



Applicant's Name:

Web Site:

**General Information**

1. Complete a list of all projects completed in the past 12 months.

Type of Work Done	Length of Project	Cost of Job	Number of Employees	Residential/ Commercial

2. Please describe operations:
3. Type of construction? Residential %                      Commercial %  
If building homes, how many per year?                      If building apartments, how many per year?
4. Has the nature of the applicant's operations changed in the past 12 months?  Yes  No  
If yes, please describe any changes:
5. Number of years performing this trade:
6. Number of years in the contracting business:
7. List all counties in which work is performed:
8. Has the applicant been involved in litigation concerning defective workmanship?  Yes  No  
If yes, please describe:

**Subcontracting Information**

9. Does the applicant use subcontractors?  Yes  No
10. When selecting subcontractors what criteria does the contractor use? (Check all that apply.)  
 Cost                       References                       Prior experience                       Regular Use
11. Does the applicant require "additional insured" status on subcontractors' policies?  Yes  No
12. Does the insured require that the subcontractor carry a limit of liability insurance at least equal to a specified amount?  Yes  No  N/A  
If yes, what liability limits are required?
13. When using subcontractors does the insured use written contracts to establish the responsibilities and expectations of all parties involved including insurance requirements?  Yes  No  N/A
14. Do the insured's contracts contain indemnification agreements in their favor with all subcontractors?  
 Yes  No  N/A
15. Does the applicant's record keeping procedure include maintaining copies of contracts, certificates, additional insured endorsements and/or OCP policies for each job?  Yes  No
16. If subcontractors do not comply with the insurance provisions of the contract or the applicant's request for evidence of coverage (e.g., certificate, additional insured endorsement, etc), what means of enforcement are used?  
 Evidence of subcontractor's coverage is required prior to starting work  
 Subcontractor is not permitted on work site  
 Subcontractor is not paid until in compliance with insurance provision  
 N/A
17. Of those subcontractors engaged by the applicant, what percentage has the applicant:  
Used Regularly:  
Used Occasionally:  
Never Used Previously:

## Liability Hazard Information

18. Are all underground utilities clearly marked prior to digging operations?  Yes  No (If digging deeper than 3 feet, please complete a Excavation Supplement to this questionnaire.)
19. Are construction sites fenced?  Yes  No
20. Do any operations involve the following exposures:
- a. Blasting:  Yes  No (If yes, please complete a Blasting Supplement to this questionnaire.)
  - b. Pile driving:  Yes  No
  - c. Maritime (barges, vessels, docks or marinas):  Yes  No
  - d. Railroads:  Yes  No
  - e. Use of cranes or derricks:  Yes  No
  - f. Operations over two stories:  Yes  No
  - g. Wrecking or demolition:  Yes  No
  - h. Other specialized machinery or devices:  Yes  No
21. Hot work
- a. Do operations involve the use of torches or heat processes for cutting, sweating, sealing or joining materials?  Yes  No
  - b. If yes, what controls are used to control potential losses arising out of hot work?
22. Has the applicant ever been cited for safety or health violations?  Yes  No  
If yes, provide details of any citation.
23. Scaffolding
- a. Is scaffolding used on the job?  Yes  No
  - b. Does the applicant use scaffolding?  Yes  No
  - c. Do the applicant's subcontractors use scaffolding?  Yes  No  N/A
  - d. Who is responsible for installing scaffolding?  Applicant  Subcontractor
  - e. Does the insured test and/or inspect all scaffolds used?  Yes  No  N/A
24. Pump jacks
- a. Are "pump-jacks" or similar devices used on the job?  Yes  No
  - b. Does the applicant use "pump-jacks" or similar devices?  Yes  No
  - c. Do the applicant's subcontractors use "pump-jacks" or similar devices?  Yes  No  N/A
  - d. Who is responsible for setting up "pump-jacks" or similar devices?  
 Applicant  Subcontractor  N/A
  - e. Does the insured test and/or inspect all "pump-jacks" or similar devices used?  Yes  No  N/A

## Worker Safety Information

25. Is the machinery used properly guarded?  Yes  No  N/A
26. Are safety glasses and/or clothing required and provided?  Yes  No
27. Has the applicant ever hired any part-time, casual or seasonal workers?  Yes  No
28. Does the applicant have a formal training program?  Yes  No (If yes, please attach a copy.)
29. Does the applicant conduct:  Personal reference checks  Previous employer checks
30. Are non workers compensation health insurance benefits provided for:  owners/officers  employees
31. Do any employees work at heights greater than 15 feet?  Yes  No
32. Is any manual lifting conducted that would involve weights greater than 50 pounds?  Yes  No

## Contractor's Questionnaire Supplements

Please attach the following supplement as appropriate:

Concrete Contractors Supplement

Electrical Contractors Supplement

Excavation Contractors Supplement

HVAC/Mechanical Contractors Supplement

Landscaping Contractors Supplement