

**PATRIOT UNDERWRITING MANAGERS
CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE**

Note: Throughout this questionnaire the words "you" and "your" include all entities seeking coverage.

1. Company Name: _____
2. Description of Operations: _____
3. How many years of experience do you have in the contracting business? _____
Years in business of entities seeking coverage? _____ License # _____
4. Expiration date of current or most recent General Liability insurance policy _____
Note: if above policy was canceled prior to expiration, enter the cancellation date.
5. Has there been any lapse in General Liability coverage in the past 5 years? If yes, advise the period of time and why _____

6. What percentage of your work is: (each line must add to 100%)

Residential	Commercial	Industrial	Public works/ government	Total
%	%	%	%	= 100%

New Construction	Structural remodel/additions	Non-structural remodels	Total
%	%	%	= 100%

Interior work (inside structures)	Exterior work (outside structures)	Total
%	%	= 100%

General contractor	Construction manager	Developer / spec builder	Artisan contractor	Total
%	%	%	%	= 100%

7. Do you use subcontractors? Yes No If yes, complete the following
 - a. Percentage of your work currently subcontracted out _____% 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:
 _____ % _____ % _____ %
 _____ % _____ % _____ %
 - c. What is the average percentage of subcontracted work over the past 3 years _____ %
 - d. Do you always collect certificates of insurance from subcontractors? Yes No
What minimum General Liability limit is required? _____
 - e. Do you always require subcontractors to name you as an additional insured on a primary – non contributory basis? Yes No
 - f. 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
Subcontracts insurance must contain full blanket contractual liability coverage (no bodily injury to employees exclusion) and may not include any special exclusions not found within the standard unendorsed ISO CGL form.
The only acceptable Additional Insured forms: ISO CG 2010 for ongoing operations and the ISO CG20 37 for completed operations

Important: Please attach a copy of an executed subcontract agreement for our review.

g. Have the procedures listed above been followed for at least the past 3 years? Yes No

h. How long do you maintain records of the above documents? _____

8. Do you have any prior or planned jobs covered under "wrap-up" or OCIP policies? Yes No
Please explain _____

9. States in which you operate: _____

10. Gross receipts and payroll for the next 12 months and last 4 years

Next 12 months: \$_____ \$_____ Last 12 months: \$_____ \$_____

2nd year prior \$_____ \$_____ 3rd year prior \$_____ \$_____

4th year prior \$_____ \$_____

11. Number of owners, officers, and partners active at job sites or performing supervisory duties: _____ x \$33,600 = \$ _____
Payroll of employees other than owners, officers, partners & clerical \$ _____
Cost of leased, temporary, staffing service, casual labor (if not included above) \$ _____
Total Payroll (sum of above three lines) \$ _____

12. Describe your three largest projects currently underway or planned for the next year, including values:

Start date	End date	Value	Description

13. Describe your four largest projects over the past five years, including values:

Year Completed	Value	Description

14. Dollar value of average job completed (including all materials, labor & equipment) \$ _____

15. Does the Insured enter into contracts that require them to include:
Indemnity Provisions Yes No
Hold Harmless Agreements Yes No
Additional Insured Endorsements including Primary Non Contributory wording Yes No

16. How many additional insured endorsements do you anticipate needing in the next year? _____

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

Please explain _____

18. a. Are you a licensed architect or engineer? Yes No
 b. Do you have any operations other than contracting? Yes No
 c. In the past 3 years have you owned, operated or controlled any businesses not listed on the application? Yes No
 If yes describe: _____
 d. In the past 2 years have you added or discontinued any operations? Yes No
 If yes describe _____

19. **Note: the following question applies to work done in any capacity, including general contractor, developer, artisan, remodeling contractor, site work contractor, supplier, etc.**
 Have you performed, or will you perform work involving, related to, or about the premises of:

		Remodel/ Repairs		New Construction	
a.	Condominiums, townhouses or lofts	Yes	No	Yes	No
b.	Apartments	Yes	No	Yes	No
c.	Tracts, Planned Unit Developments, or any other development, premises or project with more than 10 homes or lots, built or planned, including all phases	Yes	No	Yes	No
d.	Assisted living facilities, retirement homes, military, student housing, or any other multi unit facility intended for permanent habitational occupancy	Yes	No	Yes	No

Description _____

20. Have or will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques? Yes No

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

21. Do you perform work above two stories in height (other than interior remodeling)? Yes No
 If so, what percentage? _____% Maximum height _____ ft

Description _____

22. Do you perform work on scaffolding equipment? Yes No
 If so, what percentage? _____% Type of scaffolding equipment _____

Average Height _____ Maximum Height _____

23. Do you perform any work below ground level? Yes No
 If so, what percentage? _____% Maximum depth _____ ft

Description _____

24. Have you or will you perform work related to the following: gas stations, refineries, chemical plants, airports, public utilities, railroads, or hospitals? Yes No

Description _____

25. a. Have you or will you work as a construction manager for a fee? Yes No
 b. Have you or will you supervise contractors paid by a different entity? Yes No

Description _____

26. In the past 3 years have you been fired or replaced on a job in progress? Yes No

27. **Note: The following questions apply regardless of whether you were at fault for a claim or incident, and regardless of whether the claim or incident was covered by insurance. "Legal actions" includes lawsuits, mediation, and arbitration.**

Explain any "yes" answers below:

- | | | | |
|----|--|-----|----|
| a. | Have there been losses, claims or legal actions against you in the past 5 years? | Yes | No |
| b. | Are there any claims or legal actions pending against you? | Yes | No |
| c. | Do you have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against any entity named in the application? | Yes | No |
| d. | Have you been accused of faulty construction in the past 5 years? | Yes | No |
| e. | Have you been accused of breaching a contract in the past 5 years? | Yes | No |
| f. | Number of OSHA violations in the in the past 5 years? | Yes | No |

28. Have you filed for bankruptcy in the past 5 years? Yes No

29. For each of the following activities check:

Yes: if you have or will perform, supervise, or subcontract that activity

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

- | | Yes | No | |
|----|-----|----|--|
| a. | | | l. Process Piping |
| b. | | | m. Swimming Pool construction |
| c. | | | n. Road/Highway/Bridge/Overpass Construction |
| d. | | | o. Underground Tank Removal/Repair |
| e. | | | p. Work on Gas Lines or Pumps |
| f. | | | q. Asbestos or Lead Abatement |
| g. | | | r. Environmental Cleanup |
| h. | | | s. Dam or Levee Work |
| i. | | | t. Traffic Signals/Controls Work |
| j. | | | u. Alarm Installation/repairs/monitoring |
| k. | | | v. Roofing – Installation or Repairs |
| | | | w. Fire Suppression Systems |

Explain any "yes" answers below and state whether performed by insured or subcontracted:

30. Loss Control – Do you have a job site Loss Control Program with the following provisions?

- | | Yes | No |
|--|-----|-----|
| a. Written Loss Control Program | ___ | ___ |
| b. Pre-Planning Meeting | ___ | ___ |
| c. Safety Meeting Attendance Documents | ___ | ___ |
| d. Site Safety Inspection Check List | ___ | ___ |
| e. Non-Compliance Notice Safety Violations | ___ | ___ |
| f. Accident Reporting System | ___ | ___ |

31. Worker Longevity -

- a. Percentage of employees with your company over 1 year _____%

b. Percentage over 3 years _____%

	Yes	No
32. Employee Screening – do you:		
Require a completed employment application?	___	___
Check references?	___	___
Have a drug and alcohol pre-employment screening program?	___	___

33. Does the insured have a return to work program? Yes ___ No ___
If yes it is active and effective? Explain _____

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties.

I Have Read And Understood All Of The Questions Asked And Have Provided All Information Required.

Signature of Applicant* _____ Date _____

Name and Title* _____

* Must be owner, executive officer, or partner