



Contractors Supplemental Questionnaire
(To be submitted with ACORD Applications)

| | | | | |
|--|---------------------|-------------------------|-------------------------|--|
| 1. Applicant: | | | | |
| 2. Website Address: | | | | |
| 3. Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member, or against any person, company, or entities on whose behalf your company has assumed liability? (For the purpose of this application only, a claim means a receipt of a demand for money, service or arbitration) | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. If "yes", please explain: | | | | |
| | | | | |
| | | | | |
| 4. Describe all operations in detail: | | | | |
| | | | | |
| | | | | |
| 5. Date of Corporate Filing or DBA: | | | | |
| 6. Length of time in business: | | | | Years Months |
| 7. Years of experience | | | | Years Months |
| 8. Are you licensed? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Kind of license: | | b. Year license issued: | | |
| c. License No.: | | | | |
| 9. Number of: | | | | |
| a. Owners: | | b. Partners | | |
| c. Full Time Employees | | d. Part Time Employees | | |
| e. Leased Employees: | | f. Day Laborers | | |
| 10. State / Area of operations: _____ / _____ | | | | |
| a. Radius of operations from main location: | | | | Miles |
| 11. List the past three projects including location, receipts, type of work performed, project start and end dates. If applicable, please provide the names of any partnerships, joint ventures, or corporations, etc.): | | | | |
| Type of Work Performed | Receipts | Location | Start Date | End Date |
| | | | | |
| | | | | |
| | | | | |
| 12. Account history for prior 3 years: | | | | |
| | Current Year | Last Year | Year Before Last | |
| Employee Payroll | | | | |
| Total Receipts | | | | |
| Total Subcontracted Costs (Labor and Materials) | | | | |
| 13. Are certificates of insurance obtained from subcontractors? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Are all subcontractors required to carry GL limits equal to or higher than your GL policy? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Are you named as an additional insured on the subcontractors' policies? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Do you normally use the same subcontractors? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Do you use a written contract for all your subcontractors that includes a hold harmless clause in your favor? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |



Contractors Supplemental Questionnaire
(To be submitted with a ACORD General Liability Application)

| | |
|------------|--|
| Applicant: | |
|------------|--|

| | | | |
|---|---------------------------------------|--|------------------------------|
| 16. How long are certificates retained after the completion of work: | | Years / | Months |
| 17. Do you use a standard service contract or agreement that sets out your responsibilities? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| a. Please attach a copy of your contract, agreement and/or warranty: | | <input type="checkbox"/> Attached | |
| 18. Do you ever assume responsibility for any injury or property damage the may occur regardless of who may have caused the injury or damage? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 19. Are all jobs inspected by a foreman or supervisor upon completion? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 20. Is there a written record of the inspection made and retained with the job file: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 21. Operations performed by subcontractor for you: | | | |
| Operation | | Percentage | |
| | | | |
| | | | |
| | | | |
| 22. Indicate type of construction work performed by you or your employees: | | | |
| Maintenance | Alarm System Installation | Excavating | |
| Alarm Monitoring | Janitorial | Underground Cable Work | |
| Painting | Masonry | Wrecking / Demolition | |
| Exterior Spray Painting | Carpentry | Septic Tanks | |
| Lead Paint Removal | Floor Sanding, Stripping or Buffing | Snowplowing | |
| Plastering | Roofing | Sewer Mains | |
| Plumbing | Electrical | Gas Mains | |
| Mechanical | Insulation | Water Mains | |
| LPG Work | High Voltage Wiring | Pesticide / Herbicide Application | |
| Process Piping | Tree Trimming / Removal | Supervisory only | |
| Boiler work | Retaining Wall Construction or Repair | Concrete | |
| Blasting or Mining | Airport or Tower Work | Oilfield | |
| Asbestos or Mold Removal | <u>Other:</u> | <u>Other:</u> | |
| TOTAL | | | |
| 23. Indicate % of work performed in: | | | |
| New construction | Repair / Remodeling | Demolition | |
| Commercial | Industrial | Institutional | |
| Residential | Condos | Single family dwellings | |
| Outside building | Inside building | Construction manager for fee | |
| Contract basis | With penalty clause | Time & material | |
| 24. Are you currently or have you ever been involved as a General Contractor in the building of: | | | |
| a. Residential Homes? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b. Condominiums? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. Townhouses? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| d. Apartment Buildings? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| e. If yes, maximum number built during any 12-month period during the last five years: | | | |
| 25. Any work performed above two stories in height from grade? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| a. Maximum number of stories: | | Stories | |



Contractors Supplemental Questionnaire
(To be submitted with a ACORD General Liability Application)

| | |
|------------|--|
| Applicant: | |
|------------|--|

| | | |
|--|-----------|--|
| 26. Any work performed below grade? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Maximum depth: | | ft |
| b. Percentage of total work: | | |
| 27. Is scaffolding owned, rented or erected? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Are other contractors at job site allowed to use it? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 28. Do you have a formal safety program in operation? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. If yes, please provide a copy: | | <input type="checkbox"/> Attached |
| 29. Do you own any vacant land or real estate development property? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. If yes, provide: | Location: | Acres |
| 30. Is any heavy equipment, including cranes owned or operated? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Type of equipment: | | |
| 31. Any mobile equipment leased from others? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Type of equipment leased: | | |
| b. Operators provided? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Lease basis: | | |
| 32. Are any of your employees subject to: | | |
| a. U.S. Longshoremen's and Harborworkers' Act? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) If yes, what percent of payroll: | | |
| b. Jones Maritime Act? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) If yes, what percent of payroll: | | |
| 33. Do you have Workers' Compensation coverage in force? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 34. Do you do any work in the States of Nevada, California or South Carolina? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|-------------------------------|----------------|
| _____ PRODUCER'S SIGNATURE | _____ DATE: |
|-------------------------------|----------------|

| | |
|--------------------------------|----------------|
| _____ APPLICANT'S SIGNATURE | _____ DATE: |
|--------------------------------|----------------|

APPLICABLE IN THE STATE OF NEW YORK:
 Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:
 Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.