

CONSTRUCTION CONTRACTORS LIABILITY SUPPLEMENTAL QUESTIONNAIRE

(Complete in Addition to Accord Application)

1. Name of Applicant: _____ Phone _____ Fax _____
(Complete one questionnaire for each named insured / for each risk.)

2. Applicant(s) will operate in the following states: _____

3. Is the applicant (or any proposed named insured) a:

Developer	<input type="checkbox"/> YES	<input type="checkbox"/> NO	General Contractor	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Subcontractor	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Construction Manager	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Const Consultant	<input type="checkbox"/> YES	<input type="checkbox"/> NO	License # & Expiration:	_____	

If a subcontractor, have they ever acted or do they ever intend to act as a general contractor or developer?

YES NO If YES, explain: _____

4. Describe area of specialization: _____

5. Is the applicant:

a. (1) Residential remodeling contractor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(2) Commercial tenants improvements and betterments contractors?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(3) Commercial remodeling or rehabilitation contractor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

b. If the answer to any of the above is YES, then do:

(1) you do additions to buildings?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(2) you do 100% interior only work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you answered YES to b. (1) above, then explain: _____

c. (1) Seismic repair or rehabilitation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(2) Seismic retrofitting or structural work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

6. List all active owners, partners, officers and their job duties/responsibilities:

<u>Individual</u>	<u>Duties/Responsibilities</u>

Are any of the above qualified by education or are any licensed as an architect, engineer, surveyor or real estate agent or broker?

YES NO If YES, explain: _____

7. List all employed supervisors or foreman (who are strictly supervisors) and their actual payroll:

<u>Individual</u>	<u>Payroll</u>
_____	_____
_____	_____
_____	_____
_____	_____

8. Have you: (a) ever done, (b) contemplated doing this year, or (c) in the future, any of the following?

<u>a. Residential:</u>	<u>*Less than 16 living units</u>	<u>*16 living units or more</u>
(1) Apartments	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
(2) Condominiums	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
(3) Townhomes	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
(4) Tract Homes	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
(5) Spec Homes	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
(6) Custom Homes	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
(7) EIFS Installation	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

*Means total individual living units within one tract or project. **Complete both columns!**

b. Commercial:

(1) Airport Hangers	<input type="checkbox"/> YES <input type="checkbox"/> NO
(2) Industrial Buildings	<input type="checkbox"/> YES <input type="checkbox"/> NO
(3) Mercantile Buildings	<input type="checkbox"/> YES <input type="checkbox"/> NO
(4) Office Buildings	<input type="checkbox"/> YES <input type="checkbox"/> NO
(5) Parking Structures	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered "YES" to any of these questions then provide maximum number of stories and maximum number of square feet for each of above:

9. Applicant(s) or applicant's employees supervise subs or perform the following trades (enter sub contract cost and/or employee payroll whichever is applicable or enter an "X" if not applicable):

<u>Class</u>	<u>Subbed Cost</u>	<u>Employee Payroll</u>
Alarm Systems	\$ _____	\$ _____
Airway Runway or Warning Apron Construction	_____	_____
Bridge Construction	_____	_____
Building Sprinklers	_____	_____
Caisson or Cofferdam Work	_____	_____
Carpentry - Dwellings	_____	_____
Carpentry - Interior	_____	_____
Carpentry - Other	_____	_____
Concrete Const - Driveways, Sidewalks or Parking Areas	_____	_____
Concrete Const -Other Flat Work	_____	_____
Dam Construction	_____	_____
Drywall/Wallboard Installation	_____	_____
Electrical Work - Within Buildings	_____	_____
Electrical Work - Other	_____	_____

Excavation	_____	_____
Exterior Insulation Finishing Systems	_____	_____
Fireproofing	_____	_____
Grading of Land	_____	_____
Masonry	_____	_____
Pile Driving	_____	_____
Plumbing - Residential	_____	_____
Plumbing - Commercial	_____	_____
Plumbing - Waterlines (street to building)	_____	_____
Roofing - Residential	_____	_____
Roofing - Commercial	_____	_____
Sewer Main Construction	_____	_____
Street/Road Construction	_____	_____
Street/Road Paving or Repaving	_____	_____
Swimming Pool - Installation	_____	_____
Tank Construction/Installation	_____	_____
Tank Removal	_____	_____
Water Main Construction	_____	_____
Wrecking of Buildings or Structure	_____	_____
Totals:	_____	_____

10. Show gross sales for each of past 5 years plus estimated sales for next 12 months:

5th year prior	_____	\$ _____
4th year prior	_____	\$ _____
3rd year prior	_____	\$ _____
2nd year prior	_____	\$ _____
Last year	_____	\$ _____
Next 12 months	_____	\$ _____

11. Do you use any of the following:

Casual Labor	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Leased Employees	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Cranes (owned or rented from others)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Subcontractors	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Explosives	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Uninsured	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			Subcontractors	<input type="checkbox"/> YES	<input type="checkbox"/> NO

12. Do you rent any equipment: YES NO

If YES, explain (and provide receipts): _____

13. Do you carry workers compensation on your employees? YES NO

14. Do you obtain a certificate of insurance for general liability and workers comp from subcontractors before they enter your jobsite? YES NO

If YES, what general liability limits? \$ _____

15. Do you have knowledge of any occurrence which might give rise to a claim? YES NO

If yes, explain: _____

16. Any flammables being stored at risk? Yes No If so, what type? _____

Are all flammables stored in approved containers? Yes No

17. Premise information:

a. Number of fire extinguishers on premises _____ b. Number of exits? _____

Fire extinguishers serviced and tagged within the past year? Yes No

18. Remarks: _____

If coverage is provided, it will contain certain special exclusion (above and beyond normal policy exclusions) including, but not necessarily limited to, the following:

- a. Asbestos.
- b. BI to applicant's employees (including contractually).
- c. Broad form contractual.
- d. Designated work (apartments, condos, townhomes or buildings over 3 stories) - except in certain limited circumstances.
- e. Explosives.
- f. Lead paint.
- g. Pollution (total).
- h. Professional (architects, engineers, real estate and surveyors).
- i. Subsidence.
- j. Property damage resulting from water (including rain, snow or sleet) is excluded before your work is completed (it is not excluded if it occurs after your work is completed). Do you wish to delete this exclusion for an additional charge? YES NO

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false deceptive statement is guilty of insurance fraud.

Applicant: _____

Producer: _____

Signature: _____

Date: _____

Producer Signature: _____