

CONTRACTORS QUESTIONNAIRE

1. Named Insured: _____

2. a. Separately list all Named Insureds and operations of each.

b. Is or has insured been involved in any joint ventures or partnerships not described in 2a.

Yes [] No []

If yes, explain _____

c. Number of years in business: ____

3. Percentage of Operation as:

General Contractor: ____% Sub-contractor: ____% Owner/ Builder: ____%

4. Does the insured perform contracts that require bonding?

Yes [] No []

If yes, who is the bond carrier and what is their bond line?

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

6. Describe any other projects, which the Insured has performed in the past 5 years:

7. Does the Insured do any work over two stories in height from grade?

Yes [] No [] If yes: Maximum stories: ____ Percentage of work: ____

8. Does the Insured do any work below grade? Yes: [] No: []

If Yes: Maximum depth: ___ Percentage of total work: _____

9. Does the Insured have any operations other than the contracting?

If yes, explain: _____

10. Indicate the anticipated percentage of construction work over the next twelve months to be performed by the Insured using percentage of payroll under "Direct" and percentage of contact costs under 'Subbed' as the basis.

| | <u>Direct</u> | <u>Subbed</u> | | <u>Direct</u> | <u>Subbed</u> | | <u>Direct</u> | <u>Subbed</u> |
|-------------------|---------------|---------------|----------------------|---------------|---------------|------------------------|---------------|---------------|
| Asbestos Removal | _____ % | _____ % | Grading | _____ % | _____ % | Roofing | _____ % | _____ % |
| Blasting | _____ % | _____ % | Insulation | _____ % | _____ % | Sewer (Mains) | _____ % | _____ % |
| Bridge (Building) | _____ % | _____ % | Lead (Paint Removal) | _____ % | _____ % | Steel (Structural) | _____ % | _____ % |
| Carpentry | _____ % | _____ % | Maintenance | _____ % | _____ % | Steel (Ornamental) | _____ % | _____ % |
| Concrete | _____ % | _____ % | Masonry | _____ % | _____ % | Street/Road | _____ % | _____ % |
| Demolition | _____ % | _____ % | Mechanical | _____ % | _____ % | Supervisory (Only) | _____ % | _____ % |
| Drilling | _____ % | _____ % | Painting | _____ % | _____ % | Water/Gas (Mains) | _____ % | _____ % |
| Electrical | _____ % | _____ % | Plastering | _____ % | _____ % | Other (Describe below) | _____ % | _____ % |
| Excavating | _____ % | _____ % | Plumbing | _____ % | _____ % | | | |

11. Estimated Annual Direct Payroll: \$ _____

Sub-contract Costs: \$ _____

Gross Receipts: \$ _____

12. Prior Years: Current year 1st Prior 2nd Prior 3rd Prior 4th Prior

Direct Payroll: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Gross Receipts: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

13. Indicate the percentage of construction work performed by the Insured:

New Construction _____% Commercial _____% Inside Bldg _____%

Remodeling _____% Residential _____% Outside Bldg _____%

Other (describe): _____ %

14. List each state that the insured anticipants working in over the next year and % of receipts:

| | | | | | |
|--------------------|----------------|--------------------|----------------|--------------------|----------------|
| <u>State</u> _____ | <u>%</u> _____ | <u>State</u> _____ | <u>%</u> _____ | <u>State</u> _____ | <u>%</u> _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

15. Is there a general contract between Insured and project owner:

Yes [] No []

If no, provide explanation: _____

16. Are subcontractor agreements required for all subcontractors?

Yes [] ***Provide copy of subcontract agreement***

No [] Provide explanation: _____

Loss Control

17. Does the account have a job site Loss Control Program with the following provisions?

| | <u>Yes</u> | <u>No</u> |
|------------------------------|------------|-----------|
| a. Written L.C. Program | ___ | ___ |
| b. Pre-Planning Meeting | ___ | ___ |
| c. Safety Meetings | ___ | ___ |
| Attendance documents | ___ | ___ |
| d. Site Safety Inspection | ___ | ___ |
| Check List | ___ | ___ |
| e. Non-compliance notice | ___ | ___ |
| Safety violations | ___ | ___ |
| Public safety hazards | ___ | ___ |
| f. Accident Reporting System | ___ | ___ |
| g. "Right to know" | ___ | ___ |
| MSDS sheets on site | ___ | ___ |
| Training sessions | ___ | ___ |

Please provide a copy of the index page of the written safety program.

Automobile

18. Are company vehicles taken home by employees in the evening? Yes [] No []

19.a. What is the insureds policy regarding personal and family use of company vehicles?

b. Do they review Motor Vehicle Records on prospective employees and then annually thereafter? Yes [] No []

c. What other criteria does the insured have for selecting new drivers? (e.g., written test)

d. Does insured have specific criteria to determine acceptable/unacceptable-driving methods? Yes [] No []

Explain: _____

e. How does insured handle employees with unacceptable driving records i.e. driving privileges written warning, probationary period etc.?

20. Please include the following items when returning this questionnaire:

- Completed Acord applications for lines of business to be quoted
- Copy of current subcontract agreement including insurance & indemnification requirements
- Copy index page (Table of Contents) of the written safety program
- 5 years currently valued, hard copy loss runs with details of all claims \$25,000. or more
- Current audited financial statement
- Work on Hand Schedule, including start & anticipated completion dates, contract costs, location of projects, description of work being performed and percentage of work completed
- Major projects completed within the last five years
- If Automobile coverage has been submitted
 - MVRs for ALL drivers of company vehicles
 - Legible copies of registrations for all NY vehicles

| | | | |
|-----------------------|-------|---|-------|
| _____ | _____ | _____ | _____ |
| Signature of Producer | Date | Signature of Applicant Principal Officer | Date |