

Contractor's Supplemental Questionnaire

1 Applicant Name						
2 Address						
3 Years in business						
4 Has the applicant operated under any other name in the past five years?					Yes	No
5 States in which the applicant operates:						
6 Has the applicant operated in any other states during the past five years?					Yes	No
7a	RESIDENTIAL:	%	COMMERCIAL:	%		
	New Construction :	%	New Construction:	%		
	Remodeling:	%	Remodeling:	%		
	Other:	%				
	Tract housing:	% new	% remodel			
	Condo:	% new	% remodel			
	Town home:	% new	% remodel			
	Custom home:	% new	% remodel			
7b	Amount & type of work:			Residential	Commercial	
	Gross Receipts for next 12 months			\$	\$	
	Gross Receipts for past 12 months			\$	\$	
	Gross Receipts for second prior year			\$	\$	
8 List and describe the applicant's five largest projects during the last 5 years:						
Project Name		Description		Construction Values		
9 Work performed directly and through subcontractors over next 12 months						
Type of Work	\$ Payroll	\$ Sub cost	Type Work	\$ Payroll	\$ Sub cost	
Air Duct Cleaning			Masonry			
Carpet Cleaning			Mechanical			
Carpentry			Millwright			
Concrete/Foundation			Plastering / Stucco			
Concrete/Driveways			Plumbing			
Concrete/Roads			Roofing			
EIFS			Sewer			
Demolition			Steel Structural			
Glass or Glazier			Steel Ornamental			
Grading			Supervision			
Heating / AC			Water/Gas Main			
Insulation			Other (Describe)			
10 Does the applicant require all Subcontractors to sign a standard agreement?					Yes	No
Does that agreement require the Subcontractor to:						
Carry Commercial General Liability Insurance?					Yes	No
At limits less than those being applied for hereon?					Yes	No
Add the applicant as an Additional Insured?					Yes	No
On a Primary and Non-Contributory basis?					Yes	No

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	Waive its right of subrogation against the applicant?	Yes	No
	Does the applicant receive Certificates of Insurance from all subcontractors?	Yes	No
	Has the applicant always done so?	Yes	No
	How long does the applicant keep copies of certificates on file?		
11	Has the applicant built on hillsides, slopes, landfills or subsidence areas?	Yes	No
	Will the applicant work on such projects in the current year?	Yes	No
	If yes, please provide details including maximum degree of slope.		
12	What is the maximum exterior height at which the applicant will work?	Feet	
13	Does the applicant use cranes or booms?	Yes	No
	Does applicant own this equipment ?	Yes	No
	Is equipment rented or leased without operator?	Yes	No
	Is equipment rented or leased with operator?	Yes	No
	What is the annual equipment rental or lease cost?	\$	
	Does the applicant lease or otherwise provide equipment to others?	Yes	No
	If owned, is there an equipment maintenance program?	Yes	No
	Are Load Charts posted in the cab?	Yes	No
	Do Load Charts show limits based on boom angle and height of load above ground?	Yes	No
	Are boom angle indicators posted in the cab?	Yes	No
	What is the length of booms or cranes?	_____ Feet	
	If this equipment is operated by an employee of the applicant, describe the experience level of the operator:		
	Has the applicant experienced any claim, incident or circumstance regarding cranes or booms in the past 5 years?	Yes	No
14	Does Applicant use scaffolding?	Yes	No
	Is scaffolding used owned by the applicant?	Yes	No
	If rented from others does applicant do so under a rental contract?	Yes	No
15	Do any of the applicant's current, past or future planned projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques?	Yes	No
16	Does the applicant perform work below ground level?	Yes	No
	If yes, describe the maximum depth at which the applicant works, in feet		
17	Has the applicant ever been involved in the construction of single-family dwellings, condominiums, townhouses or apartments?	Yes	No
	Will the applicant work on such projects in the current year?	Yes	No
18	Has the applicant worked on the building, removal, repair or replacement of roofs?	Yes	No
	Will the applicant work on such projects in the current year?	Yes	No
19	During the past five years has any insurance company canceled, declined or refused to issue, or refused to renew similar coverage to the applicant?	Yes	No
20	Has any lawsuit ever been filed, or any claim otherwise been made against the applicant or any partnership, or joint venture of which the applicant has been member, or the applicant's predecessors in business, or against any person, company or entities on whose behalf the applicant has assumed liability?	Yes	No

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| 21 | Is the applicant aware of any incident, circumstance, incident, defect or alleged defect including but not limited to:
faulty or defective workmanship, product failure, construction dispute,
product failure, property damage, subcontractor, or construction worker injury;
that a reasonably prudent person might expect to give rise to a claim or lawsuit,
whether valid or not, which might involve the applicant? | Yes No |
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For any "yes" answers, require full details of each loss including claimant, date of loss or losses. Please provide on separate attachment.

Information contained herein is specifically relied upon in determination of insurability. The undersigned therefore warrants that the information contained herein is true and accurate to the best of his knowledge, information and belief. This Contractors Supplemental Questionnaire and the application to which it is attached shall be the basis of any insurance policy that may be issue and will be a part of such policy.

Signature of applicant:	Date
Printed Name and Title:	