

# 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	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Landowner	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Subcontractor	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	License # & Expiration _____				
General Contractor	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					

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 <sup>th</sup> prior							
4 <sup>th</sup> prior							
3 <sup>rd</sup> prior							
2 <sup>nd</sup> 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.**

**IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.**

\_\_\_\_\_  
 Witness

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

\_\_\_\_\_  
 Date