
Contractors Questionnaire Application

Applicant Information

Name of applicant: _____

Mailing Address: _____

Website Address: _____

Separately list and describe all operations:

List all states in which applicant operates: _____

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

Number of years in business under current name: _____

Contractors License Number: _____

List any industry associations which you are a member of: _____

Please attach an inland marine equipment list.

Operations

1. Percentage of Operations as:

General Contractor: _____%

Sub-Contractor: _____%

Owner/Builder: _____%

Contractors Manager _____%

2. Does the insured provide Architectural or Engineering Design Service?

Yes No

Contractors Questionnaire Application

3. Does the insured provide Construction Management Services? Yes No
4. Does the insured carry Errors and Omissions Insurance coverage? Yes No

If yes, provide details:

Carrier: _____ Limits _____

5. Describe the types of projects in which the applicant specializes:

6. Describe any other projects the applicant has performed: _____

7. Provide the following information on your 4 largest **current** projects:

Location	\$ Value	On Site Employees/# of Subcontractors	Start Date	End Date

8. Provide the following information on your 4 largest projects in the **past** 5 years:

Location	\$ Value	On Site Employees/# of Subcontracts	Start Date	End Date

9. Does the insured perform any operation in the state of New York? Yes No

If yes, please break out all payrolls by code and by state on the GL Application.

If yes, does the insured perform any operations in the five boroughs of New York City?

Yes No

- 10.

	PAYROLL:	SUBCONTRACTED COSTS	GROSS RECEIPTS:
Next 12 months	\$	\$	\$
1st Prior Year:	\$	\$	\$
2nd Prior Year:	\$	\$	\$
3rd Prior Year:	\$	\$	\$

Contractors Questionnaire Application

11. **IMPORTANT:** List the number of jobs projected in the next 12 months: _____ jobs
12. Detail the % of construction work performed by you.
Total for all classifications (New and Renovation Combined) must equal 100%.

Type of Construction	% New	% Renovation
Commercial (excluding the classes below)	%	%
Industrial	%	%
Apartments Frame Construction and/or Garden Style	%	%
Apartments- High Rise- Commercial Grade Construction- Concrete & Steel	%	%
Condos/Townhouses- Frame Construction	%	%
Condos- High Rise- Commercial Grade Construction- Concrete & Steel	%	%
Single Family Homes- Multi-Unit Tract Homes and/or Residential Development	%	%
Single Family Homes- Custom Homes to Customer Specifications	%	%

13. Using the % of Payroll (under direct) and % of Contact costs (under Subcontracted), indicate the anticipated % of construction work you will perform in the next 12 months:

Type	Direct	Subbed	Type	Direct	Subbed	Type	Direct	Subbed
Asbestos Removal	%	%	Grading	%	%	Seismic/ Retrofitting	%	%
Blasting	%	%	Insulation	%	%	Sewer	%	%
Bridge Building	%	%	Lead Paint/ Removal	%	%	Steel	%	%
Carpentry	%	%	Maintenance	%	%	Steel (ornamental)	%	%
Concrete	%	%	Mechanical	%	%	Street/Road	%	%
Demolition	%	%	Masonry	%	%	Supervisory Only	%	%
Drilling	%	%	Painting	%	%	Water/ Gas Mains	%	%
Earthquake	%	%	Plastering	%	%	Other:	%	%
Electrical	%	%	Plumbing	%	%	Other:	%	%
Excavating	%	%	Roofing	%	%	Other:	%	%

Contractors Questionnaire Application

14. Does the applicant do any work over two stories in height from grade (other than interior remodel only)? Yes No

If yes, please describe: _____

If yes, Maximum Number of Stories: _____ Stories

If yes, Percentage of Total Work: _____ %

15. When leasing equipment from others, do you do so with operators? Yes No

16. If you do not lease equipment from others with operators, what is the experience of your operators? _____

17. Do you own or lease Heavy Equipment? Own Lease

18. List Heavy Equipment that is owned: _____

19. List Heavy Equipment that is leased: _____

YES NO

20. If you own your own equipment do you rent this equipment to others?

21. If you rent equipment to others, is this done with or without operators?

22. What are your annual receipts for rented equipment? \$ _____

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

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

25. How many additional insured endorsements do you anticipate needing in the next year? _____

26. Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked?

27. Has any licensing authority ever taken any action against you?
If yes, please explain: _____

Contractors Questionnaire Application

28. Have you build or will you build on hillsides terraces, landfills or subsidence area? Yes No

If yes, please explain: _____

29. Have you been involved or will you be involved with blasting operations or any other hazardous work activity?

30. Do you perform or subcontract stucco/synthetic work(EIFS)? Yes No

If yes, please explain: _____

31. Have you built/demolished or will you build/demolish buildings or other structures in excess of four stories? Yes No

If yes, please explain: _____

32. Have you been involved or will you or your subcontractors be involved in any removal of asbestos, PCB's or other hazardous material? Yes No

33. Have you been involved or will you or your subcontractors be involved in any removal or work on fuel tanks or pipelines? Yes No

34:

If you are a roofing contractor or perform roofing work, what percentages of operations are:			
Built-up Roofs:	%	Asphalt:	%
Modified Bitumen (hot):	%	Modified Bitumen (cold):	%
Torch Down:	%	Self Adhered:	%
Hot Tar:	%	Mopped:	%
Please explain other items: _____			

35. Percentage of Work performed on building in excess of 4 stories: _____%
Yes No

36. Do you perform any Mold Remediation Work?

37. Do any of your subcontractors perform any Mold Remediation Work?

38. If Mold Remediation Work is Performed, is insurance coverage in place?

Provide the name of the Insurance Carrier providing Coverage:

Contractors Questionnaire Application

39. Have you performed, or will you or your subcontractors perform any work below grade? Yes No
40. If work is performed below grade what is the maximum depth: _____
41. What percent of work is performed below grade? _____%
42. Any shoring, underpinning, cofferdam or caisson work? Yes No
If yes, please explain: _____

43. Have you worked or will you or your employees work under the U.S. Longshoremen's and Harbor Workers Act or Jones Maritime Act? Yes No
44. Do you have any operations other than contracting? Yes No
If yes, please explain: _____

45. Are these other operations to be covered by this insurance? Yes No
46. Have you or will you be involved with the construction of condominiums or townhouses? Yes No
YES NO
47. If work is for condominiums or townhouse, is the work repair only?
48. If work is for condominiums or townhouse, is the work new construction?
49. Will any work involve the construction of, or be for apartments?
50. Will you be working in any new tracts?
51. If you will be working in new tracts, list the maximum number of homes in the ENTIRE tract: _____
52. Have you ever worked in new condominiums/townhouses or new tracts? How many units in the entire development? _____
53. If you have worked in new condominiums/townhouses or new tracts, how long ago? _____
54. Have you or will you ever convert apartments to condominiums?
55. Any current or past involvement with Wrap-Up/OCIP?
If yes, how long ago? _____
Type of Project? _____
56. Have you ever worked in assisted living facilities?
57. Any unusual exposures/operations not otherwise covered by this questionnaire?
If yes, please provide details. _____

Contractors Questionnaire Application

YES NO

58. Have there been any losses, claims or suits against you in the past five years?
59. Are there any claims or legal actions pending against any of the entities named on this application?
60. Do any of the entities named on this 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 such entity?
61. Have you been accused of faulty construction in the past five years?
62. Have you been accused of breaching a contract in the past five years?
63. Have you ever filed any Mechanic Liens in the past five years?

Subcontracted Exposures:

YES NO

1. Do you use subcontractors?
2. What percentage of work is subcontracted? _____ %
3. What are the annual subcontracting costs (including all of subcontractor's labor & material)?
- 4.

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

YES NO

5. Do you require certificates of insurance for all subcontracted work?
6. Do you obtain updated certificates for subcontracted work each year?
7. What minimum limits of liability do you require that your subcontractors carry?
8. Are hold harmless agreements obtained from subcontractors in favor of the applicant?

Contractors Questionnaire Application

- | | Yes | No |
|--|-----|----|
| 9. Is the applicant named as an additional insured on subcontractor's policy? | | |
| 10. Does the subcontractor carry workers compensation for all employees? | | |
| 11. Is a standard subcontractor agreement used? If yes, attach a copy. | | |
| 12. Do all your subcontractors have OSHA, Right to Know, DEP Codes Procedures in Place? | | |
| 13. Do all your subcontractors offer a guarantee for their work, materials, ect? | | |
| 14. Are your subcontractors responsible for cleanup of waste and unused materials? | | |
| 15. Do you require your subcontractors to carry a Performance Bond for 100% of Subcontract Price? | | |
| 16. Do you require your subcontractors to be in compliance with all Federal, State and Municipal laws? | | |
| 17. Do you require your subcontractors to carry a Performance Bond for 100% of Labor & Materials? | | |

Loss Control:

- | | Yes | No |
|---|-----|----|
| 1. Do you have a formal safety program in place? | | |
| 2. Does your safety program contain the following written procedures: | | |
| Safety Rules Requirements? | | |
| Subcontractor Responsibilities? | | |
| Pre-Planning Meeting? | | |
| Safety Meeting? | | |
| Site Safety Inspection? | | |
| Non-Compliance Notice? | | |
| Non-Compliance Notice for Public Safety Hazards? | | |
| Accident Reporting System include Subcontracted Employees? | | |

Contractors Questionnaire Application

3. Are Training Sessions held? Yes No

4. List the Dollar Value of your average completed job. \$ _____

5. Do your employees take company vehicles home in the evening? Yes No

6. What is the applicant's policy regarding personal and family use of company vehicles.
Please describe. _____

7. Do you review Motor Vehicle Records on prospective employees and annually thereafter?
Yes No

8. Do you have specific criteria that you use to determine acceptable/unacceptable-driving records?
Yes No

9. Please detail criteria used to determine acceptable/unacceptable-driving records?

10. Explain how you handle employees with unacceptable driving records. i.e. Remove driving privileges, written warning, probationary period, ect

COMMONLY USED DEFINITIONS:	
EFIS:	Exterior Insulation Finishing Systems- multi layered exterior wall systems (which resemble stucco in appearance) that are used on both commercial buildings and residential homes.
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, mud flow, earth sinking, rising and shifting, collapse or movement of fill, earth setting, slipping, falling away, caving in, eroding or tilting and earthquake.
TORCH APPLIED (Modified Bitumen)	This process which is also called torch welding, involved 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 (Control Insurance Program).

Warranty	
<p>The purpose of the Supplemental Questionnaire is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore warrant the information contained herein is true and accurate to the best of his knowledge, information and belief. The 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 part of such policy.</p>	
Signature of Applicant: _____	
Name: _____	
Title: _____	
Date: _____	