

Construction Contractors Liability Supplemental Questionnaire

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

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Policy Term From: _____ To _____

1. Name of Applicant (also referred to as "you"): _____
(Complete one questionnaire for each proposed named insured and for each risk.)

2. Describe all operations, in detail: _____

3. Contact information for surveys and inspections (name & phone): _____

4. Contact information for audits (name & phone): _____

5. Does the Applicant operate under any other names? Yes No If yes, please provide names & details: _____

6. Does your business maintain a web site? Yes No If yes, please list the web address: _____

7. Do you have any operations, exposures, or ventures, active or inactive, not listed on this application? Yes No

If yes, please answer 7a. & 7b. and provide details, including entity name(s): _____

a. Are they insured? Yes No b. If insured, with whom? _____

8. Length of time in business? _____ years; Years of experience? _____ years

9. Applicant(s) will operate in the following states (please provide a percentage per state) : _____

10. Is the Applicant or any proposed named insured a:

Developer Yes No Landowner Yes No

Subcontractor Yes No

General Contractor Yes No License # & Expiration _____

11. Do you ever supervise subcontractors who are not paid by entities proposed as a named insured? Yes No

12. Do you provide consulting services for other entities? Yes No If yes, please explain _____

13. Please list all past, present, and anticipated future involvement in construction wrap projects, including the name and address (use a separate sheet of paper, if necessary): _____

14. 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 _____

If yes, has Professional Liability Coverage been obtained, covering that exposure? Yes No

15. List all employed supervisors—who supervise through foremen—and their actual payroll:

INDIVIDUAL

DUTIES/RESPONSIBILITIES

PAYROLL

16. Please fill in the appropriate amount in each applicable space:

<u>CLASS</u> (ISO Class Code)	<u>EMPLOYEE PAYROLL</u>	<u>OWNER PAYROLL</u> (ISO CAPPED)	<u>SUB COSTS</u> (LABOR PLUS MATERIALS)
Alarm System Installation (91127)	\$ _____	\$ _____	\$ _____
Blasting (91210)	\$ _____	\$ _____	\$ _____
Bridge/Elevated Highway Construction (91265-66)	\$ _____	\$ _____	\$ _____
Carpentry – Residential (91340)	\$ _____	\$ _____	\$ _____
Carpentry – Interior (91341)	\$ _____	\$ _____	\$ _____
Carpentry – Framing	\$ _____	\$ _____	\$ _____
Carpentry – NOC (91342)	\$ _____	\$ _____	\$ _____
Cleaning – Outside building surfaces (91523)	\$ _____	\$ _____	\$ _____
Concrete – Driveway, Sidewalk or Parking (92215)	\$ _____	\$ _____	\$ _____
Concrete – Other Flat Work (91560)	\$ _____	\$ _____	\$ _____
Debris Removal (91629)	\$ _____	\$ _____	\$ _____
Drywall/Wallboard Installation (92338)	\$ _____	\$ _____	\$ _____
Electrical Work – Within buildings (92478)	\$ _____	\$ _____	\$ _____
Electrical Work – Other (describe) _____	\$ _____	\$ _____	\$ _____
Excavation (94007)	\$ _____	\$ _____	\$ _____
Executive Supervision (91580)	\$ _____	\$ _____	\$ _____
Exterior Insul. Finishing System (EIFS) (98449)	\$ _____	\$ _____	\$ _____
Fire Suppression System Installation (94381)	\$ _____	\$ _____	\$ _____
Insulation (96408-10)	\$ _____	\$ _____	\$ _____
Gas Main Construction (95310)	\$ _____	\$ _____	\$ _____
Grading of Land (95410)	\$ _____	\$ _____	\$ _____
Masonry (97447)	\$ _____	\$ _____	\$ _____
Metal Erection (describe) _____ (97650-55)	\$ _____	\$ _____	\$ _____
Painting – Interior (98305)	\$ _____	\$ _____	\$ _____
Painting – Exterior (98303-04)	\$ _____	\$ _____	\$ _____
Pile Driving (98413-15)	\$ _____	\$ _____	\$ _____
Plastering/Stucco (98449)	\$ _____	\$ _____	\$ _____
Plumbing – Residential (98483)	\$ _____	\$ _____	\$ _____
Plumbing – Commercial (98482)	\$ _____	\$ _____	\$ _____
Prefabricated Building Erection (98502)	\$ _____	\$ _____	\$ _____
Restoration (describe) _____	\$ _____	\$ _____	\$ _____
Roofing – Residential (98678)	\$ _____	\$ _____	\$ _____
Roofing – Commercial (98677)	\$ _____	\$ _____	\$ _____
Sewer Main Construction (98820)	\$ _____	\$ _____	\$ _____
Snow Removal (99304-05)	\$ _____	\$ _____	\$ _____
Street or Road Construction (99315)	\$ _____	\$ _____	\$ _____
Street or Road Paving/Repaving (99321)	\$ _____	\$ _____	\$ _____
Underpinning (99803)	\$ _____	\$ _____	\$ _____
Water Mains Construction (99946)	\$ _____	\$ _____	\$ _____
Waterproofing – trowel, exterior (99953-54)	\$ _____	\$ _____	\$ _____
Waterproofing – pressure apparatus (99952)	\$ _____	\$ _____	\$ _____
Wrecking of Buildings/Structures (99986)	\$ _____	\$ _____	\$ _____
Other (describe) _____	\$ _____	\$ _____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____

17. Total number of employees: _____

18. Do you have a permanent yard for the storage or maintenance of equipment and material? Yes No

If yes, please provide annual payroll for employees who work solely in the yard _____

19. Do you have model homes? Yes No If yes, how many? _____
20. Do you own any: Vacant Land (not under development) Yes No Real Estate Development Property Yes No
 If yes, indicate locations, type (Vacant Land or Real Estate Development), and number of acres per location:

Location	Vacant Land?	OR	Real Estate Development Land?	Number of Acres
	<input type="checkbox"/>	OR	<input type="checkbox"/>	
	<input type="checkbox"/>	OR	<input type="checkbox"/>	
	<input type="checkbox"/>	OR	<input type="checkbox"/>	
	<input type="checkbox"/>	OR	<input type="checkbox"/>	
	<input type="checkbox"/>	OR	<input type="checkbox"/>	

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

POLICY PERIOD	RECEIPTS / REVENUE	PAYROLL	SUB CONTRACTED LABOR COST	SUB CONTRACTED MATERIAL COST	CARRIERS	PREMIUM	SIR/Ded.
5 th prior							
4 th prior							
3 rd prior							
2 nd prior							
Last year							
Next year							

22. 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.) _____

23. How many homes will you build each year? _____ What is the average price? _____

24. Have you ever participated in or will you ever participate in the construction of any of the following?

- | | | | | | | | |
|-----------------------|------------------------------|-----------------------------|--|---------------------------------------|------------------------------|-----------------------------|--|
| a. <u>RESIDENTIAL</u> | | | | b. <u>COMMERCIAL</u> | | | |
| (1) Apartments | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | (1) Airport Hangers/Buildings | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (2) Condominiums | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | (2) Industrial Buildings | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (3) Townhomes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | (3) Mercantile Buildings | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (4) Tract Homes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | (4) Office Bldg. 3 stories or less | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (5) Speculative Homes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | (5) Office Bldg. more than 3 stories | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (6) Custom Homes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | (6) Office Bldg. more than 10 stories | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

If you answered "Yes" to any of these questions, please advise construction details: _____

Have you ever participated in or will you ever participate in the conversion of buildings into condominiums? Yes No

If yes, please provide details: _____

25. Do you utilize any of the following in your operations?

- | | | | | | |
|-------------------|------------------------------|-----------------------------|--------------------------|------------------------------|-----------------------------|
| Casual Labor | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Leased Employees | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Volunteer Workers | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Subcontractors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Explosives | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Uninsured Subcontractors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

26. Indicate % of work performed in the following
- New Construction _____% + Remodeling _____% + Demolition _____% + Repair _____% = 100%
- Commercial _____% + Industrial _____% + Residential _____% + Institutional _____% = 100%
- Condominiums _____% + Townhomes _____% + Apartments _____% + Single Family _____% = 100%
- Inside Buildings _____% + Outside _____% = 100%
27. Any work performed in excess of: 2 stories; 4 stories; 4+ stories (specify) _____
28. Do you hire and compensate all independent subcontractors working at your direction? Yes No
If no, please explain: _____
29. Do you carry Workers Compensation Insurance on your employees? Yes No
30. 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 Occurrence Aggregate Products
- b. Additional Insured Endorsement Yes No
- c. Do all sub contractors hold our insured harmless by written agreement? Yes No
31. How many additional insured endorsements do you anticipate requiring in the upcoming year? _____
32. Do you rent any equipment? Yes No If yes, explain: _____
33. Have you ever built or do you intend on building on hillsides, slopes, hills or in subsidence prone areas? Yes No
If yes, explain: _____
- a. Percent of Grade _____% Prior soils testing (geological, topical) Yes No If yes, explain _____
- b. Any previous subsidence losses? Yes No If yes, explain _____
34. Do you have a formal safety program in operation? Yes No If yes, please explain or provide a copy: _____
35. Do you have a formal Home Warranty Program? Yes No If yes, please provide details: _____

This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application.

Witness

Applicant's Signature

Date