

COMMERCIAL AND RESIDENTIAL GENERAL CONTRACTORS QUESTIONNAIRE

1. General Information

Date completed: _____	
Name of Applicant: _____	
Email Address: _____	State(s) in which you do business _____
Website Address: _____	
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

<u>Commercial & Industrial Projects</u>	
_____ % Office Buildings	
_____ % Institutional (Hospitals, schools)	
_____ % Religious Institutions	
_____ % Industrial & Manufacturing	
_____ % Sports / Entertainment	
_____ % Hotels / Motels	
_____ % Correctional Facilities	
_____ % Apartment Buildings	
_____ % Dormitories	
_____ % Other (describe) _____	
<u>Residential Projects</u>	
_____ % Custom Homes:	
# per year _____ Avg Value \$ _____	
_____ % Tract Housing/Subdivision:	
# homes 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

Indicate the type of work performed by You (☐) and by Subcontractors(☐):

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

[illegible]

Project	City, State	Nature of Work	Job Cost

<p>a. Employee selection process:</p> <p><input type="checkbox"/> Application <input type="checkbox"/> Reference Check <input type="checkbox"/> Pre-Placement Medical Exam</p> <p><input type="checkbox"/> Other (describe) _____</p>		
<p>b. Do you have a formal drug-testing program? If yes, check all that apply</p> <p><input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Post accident <input type="checkbox"/> Probable Cause</p> <p><input type="checkbox"/> CDL Drivers Only <input type="checkbox"/> Other (describe) _____</p>		<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

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
e. Do you hire any day labor or casual labor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Is smoking prohibited on jobsite and/or limited to designated areas only?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

8. Liability Exposures:

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: \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO
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: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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. (Snow & Ice removal is not automatically excluded in AZ, CO, GA, MD, NC, NM, SC, UT & VA but will be underwritten when the exposure is identified)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Any current or past involvement with a wrap-up/OCIP/CCIP? If yes, describe below: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Wrap-Up Project	Project Description	Date
Work Performed by Applicant		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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: _____		
<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

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

10. Auto Exposures

a. Account has the following controls in place (Please check all that apply)		
<input type="checkbox"/> Formal Fleet safety program	<input type="checkbox"/> Formal Accident Investigation Program	
<input type="checkbox"/> Documented Fleet maintenance program	<input type="checkbox"/> Seat belt use policy	
<input type="checkbox"/> GPS Tracking/Monitoring	<input type="checkbox"/> Cell phone use policy	
<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"/> Account has procedures in place to deal with problem drivers (Progressive discipline policy) (Describe): _____		
b. Do you allow personal use of company vehicles? If yes, select all that apply	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Insured	<input type="checkbox"/> Insured's Family Members	
<input type="checkbox"/> Employees	<input type="checkbox"/> Employees Family Members	
If yes, do you have a written permissive use policy in place for employees that take company vehicles home?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Do your employees use their own vehicles for company business? If yes, what limit of insurance do you require they carry? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Do you have any drivers who are not your employees? If yes, explain _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Do you haul material or equipment for others? If yes, indicate annual receipts from hauling \$ _____ Describe type of material or equipment being hauled: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Are your vehicles wrapped, encased or marked with any special marketing or advertising graphics or any special equipment? If yes, has the value of each vehicle been updated to reflect the additional value associated with the advertising graphics or specialized equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. Do you have a motor carrier filing? If yes, what is your MC# _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

11. Work Comp

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		
b. What is the annual percentage of employee turnover? _____ %		
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?	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO
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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Are injured employees contacted immediately following medical treatment by a designated person? If yes, list the title of the designated person _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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 _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. Do you have a return to work (RTW) program? If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

12. General Contractor Exposure

a. Have you had any construction defect or faulty workmanship claims in the past 10 years? If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Do you perform building structure raising or moving? If yes, do you self-perform this work or subcontract it to others? Describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Do all jobs have full-time supervision by one of your employees? If no, describe supervision provided: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Do you conduct regular worksite safety inspections? If yes, how often? _____ If no, how often are safety inspections conducted? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Do you use the same subcontractors consistently? Describe the selection/qualification criteria used to select subcontractors: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Do you perform any fire or water damage restoration or remediation work? If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

<p>h. If you are a Residential General Contractor please answer the following:</p> <p>How many homes do you build each year? _____ # per year</p> <p>How many homes have you built in any one subdivision or parcel of land? _____</p> <p>Do you build "tract housing" (<i>"Tract housing" means a series of single family houses which share common or similar design elements, floor plans, blue prints, or architectural details and are constructed at the same time or consecutively, on the same parcel, adjacent parcels, on parcels subdivided from a common parcel or development or parcels so located within one geographic area to be considered a single project.</i>)</p> <p>Do you build "multi-family housing"? (<i>"Multi-family housing" means a building that contains two or more dwelling units, including residential condominiums, cooperatives, townhouses, any mixed use structures with a residential component or conversion of a building to a condominium, townhome or cooperative building. "Multi-family housing" does not include any structure that functions solely as an apartment building, hotel, motel, nursing home, an assisted living facility, a college dormitory, or government housing on military bases.</i>)</p> <p>Do you act as a jobber/wholesaler/broker for a specific trade? <i>An example of a jobber would be a contractor that bids to do all the framing work, or the painting work or the drywall work on a project and then subs out all or a vast majority of the work to others.</i></p> <p>Do you "flip" houses? (<i>Buy to fix up and then resell</i>)</p> <p>Do you have a homeowner warranty program in place?</p> <p>Do you use a third party quality assurance program (such as Quality Built)?</p> <p>Are you a member of a homebuilders association? If yes, indicate the association name and any requirements for membership related to construction quality.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> YES</p>	<p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> NO</p>
<p>i. Do you perform solar panel installation?</p> <p>If yes, do you self-perform the majority of the work related to solar panel installation?</p> <p>What operations are subcontracted to others? _____</p> <p>_____</p> <p>Do you maintain ownership of the panels?</p> <p>Does an independent architect or engineering firm determine how much weight the roofs can support and if structural reinforcements are required? If no, how is this handled? _____</p> <p>_____</p> <p>Do you install any other solar products? If yes, select all that apply</p> <p><input type="checkbox"/> Shingles <input type="checkbox"/> Roof films or skins <input type="checkbox"/> Solar tiles</p> <p><input type="checkbox"/> Electricity generating window film</p> <p><input type="checkbox"/> Other (describe) _____</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> YES</p>	<p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> NO</p>

<p>j. Do you perform or do you subcontract to others activities that involve earth movement (i.e. site prep work, soil compaction). If yes, please answer the following questions:</p> <p>1. How do you verify the land has been properly graded? _____</p> <p>2.a. Is the graded/compacted soil tested to verify compliance to project specifications or industry standards?</p> <p>b. Who is responsible for that testing? <input type="checkbox"/> You <input type="checkbox"/> Other _____</p> <p>3. Do you obtain and retain records that verify your work meets the project specifications or industry standards? If yes, how long are the records kept? _____</p> <p>4.a. Do you work in areas with expansive, swelling or shifting soils?</p> <p>b. If yes, please describe what is done to stabilize the soil to prevent it from moving, shifting or subsiding. _____</p> <p>5. If you subcontract this work to others does your subcontract agreement require your subs to carry coverage for earth movement in their general liability and umbrella policies?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>k. If oil-based stains, coatings or solvents are used on a jobsite, do you ensure that rags, brushes or other applicators are properly disposed of to avoid spontaneous combustion?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>l. Do you perform any operations related to nurseries, greenhouses or growing facilities (ex. Marijuana)?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

13. EEO & EO Practices/Proceedings

<p>a. Do you have non-discriminatory hiring practices that prohibit exclusion based on race, color, religion, sex, sexual orientation, national origin, disability, or age?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>b. If a membership organization, do you have a non-discriminatory membership policy that prohibits exclusion based on race, color, religion, sex, sexual orientation, national origin, disability, or age?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>c. Has the company been involved in or experienced during the past three years, or are there now pending, any proceedings before:</p> <ul style="list-style-type: none"> • The Equal Employment Opportunity Commission • The State Human Rights Commission/Department • The State Ethics Commission; or • Similar administrative, regulatory; compliance-office? <p>If 'Yes' to any of the above please provide detail.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</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>d. Has any adverse judgment or settlement been brought against the insured organization whereby part of the settlement included employee and/or management sensitivity training, diversity training, sexual harassment training and/or discrimination training in the past three years?</p> <p>If 'Yes' to the above please provide detail.</p> <hr/> <hr/> <hr/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>e. Do you allow employees to carry weapons on premises or the jobsite?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO