

Construction Contractors Liability Supplemental Questionnaire

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

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:

<u>INDIVIDUAL</u>	<u>DUTIES/RESPONSIBILITIES</u>
_____	_____
_____	_____
_____	_____

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:

<u>INDIVIDUAL</u>	<u>DUTIES/RESPONSIBILITIES</u>	<u>PAYROLL</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

<u>CLASS (ISO Class Code)</u>	<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. RESIDENTIAL

- (1) Apartments Yes No
 (2) Condominiums Yes No
 (3) Townhomes Yes No
 (4) Tract Homes Yes No
 (5) Speculative Homes Yes No
 (6) Custom Homes Yes No

b. COMMERCIAL

- (1) Airport Hangers/Buildings Yes No
 (2) Industrial Buildings Yes No
 (3) Mercantile Buildings Yes No
 (4) Office Bldg. 3 stories or less Yes No
 (5) Office Bldg. more than 3 stories Yes No
 (6) Office Bldg. more than 10 stories Yes 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 Yes No Leased Employees Yes No
 Volunteer Workers Yes No Subcontractors Yes No
 Explosives Yes No Uninsured Subcontractors Yes 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.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

 Witness

 Applicant's Signature

 Date