

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

\_\_\_\_\_  
 Witness

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

\_\_\_\_\_  
 Date