

# CONTRACTING RISK SUPPLEMENTAL QUESTIONNAIRE

**Note:** Throughout this questionnaire the words "you" and "your" include all entities seeking coverage.

1. Applicant Name: \_\_\_\_\_  
Contractor's License #: \_\_\_\_\_ State: \_\_\_\_\_  
Insured's Website Address: \_\_\_\_\_
2. How many years of experience do you have in the contracting business? \_\_\_\_\_  
Years in business of entities seeking coverage? \_\_\_\_\_
3. Has the applicant owned or operated any other businesses (active or inactive) in the past 10 years? Yes ( ) No ( )
  - a. What were/are the operations? \_\_\_\_\_
4. Indicate the percentage of construction work performed by you: **(MUST TOTAL 100%)**

<b>RESIDENTIAL</b>	_____%	<b>COMMERCIAL</b>	_____%
New Construction	_____%	New Construction	_____%
Remodeling/Repair	_____%	Remodeling/Repair	_____%
Other _____	_____%		
5. What percentage of your work is as a:  
General Contractor: \_\_\_\_\_% Prime Contractor: \_\_\_\_\_% Subcontractor: \_\_\_\_\_% Construction Manager: \_\_\_\_\_%
6. Do you use subcontractors? Yes ( ) No ( ) If yes, complete the following:
  - a. Percentage of subcontracted work: \_\_\_\_\_%
  - b. Annual subcontracting costs (including all of subs' labor **and** materials): \$ \_\_\_\_\_
  - c. List the trades of subcontractors you use and give the percentage of work they perform:  
\_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_%  
\_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_%
  - d. Do you collect certificates from all subcontractors? Yes ( ) No ( ) What Limit: \_\_\_\_\_
  - e. Do you require all subcontractors to name you as an additional insured? Yes ( ) No ( )
  - f. Does your contract with subcontractors include a hold harmless favoring you? Yes ( ) No ( )
  - g. How long do you maintain records of the above documents? \_\_\_\_\_
7. List all States that you perform work in: \_\_\_\_\_
8. Gross receipts for the past 4 years and the next 12 months:  
4<sup>th</sup> year prior \_\_\_\_\_ 3<sup>rd</sup> year prior \_\_\_\_\_ 2<sup>nd</sup> year prior \_\_\_\_\_  
last 12 months \_\_\_\_\_ next 12 months \_\_\_\_\_
9. Number of owner, officers, and partners active at job sites or performing supervisory duties: \_\_\_\_\_  
Payroll of employees other than owners, officers, partners, and clerical: \$ \_\_\_\_\_  
Cost of leased, temporary, staffing service, casual labor (if not included above): \$ \_\_\_\_\_  
**Total Payroll – Excluding Owner(s):** \$ \_\_\_\_\_
10. Describe your four largest projects over the past five years, including values:
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_

11. Describe your two largest projects currently underway or planned for the next year, including values:
1. \_\_\_\_\_
  2. \_\_\_\_\_
12. Dollar value of average job completed (including all materials, labor, and equipment): \$ \_\_\_\_\_
13. a. How many new homes will you build as a general contractor in the next year? \_\_\_\_\_
- b. What is the greatest number of new homes you have built as a general contractor in any one year? \_\_\_\_\_
14. Do any prior operations differ substantially in nature from current operations? Yes ( ) No ( )
- Please explain: \_\_\_\_\_

15. **Note: the following questions apply to work done in any capacity (including general contractors, developers, artisans, remodeling contractors, site work contractors, suppliers, etc.):**

HAVE YOU performed work involving or related to NEW CONSTRUCTION, on or about the premises of:

- a. condos / townhouses / duplexes / triplexes / fourplexes / patio homes: Yes ( ) No ( )  
If yes, % done under OCIP: \_\_\_\_\_%
- b. custom homes: Yes ( ) No ( ) If yes, % done under OCIP: \_\_\_\_\_%
- c. apartments: Yes ( ) No ( ) If yes, % done under OCIP: \_\_\_\_\_%
- d. tracts, PUD's, or any other development, premises or project with more than 2 homes built or planned on sub-divided land: Yes ( ) No ( ) If yes, % done under OCIP: \_\_\_\_\_%
- e. assisted living: Yes ( ) No ( ) If yes, % done under OCIP: \_\_\_\_\_%

Please describe: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU performed work involving or related to SERVICE / REPAIR / REMODEL, on or about the premises of:

- f. condos / townhouses / duplexes / triplexes / fourplexes / patio homes: Yes ( ) No ( )
- g. custom homes: Yes ( ) No ( )
- h. apartments: Yes ( ) No ( )
- i. tracts, PUD's, or any other development, premises or project with more than 2 homes built or planned on sub-divided land: Yes ( ) No ( )
- j. assisted living: Yes ( ) No ( )

Please describe: \_\_\_\_\_

\_\_\_\_\_

WILL YOU perform work involving or related to NEW CONSTRUCTION, on or about the premises of:

- k. condos / townhouses / duplexes / triplexes / fourplexes / patio homes: Yes ( ) No ( )  
If yes, % done under OCIP: \_\_\_\_\_%
- l. custom homes: Yes ( ) No ( ) If yes, % done under OCIP: \_\_\_\_\_%
- m. apartments: Yes ( ) No ( ) If yes, % done under OCIP: \_\_\_\_\_%
- n. tracts, PUD's, or any other development, premises or project with more than 2 homes built or planned on sub-divided land: Yes ( ) No ( ) If yes, % done under OCIP: \_\_\_\_\_%
- o. assisted living: Yes ( ) No ( ) If yes, % done under OCIP: \_\_\_\_\_%

Please describe: \_\_\_\_\_

\_\_\_\_\_

WILL YOU perform work involving or related to SERVICE / REPAIR / REMODEL, on or about the premises of:

- p. condos / townhouses / duplexes / triplexes / fourplexes / patio homes: Yes ( ) No ( )
- q. custom homes: Yes ( ) No ( )
- r. apartments: Yes ( ) No ( )
- s. tracts, PUD's , or any other development, premises or project with more than 2 homes built or planned on sub-divided land: Yes ( ) No ( )
- t. assisted living: Yes ( ) No ( )

Please describe:

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16. If you are a roofing contractor, subcontractor or performing roofing work, do you use:

- |                         |                       |
|-------------------------|-----------------------|
| Hot Tar                 | Yes ( ) No ( ) _____% |
| Torch Down              | Yes ( ) No ( ) _____% |
| Modified Bitumen (HOT)  | Yes ( ) No ( ) _____% |
| Modified Bitumen (COLD) | Yes ( ) No ( ) _____% |
| Hot Air Welding         | Yes ( ) No ( ) _____% |
| Other: _____            | _____%                |

17. Have you ever performed work on hillsides, hilltops, slopes, landfill or other subsidence areas, or do you plan to in the future? Yes ( ) No ( ) If yes, maximum degree of slope: \_\_\_\_\_

Please describe: \_\_\_\_\_

18. Have or will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques? Yes ( ) No ( )

Please describe: \_\_\_\_\_

If retaining walls have been or will be built, maximum height: \_\_\_\_\_ ft.

19. Do you perform work above two stories in height (other than interior remodeling)? Yes ( ) No ( )

If so, what percentage? \_\_\_\_\_% Maximum height: \_\_\_\_\_ ft.

Please describe: \_\_\_\_\_

20. Do you use scaffolding? Yes ( ) No ( )

If yes, please explain: \_\_\_\_\_

21. Do you own, rent or subcontract any cranes? If yes, please explain: \_\_\_\_\_

22. Do you perform any work below ground level? Yes ( ) No ( )

If so, what percentage? \_\_\_\_\_% Maximum depth: \_\_\_\_\_ ft.

23. Have you or will you perform work for the following types of clients or industries: gas stations, refineries, chemical plants, airports, public utilities, railroads, or hospitals? Yes ( ) No ( )

Please describe: \_\_\_\_\_

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

Yes ( ) No ( ) Please describe: \_\_\_\_\_

25. Do you perform synthetic stucco work (EIFS)? Yes ( ) No ( )

26. Have you built/demolished or will you build/demolish buildings or other structures in excess of three (3) stories?

Yes ( ) No ( ) If yes, please explain: \_\_\_\_\_

27. Do you have a formal safety program in place? Yes ( ) No ( )
28. Have you been involved or will you or your subcontractors be involved in any removal of asbestos, PCB's or other hazardous materials? Yes ( ) No ( )
29. Does your work involve work on or the removal of fuel tanks or pipelines? Yes ( ) No ( )
30. Have you or will you work as a construction manager on a fee basis? Yes ( ) No ( )
- a. Have you or will you supervise subcontractors whose payments are run through another entity? Yes ( ) No ( )
- Please describe: \_\_\_\_\_
31. In the past 3 years have you been fired or replaced on a job in progress? Yes ( ) No ( )
32. In the past 3 years have you replaced another contractor on a job in progress? Yes ( ) No ( )
- Please describe: \_\_\_\_\_
33. **Note: the following questions apply regardless of whether the applicant was at fault for a claim or incident, and regardless of whether the claim or incident was covered by insurance. Explain any "yes" answers in the space provided below:**
- a. Have there been any losses, claims or suits against you in the past 3 years? Yes ( ) No ( )
- b. Are there any claims or legal actions pending against any of the entities named in the application? Yes ( ) No ( )
- c. Do any of the entities named in the 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 any such entity? Yes ( ) No ( )
- d. Have you been accused of faulty construction in the past 3 years? Yes ( ) No ( )
- e. Have you been accused of breaching a contract in the past 3 years? Yes ( ) No ( )

34. Using percentage of payroll (under Direct) and percentage of contract costs (under Subcontracted), indicate the anticipated percentage of construction work you will perform over the next 12 months. For each of the following activities, check: Yes: if the activity has or will be performed by the applicant or subcontracted and provide percentages, if applicable. No: if the applicant has never and does not plan to perform, subcontract, or supervise the activity.

	Yes	No	% Direct	% Subcontracted
a. asbestos or lead abatement	( )	( )	_____	_____
b. blasting	( )	( )	_____	_____
c. boiler installation/repair	( )	( )	_____	_____
d. carpentry (non-structural)	( )	( )	_____	_____
e. carpentry (structural, incl. framing)	( )	( )	_____	_____
f. concrete (non-structural, incl. flatwork)	( )	( )	_____	_____
g. concrete (structural, incl. foundations)	( )	( )	_____	_____
h. dam or levee work	( )	( )	_____	_____
i. demolition	( )	( )	_____	_____
j. drilling	( )	( )	_____	_____
k. elevator/escalator	( )	( )	_____	_____
l. environmental clean-up	( )	( )	_____	_____
m. industrial machinery repair/installation (millwright work)	( )	( )	_____	_____

	Yes	No	% Direct	% Subcontracted
n. insulation	( )	( )	_____	_____
o. maintenance	( )	( )	_____	_____
p. masonry	( )	( )	_____	_____
q. mechanical	( )	( )	_____	_____
r. painting – interior	( )	( )	_____	_____
s. painting – exterior	( )	( )	_____	_____
t. painting – exterior spraying	( )	( )	_____	_____
u. plastering	( )	( )	_____	_____
v. plumbing – commercial/industrial	( )	( )	_____	_____
w. plumbing – residential	( )	( )	_____	_____
x. process piping	( )	( )	_____	_____
y. rental of equipment to others	( )	( )	_____	_____
z. road/highway/bridge/overpass construction	( )	( )	_____	_____
aa. seismic retrofitting	( )	( )	_____	_____
bb. steel – non-structural/ornamental	( )	( )	_____	_____
cc. steel – structural	( )	( )	_____	_____
dd. supervisor only	( )	( )	_____	_____
ee. swimming pool construction	( )	( )	_____	_____
ff. traffic signals/control work	( )	( )	_____	_____
gg. underground tank removal, repair or installation	( )	( )	_____	_____
hh. use of cranes	( )	( )	_____	_____
ii. water/gas mains	( )	( )	_____	_____
jj. work on gas lines or pumps	( )	( )	_____	_____
kk. other	( )	( )	_____	_____
ll. other	( )	( )	_____	_____
mm. other	( )	( )	_____	_____

Explain any “yes” answers to Question 34.: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WARRANTY:** The purpose of the Supplemental Questionnaire is to assist the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his knowledge, information and belief. This 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 a part of such policy.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_