

# Construction Contractors Liability Supplemental Questionnaire

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

Policy Term From: \_\_\_\_\_ To \_\_\_\_\_

1. Name of Applicant: \_\_\_\_\_  
*(Complete one questionnaire for each named insured / for each risk.)*
2. Length of time in business? \_\_\_\_\_ years; Years of experience? \_\_\_\_\_ years
4. Applicant(s) will operate in the following states: \_\_\_\_\_

5. Is the applicant (or any proposed named insured) a:
- |                         |                              |                             |                        |                              |                             |
|-------------------------|------------------------------|-----------------------------|------------------------|------------------------------|-----------------------------|
| Developer               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | General Contractor     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sub Contractor          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Construction Manager   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Construction Consultant | <input type="checkbox"/> Yes | <input type="checkbox"/> No | License # & Expiration | _____                        |                             |

6. Describe all operations, in detail: \_\_\_\_\_

7. 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 \_\_\_\_\_

8. List all employed supervisors or foremen (who are strictly supervisors) and their actual payroll:
- | <u>INDIVIDUAL</u> | <u>PAYROLL</u> |
|-------------------|----------------|
| _____             | _____          |
| _____             | _____          |
| _____             | _____          |
| _____             | _____          |
| _____             | _____          |

9. Have you: (a) ever done, (b) contemplated doing this year, or (c) in the future, any of the following:
- | a. <u>RESIDENTIAL</u>  | b. <u>COMMERCIAL</u>   |
|--|--|
| (1) Apartments <input type="checkbox"/> Yes <input type="checkbox"/> No        | (1) Airport Hangers/Buildings <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| (2) Condominiums <input type="checkbox"/> Yes <input type="checkbox"/> No      | (2) Industrial Buildings <input type="checkbox"/> Yes <input type="checkbox"/> No              |
| (3) Townhomes <input type="checkbox"/> Yes <input type="checkbox"/> No         | (3) Mercantile Buildings <input type="checkbox"/> Yes <input type="checkbox"/> No              |
| (4) Tract Homes <input type="checkbox"/> Yes <input type="checkbox"/> No       | (4) Office Buildings <than 3 stories <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| (5) Speculative Homes <input type="checkbox"/> Yes <input type="checkbox"/> No | (5) Office Buildings >than 3 stories <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| (6) Custom Homes <input type="checkbox"/> Yes <input type="checkbox"/> No      | (6) Office Buildings >than 10 stories <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered "Yes" to any of these questions, please advise construction details: \_\_\_\_\_

10. Do you utilize any of the following in your OPERATIONS:
- |   |   |
|---|---|
| Casual Labor <input type="checkbox"/> Yes <input type="checkbox"/> No                         | Leased Employees <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cranes (Owned or rented from others) <input type="checkbox"/> Yes <input type="checkbox"/> No | Sub Contractors <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Explosives <input type="checkbox"/> Yes <input type="checkbox"/> No                           |   |

11. Indicate % of work performed in the following:
- |                         |                   |                    |                      |
|-------------------------|-------------------|--------------------|----------------------|
| New Construction _____% | Remodeling _____% | Demolition _____%  | Repair _____%        |
| Commercial _____%       | Industrial _____% | Residential _____% | Institutional _____% |
| Condo's _____%          | Townhomes _____%  | Apartments _____%  | Single Family _____% |
| Inside Buildings _____% | Outside _____%    |                    |                      |

12. Any work performed in excess of:  2 stories;  4 stories;  4+ stories (specify) \_\_\_\_\_
13. Any work performed below grade?  Yes  No If yes, Maximum depth \_\_\_\_\_ ft \_\_\_\_\_ % of work
14. Is scaffolding  Owned;  Rented, Are others allowed to utilize ?  Yes  No
15. Please fill in the appropriate amount in each space or an "X" if not applicable:

<u>CLASS</u>	<u>EMPLOYEE PAYROLL</u>	<u>SUB COSTS</u>
Alarm Systems	\$ _____	\$ _____
Blasting	\$ _____	\$ _____
Bridge Construction	\$ _____	\$ _____
Building Demolition	\$ _____	\$ _____
Caisson or Cofferdam Work	\$ _____	\$ _____
Carpentry - Residential	\$ _____	\$ _____
Carpentry - Interior	\$ _____	\$ _____
Carpentry - Other	\$ _____	\$ _____
Concrete - Driveways, Sidewalks or Parking	\$ _____	\$ _____
Concrete - Other Flat Work	\$ _____	\$ _____
Dam Construction	\$ _____	\$ _____
Demolition Work – Interior	\$ _____	\$ _____
Drywall/Wallboard Installation	\$ _____	\$ _____
Electrical Work - Within buildings	\$ _____	\$ _____
Electrical Work - Other	\$ _____	\$ _____
Electrical Apparatus Installation	\$ _____	\$ _____
Excavation	\$ _____	\$ _____
Fireproofing	\$ _____	\$ _____
Insulation	\$ _____	\$ _____
Gas Mains	\$ _____	\$ _____
Grading of Land	\$ _____	\$ _____
Masonry	\$ _____	\$ _____
Pile Driving	\$ _____	\$ _____
Plastering/Stucco	\$ _____	\$ _____
Plumbing - Residential	\$ _____	\$ _____
Plumbing - Commercial	\$ _____	\$ _____
Roofing - Residential	\$ _____	\$ _____
Roofing - Commercial	\$ _____	\$ _____
Sewer Main Construction	\$ _____	\$ _____
Street or Road Construction	\$ _____	\$ _____
Street or Road Paving/Repaving	\$ _____	\$ _____
Swimming Pool Construction/Installation	\$ _____	\$ _____
Supervision	\$ _____	\$ _____
Petroleum Tank Removal/Installation	\$ _____	\$ _____
Water Mains Construction	\$ _____	\$ _____
Wrecking of Buildings/Structures	\$ _____	\$ _____
Other(describe) _____	\$ _____	\$ _____
Totals:	\$ _____	\$ _____

16. Total number of employees? \_\_\_\_\_
17. 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 COSTS	CARRIERS	PREMIUM	SIR/Ded
5 <sup>th</sup> prior						
4 <sup>th</sup> prior						
3 <sup>rd</sup> prior						
2 <sup>nd</sup> prior						
Last year						
Next year						

18. 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.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
19. Do you have a formal safety program in operation?  Yes  No If yes, please explain or provide a copy: \_\_\_\_\_  
 \_\_\_\_\_
20. Do you have a formal Home Warranty Program?  Yes  No If yes please provide details: \_\_\_\_\_  
 \_\_\_\_\_
21. Do you rent any equipment?  Yes  No If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
22. Do you carry Workers Compensation Insurance on your employees?  Yes  No
23. 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  
 b. Additional Insured Endorsement  Yes  No  
 c. Do all sub contractors hold our insured harmless by written agreement?  Yes  No
24. Do you ever hold the property of others for storage, service or repair?  Yes  No  
 If yes please provide details: \_\_\_\_\_  
 \_\_\_\_\_
25. Have you ever built or do you intend on building on hillsides, slopes, hills or in subsidence prone areas?  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
- Percent of Grade \_\_\_\_\_ % Prior soils testing (geological, topical)  Yes  No If yes, explain \_\_\_\_\_  
 \_\_\_\_\_
- Any previous subsidence losses?  Yes  No If yes, explain \_\_\_\_\_  
 \_\_\_\_\_
26. Do you have model homes?  Yes  No If yes, how many \_\_\_\_\_
27. Do you own any Vacant Land or Real Estate Development property?  Yes  No If yes, indicate locations and number of acres per location:  
 1) Location: \_\_\_\_\_ Acres \_\_\_\_\_  
 2) Location: \_\_\_\_\_ Acres \_\_\_\_\_  
 3) Location: \_\_\_\_\_ Acres \_\_\_\_\_  
 4) Location: \_\_\_\_\_ Acres \_\_\_\_\_
28. Do you, or any of your employees hold a Real Estate Agent's License?  Yes  No If yes, has Professional Liability Coverage been obtained, covering that exposure?  Yes  No
29. Any other operations conducted by or on behalf of the named insured outside of the realm of contracting?  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application.**

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date