

COMMERCIAL AND RESIDENTIAL GENERAL CONTRACTORS QUESTIONNAIRE

1. General Information Name of Applicant: Website Address: State(s) in which you do business _____ Years in Business: _____ Annual Receipts: _____ Average Project Size: Number of years you have been with the agent submitting account 2. a. Indicate Type of Projects Performed b. Indicate Percentage of Work Performed Commercial & Industrial Projects _____ % Office Buildings % New Construction _____ % Institutional (Hospitals, schools) Additions % Alterations / Remodeling _____ % Religious Institutions ☐ Structural ☐ NonStructural % Industrial & Manufacturing Other (describe) _____ _____ % Sports / Entertainment 100% % Hotels / Motels _____ % Correctional Facilities Inside Building ____ % Apartment Buildings _____ % Dormitories Outside Building <= 3 Stories Outside Building 4 to 6 Stories % Other (describe) Outside Building > 6 Stories
Other (describe) **Residential Projects** Other (describe) % Custom Homes: Total = 100% # per year _____ Avg Value \$ _____ % Tract Housing/Subdivision: # homes per year ____ Avg Value \$ ____ For Residential Projects % Condominiums & Townhomes
% Other (describe)

100% = Total of Commercial, Industrial & Residential % Built Under Contract % Speculative Total = 100% 3. General Contractor versus Construction/Project Manager Do you act as a General Contractor or as a Project/Construction Manager? (i.e. As a general contractor you hire the subs directly and over see the work. As a Construction/ Project Manager you do not hire the subcontractors directly but you oversee the project.) ______ % General Contractor ______ % Construction or Project Manager 4. Work Performed by You vs. Work Subcontracted to Others Indicate the type of work performed by You (□) and by Subcontractors(□): ☐ Drywaii / Lanuscape ☐ Lanuscape ☐ Masonry ☐ Asbestos ☐ Drywall / Plastering ☐ Insulation □ □ Playground Equipment □ Carpentry ☐☐ Landscape Construction ☐☐ Plumbing □□ Roofing □□ Concrete ☐☐ Grading ☐☐ Paving □□ Siding □ Demolition □□ Doors / Windows □□ Heating & Air Cond. □□ Painting □□ Water / Sewer ☐ Other Self performed (describe) Other Subcontracted (describe)

5.	Subcontracted Work & Cont	tractual Risk Transt	er			
a.	Do you subcontract work to ot	hers? If yes, comple	ete Sections b. thru d. below	□Y	ΈS	□NO
b.	What is the annual amount of	work subcontracted	to others? \$			
C.	☐ Always ☐ Some	etimes (describe)	ritten contract? (If yes, attach a copy)	☐ Y	ES	□NO
		hold harmless and inc	demnification provisions in your favor? e sub's policy as an additional insured:	□Y	ES	□NO
	For Ongoing Ope	erations?	o cab o pone, ao an adamena mearca.	□Y	ES	□NO
	For Completed O				ES	□NO
			equal to or greater than \$1,000,000? all your sub-contractors prior to their startin		ES ES	□NO
	Do you require the subco	ntractor be in compliney are paid in full?	ance with the insurance requirements of the	ne 🗆 Y	ES	□NO
d.		rance, additional ins	s in place for maintenance of copies sured endorsement and/or OCP policies fined?		ES	□NO
6.	6. Job List (Last 5 jobs - attach list or complete below):					
	Project	City, State	Nature of Work		J	ob Cost
7.	7. Management Practices (please check all that apply)					
a.	Employee selection process: ☐ Application ☐ Referent ☐ Other (describe)	nce Check	re-Placement Medical Exam			
b.	Do you have a formal drug-tes ☐ Pre-employment ☐ Rar ☐ CDL Drivers Only ☐ Oth			□YES		□NO
C.	Are safety meetings held on a attendance records kept? If le		managers and employees attend and are ow often?	□YES	3	□NO
d.	Have you been cited for any C	SHA violations in the	e past 3 years? If yes, describe:	□YES	;	□NO
e.	Do you hire any day labor or o	 casual labor?		□YES	;	□NO

8. Liability Exposures:

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a.	Do you employ an architect, engineer or surveyor who draws or stamps plans, designs or specifications? If yes, do you have professional liability coverage in place? Limit of Professional Coverage: \$	□YES □YES	□NO □NO
b.	Do you or have you ever applied, installed or managed any jobs involving any synthetic stucco (EIFS) related product or material? If yes, describe:	□YES	□NO
C.	Do you or have you ever performed any abatement or removal of (Check all that apply) asbestos lead mold If yes, describe:	□YES	□NO
d.	Do you perform any snow plowing/ snow removal / ice treatment services for others? If yes, complete Snow Removal Questionnaire CTR 936. Selective excludes snow and ice removal activities performed for others. If an insured desires coverage for these operations, they can complete CTR 936 and we will consider the buyback of this coverage on an individual risk basis. Our appetite is for the contractor whose snow and ice removal activities are incidental to their overall operations. (Snow & Ice removal is not automatically excluded in AZ, CO, GA, MD, NC, NM, SC, UT & VA but will be underwritten when the exposure is identified)	□YES	□NO
e.	Any current or past involvement with a wrap-up/OCIP/CCIP? If yes, describe below:	□YES	□NO
	Wrap-Up Project Project Description Date Work Perform	<u> </u>	_
f.	Do you rent, lease or loan equipment to others? If yes, is the equipment rented to others with an operator? Do you use a written contract or rental agreement? Does it include a hold harmless agreement in your favor? Does it require the renting party to provide physical damage coverage for the property being rented? Describe the type of equipment rented to others:	□YES □YES □YES □YES □YES	□NO □NO □NO □NO

9.	Inland Marine Exposures		
a.	Is your equipment provided with theft-deterrent devices and/or registered with NER (National Equipment Registry)? If yes, describe:	□YES	□NO
b.	How are your equipment and materials secured at jobsites? Describe:		
C.	Do you borrow, lease or rent equipment <u>from others</u> ? If yes, what type? Describe: How much do you spend on equipment rental annually?	□YES	□NO
10.	Auto Exposures	ı	J
a.	Account has the following controls in place (Please check all that apply) Formal Fleet safety program Documented Fleet maintenance program GPS Tracking/Monitoring MVR's ordered at point of hire MVR's ordered annually MVR Driver acceptability criteria in place (Describe): Account has procedures in place to deal with problem drivers (Progressive discipline policy)		<u> </u>
	Account has procedures in place to deal with problem drivers (Progressive discipline point	Jy) (Describ	
b.	Do you allow personal use of company vehicles? If yes, select all that apply Insured Insured's Family Members Employees Employees Family Members If yes, do you have a written permissive use policy in place for employees that take company vehicles home?	□YES	□NO
C.	Do your employees use their own vehicles for company business? If yes, what limit of insurance do you require they carry?	□YES	□NO
d.	Do you have any drivers who are not your employees? If yes, explain	□YES	□NO
e.	Do you haul material or equipment for others? If yes, indicate annual receipts from hauling \$ Describe type of material or equipment being hauled:	□YES	□NO
f.	Are your vehicles wrapped, encased or marked with any special marketing or advertising graphics or any special equipment? If yes, has the value of each vehicle been updated to reflect the additional value associated with the advertising graphics or specialized equipment?	□YES □YES	□NO
q.	Do you have a motor carrier filing? If yes, what is your MC#	□YES	□NO

11. Work Comp

a.	Health Insurance is provided for (Check all that apply): All Employees Full-Time Employees Only Key Employees Only Provided by Union				
b.	What is the annual percentage of employee turnover? %				
C.	Do you have a written Safety Policy and Program in place?	□YES	□NO		
	If yes, are the employees required to sign the Policy acknowledging they have read and understand it?	□YES	□NO		
	Do you enforce the use of personal protective equipment (hard hats, safety glasses / goggles, hearing protection, steel-toed shoes, etc) as required by OSHA?	□YES	□NO		
e.	Are injured employees contacted immediately following medical treatment by a designated person? If yes, list the title of the designated person	□YES	□NO		
f.	Are claims involving lost work time reviewed and pro-actively managed by a designated individual? If yes, list the title of the designated person	□YES	□NO		
g.	Do you have a return to work (RTW) program? If yes, describe:	□YES	□NO		
h.	Have you or will you perform work under the US Longshoremen's and Harbor Workers Act, or any other Federal Act? If yes, describe:	□YES	□NO		
12.	General Contractor Exposure				
a.	Have you had any construction defect or faulty workmanship claims in the past 10 years? If yes, describe:	□YES	□NO		
b.	Do you perform building structure raising or moving? If yes, do you self-perform this work or subcontract it to others? Describe:	□YES	□NO		
C.	Do all jobs have full-time supervision by one of your employees? If no, describe supervision provided:	□YES	□NO		
d.	Do you conduct regular worksite safety inspections? If yes, how often? If no, how often are safety inspections conducted?	□YES	□NO		
e.	Do you use the same subcontractors consistently? Describe the selection/qualification criteria used to select subcontractors:	□YES	□NO		
f.	Do you perform any fire or water damage restoration or remediation work? If yes, describe:	□YES	□NO		
g.	Do you build modular homes? If yes, please answer the following: Who transports the modular components to the building site?	□YES	□NO		
	Who places the modular components on the building foundation?				
	Who joins the components together?				

h.	If you are a Residential General Contractor please answer the following:		
	How many homes do you build each year?# per year		
	How many homes have you built in any one subdivision or parcel of land?		
	Do you build "tract housing" ("Tract housing" means a series of single family houses which share common or similar design elements, floor plans, blue prints, or architectural details and are constructed at the same time or consecutively, on the same parcel, adjacent parcels, on parcels subdivided from a common parcel or development or parcels so located within one geographic area to be considered a single project.)	□YES	□NO
	Do you build "multi-family housing"? ("Multi-family housing" means a building that contains two or more dwelling units, including residential condominiums, cooperatives, townhouses, any mixed use structures with a residential component or conversion of a building to a condominium, townhome or cooperative building. "Multi-family housing" does not include any structure that functions solely as an apartment building, hotel, motel, nursing home, an assisted living facility, a college dormitory, or government housing on military bases.)	□YES	□NO
	Do you act as a jobber/wholesaler/broker for a specific trade? An example of a jobber would be a contractor that bids to do all the framing work, or the painting work or the drywall work on a project and then subs out all or a vast majority of the work to others.	□YES	□NO
	Do you "flip" houses? (Buy to fix up and then resell)	□YES	□NO
	Do you have a homeowner warranty program in place?	□YES	□NO
	Do you use a third party quality assurance program (such as Quality Built)?	□YES	□NO
	Are you a member of a homebuilders association? If yes, indicate the association name and any requirements for membership related to construction quality.	□YES	□NO
i.	Do you perform solar panel installation?	□YES	□NO
	If yes, do you self-perform the majority of the work related to solar panel installation?	□YES	□NO
	What operations are subcontracted to others?		
	Do you maintain ownership of the panels?	□YES □YES	□NO
	Does an independent architect or engineering firm determine how much weight the roofs can support and if structural reinforcements are required? If no, how is this handled?	LIES	
	Do you install any other solar products? If yes, select all that apply ☐ Shingles ☐ Roof films or skins ☐ Solar tiles	□YES	□NO
	☐ Electricity generating window film		
	Other (describe)		
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j.	Do you perform or do you subcontract to others activities that involve earth movement (i.e. site prep work, soil compaction). If yes, please answer the following questions: 1. How do you verify the land has been properly graded?	□YES	□NO
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	2.a. Is the graded/compacted soil tested to verify compliance to project specifications or		
	2.a. Is the graded/compacted soil tested to verify compliance to project specifications or industry standards?	□YES	□NO
	 2.a. Is the graded/compacted soil tested to verify compliance to project specifications or industry standards? b. Who is responsible for that testing? You Other 	□YES	□NO
	2.a. Is the graded/compacted soil tested to verify compliance to project specifications or industry standards?	□YES	□NO

4	I.a. Do you work in areas with expansive, swelling or shifting soils?b. If yes, please describe what is done to stabilize the soil to prevent it from moving, shifting or subsiding.	□YES	□NO
5	If you subcontract this work to others does your subcontract agreement require your subs to carry coverage for earth movement in their general liability and umbrella policies?	□YES	□NO