



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 Subcontractor Const Consultant
General Contractor Construction Manager 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?
(2) Commercial tenants improvements and betterments contractors?
(3) Commercial remodeling or rehabilitation contractor?

b. If the answer to any of the above is YES, then do:
(1) you do additions to buildings?
(2) you do 100% interior only work?
If you answered YES to b. (1) above, then explain:

c. (1) Seismic repair or rehabilitation?
(2) Seismic retrofitting or structural work?

Table with 2 columns: Individual, Duties/Responsibilities. Rows for listing active owners, partners, officers and their job duties/responsibilities.

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 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: _____

Signature: _____

Date: _____

Date: _____