

CONTRACTOR'S SUPPLEMENTAL QUESTIONNAIRE

TO BE USED IN CONJUNCTION WITH THE ACORD 125 & 126 APPLICATIONS.

Agent:

Agency Code:	8162	Agency Name:	AUI, Inc.
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Applicant Information: **Any empty fields could result in declination.**

Name (Include DBA):		Tax ID# (FEIN/SSN):	
City, ST ZIP		Years in business:	Owner Experience:

Description of Operations & Limits of Liability:

1. Please provide a brief narrative explaining the scope of work. Avoid using vague terms (e.g. Remodeler, General Contractor, etc.)

PLEASE MARK LIMITS REQUESTED: 100__ 300__ 500__ 1000__ 1000/2000__				

2. What are the duties of the owner(s)?

3. Please indicate the percentage of operations in the respective field.

Residential	%	Multi-Family	%	Tract Homes	%
Commercial	%	Institutional	%	Remodeling	%

- 4. Are all operations within the state of Texas? Yes No
- 5. If not, what states are operations occurring?
- 6. Does applicant subscribe to Worker's Compensation Insurance? Yes No
- 7. Is the applicant registered with the TRCC or have any Trade licensing? Explain:
- 8. Does the applicant carry any type of Professional Coverage? Yes No If so, what type?

Work Performed:

The following questions pertain to the applicant's employees and any uninsured subcontractors.

- 1. Roofing, plumbing, and EIFS are excluded from the Dallas National GL Policy. Is any of this type of work being performed by the employees or uninsured subcontractors? Yes No
- 2. Is the applicant involved in utility construction? Yes No
- 3. If so, are connections made by the applicants company? Yes No
- 4. Does applicant use a lateral boring machine? Yes No
- 5. Do any operations involve demolition of complete structures? Yes No
- 6. Is there any work above 3 stories? Yes No
- 7. Is there any equipment such as cranes rented by the applicant? Yes No
- 8. Are there any underground parking lots or coffer dams constructed by the subject? Yes No
- 9. Is installation of security equipment or alarm systems part of the applicant's work? Yes No
- 10. Is any work related to highway or bridge construction? Yes No
- 11. Does applicant position or set-up barricades? Yes No
- 12. Is there any Model Home exposure? Yes No If so, how many?

ⓘ Explain any "Yes" answers in the space provided.

Financial Information:

1. Gross Receipts

Anticipated for next 12 months	\$
Current Year	\$
Previous Year	\$

2. Payroll

Number of Employees (FT/PT)	
Employee Payroll (Excluding Owners)	\$
Labor cost for <u>UNINSURED</u> subcontractors	\$

Payroll and uninsured sub cost must be listed on the schedule below.



<u>Phase of Work</u>	<u>Employee Payroll</u>	<u>UNINSURED Sub Contractor Cost</u>
Architectural Work		
Carpentry (Framing/Cornice)		
Carpentry (Interior)		
Concrete Construction		
Debris Removal		
Demolition		
Driveway Paving/Sidewalk		
Drywall		
Electrical		
Engineering		
Excavation		
Executive Supervisor		
Fence Erection		
Flooring (Carpet)		
Grading of Land		
HVAC		
Insulation		
Janitorial		
Landscaping		
Masonry		
Metal Erection (Dwellings)		
Metal Erection (Non-Structural)		
Metal Stud Construction		
Painting (Exterior)		
Painting (Interior)		
Plastering/Stucco (No/EIFS)		
Plumbing		
Refrigeration		
Roofing		
Sheet Metal (Outside)		
Swimming Pool Const. (Above)		
Swimming Pool Const. (Below)		
Swimming Pool Svc. (No Repairs)		
Tile/Stone/Terrazzo (Interior)		
Welding		
Other		
Other		

Insured Subcontractors:

- Do subcontractors carry their own GL policies with equal or greater limits?
 Yes No
- If so, do they name the subject as an additional insured with a waiver of subrogation? Yes No
- Do the subcontractors subscribe to Worker's Compensation Insurance?
 Yes No
- Cost:**

Total INSURED Sub Cost Including Materials
\$

Additional Insured Interests:

1. Will the applicant need to name any entity as an additional insured?

Yes No

2. Will these interests need a waiver of subrogation as well?

Yes No

3. How many entities are expected to be named?