

Supplemental Questionnaire

Contractor:



1. List All the states that the Insured operates in, or has operated in, in the past.

2. Describe the last three largest jobs:

	Job	Type of Work	Height	Receipts
a.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Any High Rise work (Over 3 stories)?

Yes No

If yes, please advise the maximum # of stories and controls:

4. Any Bridge, Airport, (Aprons, Taxiways, Runways), Dam or Dike work, Blasting, Demolition, Pile Driving, Tunneling, or work in Ships or Tankers? If yes, please provide complete details:

Yes No



5. Any work subcontracted?

Yes No

- a. What is your percentage of subcontracted work?

- b. Are Certificates of Insurance obtained from all Subcontractors?

Yes No

c. What are the Limits required? Occurrence:

Aggregate:

d. Is the following wording part of the Insured's Contract with Subcontractors?

i. Hold Harmless Indemnity provisions? Yes No

ii. Provision that they must be named as an Additional Named Insured on Subcontractor's Primary and Excess Policies? Yes No

e. What type of work is subcontracted?

6. Product and Installation questions:

a. Does the Insured install or contract to another entity to install hardboard siding? Yes No

b. Does the Insured install or contract to another entity to install EIFS? Yes No

c. Has the Insured ever installed Polybutylene Pipe? Yes No

d. Has the Insured ever been involved in any Construction Defect Lawsuits? Yes No

If you answered YES to any of the questions above, please provide comments below.

7. Work Type questions:

a. Does the Insured do any Structural Steel or Structural Concrete work? Yes No

- b. Any Gas Main work? Yes No
- c. Any Boiler work? Yes No
- d. Any Burglar or Fire Alarm System Installation or Monitoring? Yes No
- e. Any Leasing or Renting of Cranes and/or Scaffolding to others? Yes No
- If yes, what percentage is leased/rented with operators?
- f. Any Leasing or Renting of Cranes and/or Scaffolding from others? Yes No
- If yes, what percentage is leased/rented with operators?

▲

■

▼

◀

▶

8. General Information:

- a. Is there a formal safety program in place? Yes No
- b. Are MVR's checked prior to hire and monitored on a regular basis? Yes No
- c. Are the Equipment and Vehicles maintained and kept in good condition? Yes No
- d. Is the public kept a safe distance from Insured's operations and Work Areas? Yes No
- e. Are the premises in good condition and well maintained? Yes No
- f. Does the insured do accident investigations? Yes No
- g. Does the insured have a Safety Director on Yes No

staff?

- h. Does the insured have a Certified Drug-Free Workplace? Yes No
- i. Does the insured adhere to all OSHA standards & promote a safe workplace? Yes No
- j. Has the insured ever been cited for safety violations? If so, describe below. Yes No

If you answered YES to any of the questions above, please provide comments below.

