



Contractors General Liability Supplemental Questionnaire

Applicants Name:

Mailing Address:

Years in business under current name:

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE”
QUESTIONNAIRE MUST BE SIGNED & DATED BY OWNER, PARTNER OR OFFICER
PLEASE CAREFULLY READ THE STATEMENTS AT THE END OF THIS QUESTIONNAIRE
THE TERM “WILL YOU” IN A QUESTION MEANS UNTIL THE EXPIRATION DATE OF THE POLICY

1. If this is a new operation, please provide details on prior experience of owners:

2. List all business names which applicant has used in the past:

3. Do any prior operations differ substantially in nature from current operations? Yes No

If yes, please explain:

4. Expiring GCL: Premium: Ded/SIR: Rate:

5. Contractor's license #: States in which you are allowed to do business:

6. Percentage of operations: General Contractor: %, Subcontractor: %, Owner/Builder: %

7. Estimates for next 12 months: Direct Payroll: \$, Sub-Contract Costs: \$, Gross Sales: \$

Prior Years: (year) Direct Payroll: \$, Sub-Contract Costs: \$, Gross Sales: \$

(year) Direct Payroll: \$, Sub-Contract Costs: \$, Gross Sales: \$

(year) Direct Payroll: \$, Sub-Contract Costs: \$, Gross Sales: \$

8. Indicate the percentage of construction work performed by you:

New Construction: % Commercial/Industrial Projects: % Inside Building Work: %

Remodeling/Repair/Service: % Residential/Habitational Projects: % Outside Building Work: %

Highrise (over 4 stories): % Other: % Other: %

9. Number of owners, officers and partners active at job sites or performing supervisory duties:

Payroll of employees other than owners, officers, partners and clerical: \$

Cost of leased, temporary staffing service, casual labor (if not included above) \$

Total payroll (sum of the above three lines) \$



10. How many additional endorsements do you anticipate needing in the next year?

11. Do you own vacant land, real estate development property, or model homes? Yes No

If yes, please describe:

12. How many new homes will you build as a general contractor in the next year?

What is the greatest number of new homes you have ever built in any one year?

13. NOTE: The following question applies to work done in any capacity, including general contractor, developer, artisan, remodeling contractor, site work contractor or supplier, etc.

Have you performed, or will you perform work involving, related to CONSTRUCTION, or about the premises of:

	Remodel/Repairs	New Construction
Condominiums, townhouses or lofts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Apartments	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tracts, planned Unit Developments or any other development, premises or project with more than 10 homes or lots, built or planned, including all phases	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assisted living facilities, retirement homes, military housing, student housing, or any other multi-unit facility intended for permanent habitational occupancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. Do you use subcontractors? Yes No If YES complete the following:

- a. Percentage of work contracted: % Annual costs: \$
(note: costs to include both costs of subcontracted labor and materials)
- b. List the trades of the subcontractors you use and give the percentage of your work they perform:

Trade:	Percent of work:	%
Trade:	Percent of work:	%
Trade:	Percent of work:	%
Trade:	Percent of work:	%
- c. Are Certificates of General Liability and Workers' Compensation Insurance obtained from subcontractors before you allow them on the job site? Yes No
What minimum General liability limit is required? \$
- d. Do you always require subcontractors to name you as an additional insured on their General Liability Insurance? Yes No
- e. Do you have a standard formal written contract with subcontractors? Yes No
If yes, does it have a hold harmless/indemnification agreement in your favor? Yes No
- f. How long do you maintain records of the above documents?
- g. Name and position of Insured's contact person responsible for managing the collection and verification of Additional Insured Endorsements, signed Hold-Harmless agreements and Certificates of insurance received from the subcontractors:



15. Check YES if or will perform supervise or subcontract that activity.

Check NO if you have never performed, supervised or subcontracted that activity and have no plans to do so.

Demolition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Process piping	<input type="checkbox"/> Yes <input type="checkbox"/> No
LPG Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	Swimming pool construction	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seismic retrofitting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bridge construction	<input type="checkbox"/> Yes <input type="checkbox"/> No
Elevator or escelator work	<input type="checkbox"/> Yes <input type="checkbox"/> No	Underground tank, removal, repair or installation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Boiler installation/repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work on gas lines or pumps	<input type="checkbox"/> Yes <input type="checkbox"/> No
Industrial machinery repair or installation (millwright work)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asbestos or lead abatement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use of cranes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Environmental cleanup	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental of equipment to others	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dam or levee work	<input type="checkbox"/> Yes <input type="checkbox"/> No
EIFS work (exterior finish insultion system or similar products)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Roofing – installation or repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Playground equipment install/repair	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Explain any YES answers below and state whether performed by insured or subcontracted.

16. Do you have any prior or planned jobs covered under “wrap-up or OCIP policies? Yes No

If yes, please explain:

17. Indicate the anticipated percentage of construction work over the next twelve (12) months to be performed by you using percentage of payroll under “Direct” and percentage of contract costs under “Subbed” as the basis:

	Direct	Subbed		Direct	Subbed		Direct	Subbed
Artisan contractor	%	%	Electrical	%	%	Grading	%	%
Blasting	%	%	Excavation	%	%	Plumbing	%	%
Bridge Bldg.	%	%	Grading	%	%	Roofing	%	%
Carpentry	%	%	Insulation	%	%	Seismic Retro-Fitting	%	%
Concrete	%	%	Maintenance	%	%	Sewer	%	%
Construction Manager	%	%	Masonry	%	%	Steel (structural)	%	%
Dams or Levees	%	%	Mechanical	%	%	Steel (ornamental)	%	%
Demolition	%	%	Non-structural remodels	%	%	Street/Road	%	%
Developer/Spec builder	%	%	Painting	%	%	Structural remodel/additions	%	%
Drilling	%	%	Plastering	%	%	Supervisory only	%	%
Earthquake Repair	%	%	Excavation	%	%	Water/Gas Mains	%	%
Other: (describe)	%	%						



18. Describe any significant projects (accounting for more than 10% of total revenue any one year) which you have performed during the past five (5) years:

19. List current projects or those scheduled to commence over the next twelve (12) months: (Attach separate sheet if needed)

<u>Location</u>	<u>Type</u>	<u>Start Date</u>	<u>Ending Date</u>	<u>Hard Costs</u>	<u>Soft Costs</u>
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20. Indicate the type of security used on a project: Fencing Lighting Watchmen

21. Have you allowed, are you currently or will you ever allow your license to be used by any other contractor for a project on which you have not worked? Yes No

If yes, please provide details:

Has any licensing authority taken any action against you? Yes No

22. Have you built, are you currently or will you build on hillsides, terraces, landfills or subsidence areas?

Yes No If yes, please explain:

Maximum degree of slope:

23. Have you been involved, are you currently or will you or any subcontractors be involved with blasting operations or hazardous or unusual work activity? Yes No

If yes, please explain:

24. Has your work involved, does your work constantly or will your work involve systems that provide medical and/or industrial life support process piping? Yes No

If yes, please explain:

25. Have you been involved, are you currently or will your subcontractors be involved in any removal or abatement of asbestos, lead, PCB's or other hazardous materials? Yes No

Removal or work on fuel tanks or pipelines? Yes No

26. If you are a roofing contractor or otherwise perform roofing work, what percentage of operations are:

Hot tar: % Foam application: % Torchdown: % Excess four (4) stories: %

27. Have you performed in the past or will your subcontractors perform any work below grade/ground level?

Yes No Maximum Depth: ft. Percent of operations: %

Any shoring, underpinning, cofferdam or caisson work? Yes No

If yes, please describe and explain safety procedures regarding underground utilities:

If retaining walls have been or will be built, maximum height: ft.

28. Do you perform work above two stories in height (other than interior remodeling)? Yes No

If so, what percentage? % Maximum height: ft.



- 29. Do you or have you performed repairs of fire damage, water damage or mold damage?** Yes No
Percentage of operations: % Describe:
- 30. Have you or will you perform work related to the following: Gas stations, refineries, chemical plants, airports, public utilities, railroads or hospitals?** Yes No
If yes, please describe:
- 31. Have you or will you work as a Construction manager for a fee?** Yes No
Have you or will you supervise contractors paid by a different entity? Yes No
If yes, please describe:
- 32. Have you worked, are you currently or will any of your employees work under U.S. Longshoremen's and Harbor Workers' Act or Jones Maritime Act?** Yes No
- 33. Do you have operations other than contracting?** Yes No
Are these operations to be covered by this insurance? Yes No
If yes, please provide details:
- 34. If you are a general contractor or developer or employ subcontractors, are certificates of Worker's Compensation and General Liability insurance, hold harmless agreements and signed contracts required of subcontractors prior to being allowed on your job site?** Yes No
What General Liability policy limits do you require of subcontractors?
\$ / per occurrence \$ General Aggregate \$ Products/Completed Operations Aggregate
How many years are records of certificates of insurance and contractual agreements with subcontractors maintained by you? yrs.
Do you require that subcontractors name you as an additional insured on their General Liability insurance? Yes No
- 35. Do you or will you have a formal safety program in place?** Yes No
- 36. In the past 10 years, present policy period or upcoming policy period, has or will any of your work involve new construction activities for multi-unit residential projects including condominiums, townhouses, tract homes subdivisions or master planned residential communities?** Yes No
If yes, please provide details including developer/General Contractor that the work was/is/will be performed for and the location of such work (attach separate sheet if necessary):
- 37. In the past three years have you been fired or replaced on a job in progress?** Yes No
If yes, please describe:
- 38. Have you been accused of faulty construction in the past five years?** Yes No
Have you been accused of breaching a contract in the past five years? Yes No
If either answer is yes, please explain:
- 39. During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for non-payment of premium by any insurance or finance company?**
 Yes No If yes, please explain:



40. Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability? For the purpose of this application only, a claim means a receipt of a demand for money, service or arbitration.

Yes No

If yes, please explain including the name(s) of the person, company or entity and the name(s) and location(s) of the projects where such operations were performed: (attach separate sheet if necessary)

41. Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to: allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) at a location or project where your company has performed operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? Yes No

If yes, please explain including the name(s) and location(s) of the projects where such operation were performed: (attach a separate sheet if necessary)

The undersigned Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the Applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The Applicant further understands that, if a policy of insurance is issued, this questionnaire will be incorporated into and form a part of such policy.

Signature of Applicant: _____

Title (Officer, Partner): _____

Date: _____

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE UNDERWRITING MANAGER TO PROVIDE THE INSURANCE.