



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

Commercial & Industrial Projects

_____ % Office Buildings

_____ % Institutional (Hospitals, schools)

_____ % Religious Institutions

_____ % Industrial & Manufacturing

_____ % Sports / Entertainment

_____ % Hotels / Motels

_____ % Correctional Facilities

_____ % Apartment Buildings

_____ % Dormitories

_____ % Other (describe) _____

Residential Projects

_____ % Custom Homes:
per year _____ Avg Value \$ _____

_____ % Tract Housing:
per year _____ Avg Value \$ _____

_____ % Condominiums & Townhomes

_____ % Other (describe) _____

100% = Total of Commercial, Industrial & Residential

b. Indicate Percentage of Work Performed

New Construction	_____ %
Additions	_____ %
Alterations / Remodeling	_____ %
<input type="checkbox"/> Structural <input type="checkbox"/> NonStructural	
Other (describe) _____	_____ %
Total =	100%
Inside Building	_____ %
Outside Building <= 3 Stories	_____ %
Outside Building 4 to 6 Stories	_____ %
Outside Building > 6 Stories	_____ %
Other (describe) _____	_____ %
Total =	100%
<u>For Residential Projects</u>	
% 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(□)

△ <input type="checkbox"/> Asbestos	△ <input type="checkbox"/> Drywall / Plastering	△ <input type="checkbox"/> Insulation	△ <input type="checkbox"/> Playground Equipment
△ <input type="checkbox"/> Carpentry	△ <input type="checkbox"/> Electrical	△ <input type="checkbox"/> Landscape Construction	△ <input type="checkbox"/> Plumbing
△ <input type="checkbox"/> Concrete	△ <input type="checkbox"/> Excavation	△ <input type="checkbox"/> Masonry	△ <input type="checkbox"/> Roofing
△ <input type="checkbox"/> Demolition	△ <input type="checkbox"/> Grading	△ <input type="checkbox"/> Paving	△ <input type="checkbox"/> Siding
△ <input type="checkbox"/> Doors / Windows	△ <input type="checkbox"/> Heating & Air Cond.	△ <input type="checkbox"/> Painting	△ <input type="checkbox"/> Water / Sewer
△ Other Self performed (describe) _____			
□ Other Subcontracted (describe) _____			

5. Subcontracted Work & Contractual Risk Transfer

a. Do you subcontract work to others? If yes, complete Sections b. thru d. below	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. What is the annual amount of work subcontracted to others? \$ _____		
c. Do you require all sub-contractors to enter into a written contract? (If yes, attach a copy) <input type="checkbox"/> Always <input type="checkbox"/> Sometimes (describe) _____ If you have a written subcontract agreement Do the contracts contain hold harmless and indemnification provisions in your favor? Do the contracts require you to be added to the sub's policy as an additional insured: For Ongoing Operations? For Completed Operations? Do the contracts require the subs carry limits equal to or greater than \$1,000,000? Do you require certificates of insurance from all your sub-contractors prior to their starting on a project? Do you require the subcontractor be in compliance with the insurance requirements of the contract before they are paid in full?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Do you have formal recordkeeping procedures in place for maintenance of copies of contracts, certificates of insurance, additional insured endorsement and/or OCP policies for each project? If yes, how long are records maintained? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

6. Job List (Last 5 jobs - attach list or complete below):

Project	City, State	Nature of Work	Job Cost

7. Management Practices (please check all that apply)

a. Employee selection process: <input type="checkbox"/> Application <input type="checkbox"/> Reference Check <input type="checkbox"/> Pre-Placement Medical Exam <input type="checkbox"/> Other (describe) _____		
b. Do you have a formal drug-testing program? If yes, check all that apply <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Post accident <input type="checkbox"/> Probable Cause <input type="checkbox"/> CDL Drivers Only <input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Are safety meetings held on a quarterly basis; do managers and employees attend and are attendance records kept? If less than quarterly, how often? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Have you been cited for any OSHA violations in the past 3 years? If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

8. Liability Exposures:

<p>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: \$ _____</p>	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO																				
<p>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: _____ _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO																				
<p>c. Do you or have you ever performed any abatement or removal of (Check all that apply) <input type="checkbox"/> asbestos <input type="checkbox"/> lead <input type="checkbox"/> mold If yes, describe: _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO																				
<p>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. (Does not apply to GA, NC, SC, & VA)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO																				
<p>e. Any current or past involvement with a wrap-up/OCIP/CCIP? If yes, describe below: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:20%;">Wrap-Up Project</th> <th style="width:30%;">Project Description</th> <th style="width:10%;">Date</th> <th style="width:40%;">Work Performed by Applicant</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>			Wrap-Up Project	Project Description	Date	Work Performed by Applicant	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<p>f. Do you rent, lease or loan equipment <u>to others</u>? 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: _____ _____</p>	<input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO																				

9. Inland Marine Exposures

<p>a. Is your equipment provided with theft-deterrent devices and/or registered with NER (National Equipment Registry)? If yes, describe: _____ _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>b. How are your equipment and materials secured at jobsites? Describe: _____ _____</p>		
<p>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? _____ _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

10. Auto Exposures

<p>a. Account has the following controls in place (Please check all that apply)</p> <input type="checkbox"/> Fleet safety program <input type="checkbox"/> Seat belt use policy <input type="checkbox"/> Cell phone use policy <input type="checkbox"/> Fleet maintenance program <input type="checkbox"/> GPS Tracking/Monitoring <input type="checkbox"/> MVR's ordered at point of hire <input type="checkbox"/> MVR's ordered annually <input type="checkbox"/> MVR Driver acceptability criteria in place (Describe): _____ _____ <input type="checkbox"/> Vehicle personal use policy in place (Describe): _____ _____		
<p>b. Do your employees use their own vehicles for company business? If yes, what limit of insurance do you require they carry? _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>c. Do you haul material or equipment for others? If yes, indicate annual receipts from hauling \$ _____ Describe type of material or equipment being hauled: _____ _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

11. Work Comp

<p>a. Health Insurance is provided for (Check all that apply): <input type="checkbox"/> All Employees <input type="checkbox"/> Full-Time Employees Only <input type="checkbox"/> Key Employees Only <input type="checkbox"/> Provided by Union </p>		
<p>b. What is the annual percentage of employee turnover? _____ %</p>		
<p>c. Do you have a written Safety Policy and Program in place? If yes, are the employees required to sign the Policy acknowledging they have read and understand it?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>d. Do you enforce the use of personal protective equipment (hard hats, safety glasses / goggles, hearing protection, steel-toed shoes, etc) as required by OSHA?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>e. Are injured employees contacted immediately following medical treatment by a designated person? If yes, list the title of the designated person _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>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 _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>g. Do you have a return to work (RTW) program? If yes, describe: _____ _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>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: _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

12. General Contractor Exposure

<p>a. Have you had any construction defect or faulty workmanship claims in the past 10 years? If yes, describe: _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>b. Do you perform building structure raising or moving? If yes, do you self-perform this work or subcontract it to others? Describe: _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>c. Do all jobs have full-time supervision by one of your employees? If no, describe supervision provided: _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>d. Do you conduct regular worksite safety inspections? If yes, how often? _____ If no, how often are safety inspections conducted? _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>e. Do you use the same subcontractors consistently? Describe the selection/qualification criteria used to select subcontractors: _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>f. Do you perform any fire or water damage restoration or remediation work? If yes, describe: _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>g. Do you build modular homes? If yes, please answer the following: Who transports the modular components to the building site? _____ Who places the modular components on the building foundation? _____ Who joins the components together? _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>h. If you are a General Contractor for single family homes, multi-family homes, townhomes or condominiums please answer the following: Do you build homes on speculation? If yes, describe _____ Do you have a homeowner warranty program in place? Do you use a third party quality assurance program (such as Quality Built)? Are you a member of a homebuilders Association? If yes, indicate the association name and any requirements for membership related to construction quality.</p>	<input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO
<p>i. Do you perform solar panel installation? If yes, do you self-perform the majority of the work related to solar panel installation? What operations are subcontracted to others? _____ Do you maintain ownership of the panels? Does an independent architect or engineering firm determine how much weight the roofs can support and if structural reinforcements re required? If no, how is this handled? _____</p>	<input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO