Plumbing	_____%	_____%	Water/Gas Mains	_____%	_____%

7. Describe your **largest projects** that you have performed during the past five years, including cost:

8. Describe **current projects** or those scheduled to commence over the next twelve months, including cost: (Attach separate sheet if necessary)

9. Amount of work **over 2 stories**: _____%. Amount of work **over 5 stories**: _____%.

Maximum height you will work: _____ vertical feet; _____ stories.

10. Have you allowed, are you currently allowing, or will you ever allow **your license to be used by any other contractor** for a project on which you have not worked?

Yes No If yes, please provide details: _____

Has any licensing authority taken any action against you? Yes No

11. Explain any jobs you have done or will do that are covered under a "**wrap-up**" or Owner Controlled Insurance

Program: _____

12. Have you built, are you currently building, or will you build on **hillsides, terraces, landfills or subsidence areas**? Yes No

If yes, please explain: _____

Maximum degree of slope where you have built or will build: _____

13. Have you been involved, are you currently involved, or will you or any subcontractors be involved with **blasting operations or hazardous or unusual work activity**? Yes No If yes, please explain:

14. Has your work involved, does your work currently or will your work involve systems that provide: **medical and/or industrial life support process piping**? Yes No If yes, please explain:

15. Yes No

Have you been involved, are you currently involved, or will you or your subcontractors be involved in any removal or abatement of mold, asbestos, lead, PCB's or other hazardous materials?

Installation or removal or work on **fuel tanks or pipelines**? Yes No

16. Have you performed in the past or will you or your subcontractors perform any **work below grade**? Yes No
Maximum depth: _____ % of operations: _____
Any shoring, underpinning, cofferdam or caisson work? Yes No
If yes, please explain safety procedures regarding underground utilities: _____

17. Have you worked, are you currently working, or will any of your employees work under **U.S. Longshoremen's and Harbor Workers' Act or Jones Maritime Act**? Yes No

18. Have you performed in the past or will you or your subcontractors perform any work involving **drywall** manufactured in China or its territories, alleged to contain "Fly Ash" or alleged to emit toxic compounds? Yes No

19. Have you performed in the past or will you or your subcontractors perform any work involving **plumbing or pipe fittings** commonly known as "Kitec fittings" or "Wirsbo fittings"? Yes No

20. Do you have **operations other than contracting**? Yes No
Are these operations to be covered by this insurance? Yes No

If yes, please provide details: _____

21. If you are a general contractor or developer or **employ subcontractors**,
Are certificates of Worker's Comp and General Liability insurance obtained from all subcontractors? Yes No
Are you named as Additional Insured on your subcontractors' policies? Yes No
Are signed contracts with hold harmless agreements obtained from all subcontractors prior to being allowed on your job site? Yes No
What General Liability policy limits do you require of subcontractors? \$ _____ per occurrence
\$ _____ General aggregate
\$ _____ Products/Completed Operations Aggregate

How many years are records of certificates of insurance and contractual agreements with subcontractors maintained by you? _____

Do you require that subcontractors name you as an additional insured on their General Liability insurance? Yes No

22. Average number of **Certificates of Insurance** you provide each year: _____
Average number of entities you are contractually required to name as **Additional Insured**: _____

23. Do you or will you have a **formal safety program** in place? Yes No

24. Do you or will you provide **architectural or engineering drawings, plans, designs or specifications**? Yes No

25. **Yes No** :
In the past 10 years, present policy period or upcoming policy period, has or will any of your work involve **new residential construction** activities for custom homes, apartments, condominiums, townhouses, timeshares, tract home subdivisions, master planned residential communities or other multi unit residential projects _____

If yes, please provide details including developer/General Contractor that the work was/is/will be performed for and the location of such work (attach separate sheet if necessary):

26. Explain past or present remodeling, repair or maintenance jobs done for **Condo Owner Associations or any other Home Owner Associations or their Management Companies**:

27. During the past five years, has any insurer ever **canceled or non-renewed** similar insurance to any applicant or has your insurance been canceled for non—payment of premium by any insurance or finance company?
Yes No If yes, please explain: _____

28. 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 or 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. Yes No
If yes, please explain including the name(s) of the person, company or entity and the name(s) and locations(s) of the projects where such operations were performed: (attach separate sheet if necessary)

29. 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 worker 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? Yes No
If yes, please explain including the names(s) and location(s) of the projects where such operations were performed: (attach a separate sheet if necessary) _____

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 questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire 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 questionnaire will be incorporated into and form a part of such policy.

Signature of Applicant: _____

Title (Owner, Officer, Partner) _____

Date: _____

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE UNDERWRITING MANAGER TO PROVIDE THE INSURANCE.