



CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

1. Applicant's Name: _____
2. Business Address: _____
3. Years in Business Under Current Name: _____
4. List all Previous Business Names: _____
5. Contractors License Number: _____
6. States in which you are Licensed to do Business: _____
 - a) % in NY State _____
 - b) % in 5 Boroughs _____
7. Percentage of Work Performed as a
 - a) General Contractor _____
 - b) Sub Contractor _____
8. Percentage of Work that is
 - a) Commercial _____
 - b) Residential _____
 - c) Industrial _____
 - d) Other (describe) _____
9. Percentage of Work that is:
 - a) New Construction _____
 - b) Remodel/Repair _____
10. Estimate for the next 12 months:
 Payroll: \$ _____ Sub-Contract Cost: \$ _____ Sales: \$ _____

Indicate the anticipated % of construction work over the next 12 months to be performed by you and subcontractors:

	Direct		Subbed			Direct		Subbed			Direct		Subbed	
		%		%			%		%			%		%
Blasting		%		%	Excavation		%		%	Seismic Retro-Fitting		%		%
Bridge Bldg.		%		%	Grading		%		%	Sewer		%		%
Carpentry		%		%	Insulation		%		%	Steel (Structural)		%		%
Concrete		%		%	Masonry		%		%	Steel (Ornamental)		%		%
Demolition		%		%	Painting		%		%	Street/Road		%		%
Drilling		%		%	Plastering		%		%	Supervisory		%		%
Earthquake Rep		%		%	Plumbing		%		%	Water/Gas Mains		%		%
Electrical		%		%	Roofing		%		%	Landscaping		%		%

11. Do any of your operations involve:

- | | | | |
|-------------------|----------------------------------------------------------|--------------------------|----------------------------------------------------------|
| Asbestos Removal? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Pile Driving? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Blasting? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Shoring / Underpinning | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Demolition? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Synthetic Stucco (EIFS)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

12. Do you now or have you ever built on hillsides, slopes, landfills, or other terrain susceptible to subsidence?
 Yes No If so Please explain: _____
13. Do you draw any plans or blueprints used in your construction work? Yes No
 If so explain: _____
14. If you are a roofing contractor or otherwise performing roofing work, what percentage of operations is:
 Hot Tar? _____% Foam application? _____% Torchdown? _____% Excess 4 Stories _____% N/A

CONTROLLING THE SUBCONTRACTOR EXPOSURE

1. Do you always require your subcontractor to sign a hold-harmless or indemnification agreement in your favor?
 Yes No
2. Do you utilize a standard contract with all your subcontractors? Yes No
3. A) Do you require your subcontractors to carry General (Public) Liability Insurance? Yes No
 B) Do you require that you are named as an Additional insured on their policies? Yes No
 C) What limit of liability do you require your subcontractors to carry? _____
 D) Do you request certificates of Insurance from subcontractors in order to verify compliance with items
 3A, 3B, 3C. Yes No
4. Do you require your subcontractors to carry worker's compensation Insurance? Yes No

HISTORICAL PREMIUM BASIS

1. Please complete the following chart:

<u>Policy Year</u>	<u>Gross Receipts</u>	<u>Payroll</u>	<u>Subcontracted Cost</u>
Current Policy Term			
First Prior Term			
Second Prior Term			
Third Prior Term			
Four Prior Term			
Fifth Prior Term			

2. Please describe the five largest projects undertaken by you in the past five years:

- | Description | Job Cost | Project Duration |
|-------------|----------|------------------|
| a. _____ | | |
| b. _____ | | |
| c. _____ | | |
| d. _____ | | |
| e. _____ | | |

3. Please describe the three largest projects planned for the upcoming year:

a. _____

b. _____

c. _____

4. What is the average dollar value of a project? _____

5. Please describe any types of projects that you have discontinued (i.e. no longer build)

SUPPLEMENTAL INFORMATION

1. Are you involved in any other business besides contracting? If so please describe:

2. Have you been involved in or are you aware of pending litigation concerning defective workmanship? Yes No

If so please describe: _____

3. In the past ten years, preset policy period or upcoming policy period, has or will any of your work involve new construction activities for multi-unit residential communities? Yes No

The undersigned applicant warrants that the above statement and particulars together with any attached or append document 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.