

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:	'05-06	'04-05	'03-04	'02-03	'01-02
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:

State _____	% _____	State _____	% _____	State _____	% _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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