

First Capital Group Contractors Questionnaire



53 N. Park Avenue Ste 204
Rockville Centre, NY 11571

1. Named Insured: _____
Governing SIC: _____ ISO CGL Codes: _____

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

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: _____

d. Does the account have a web site? _____ If yes, please list: _____

e. Does the account have marketing material? _____ If yes, did we secure it? _____

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. Do you at this time, or have you ever worked on residential construction (i.e.) single family homes, condos, apartments, or town homes?

Yes [] No []

If yes please explain _____

First Capital Group Contractors Questionnaire

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

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

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

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

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

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

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

If yes, explain: _____

11. 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	_____ %	_____ %			

First Capital Group Contractors Questionnaire

12. 2007 to 2008 Estimated Annual Direct Payroll: \$ _____

Sub-contract Costs: \$ _____ Gross Receipts: \$ _____

13. Prior Years:	'06-07	'05-06	'04-05	'03-'04	'02-'03
Direct Payroll:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Gross Receipts:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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

New Construction ____% Commercial ____% Inside Bldg ____%

Remodeling ____% Residential ____% Outside Bldg ____%

Other (describe): _____ %

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

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

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

Yes [] No []

If no, provide explanation: _____

17. Are subcontractor agreements required for all subcontractors?

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

No [] Provide explanation: _____

Loss Control

18. 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	_____	_____

First Capital Group Contractors Questionnaire

Safety violations	—	—	—
Public safety hazards	—	—	—
f. Accident Reporting System	—	—	—
g. "Right to Know"	—	—	—
MSDS sheets on site	—	—	—
Training sessions	—	—	—

PLEASE PROVIDE A COPY OF WRITTEN SAFETY PROGRAM/MANUAL.

Automobile

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

20 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.?

21. ***Please include the following items when returning this questionnaire:***

- Completed and signed Acord applications for lines of business to be quoted
- Copy of current subcontract agreement including insurance (hold-harmless) & indemnification requirements
- Copy Safety Program & Manual
- 5 years currently valued, hard copy loss runs with details of all claims \$10,000. or more
- Current audited financial statement(s)
- 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

Signature of Producer	Date Signature of Applicant	Date
	Principal Officer	