



GENERAL CONTRACTOR'S SUPPLEMENTAL QUESTIONNAIRE

TO BE USED IN CONJUNCTION WITH THE ACORD 125 & 126 APPLICATIONS Not a
Freestanding App, If no Accords, we cannot offer Quote

Broker Name:			
Contact Name:	Ph:	Email:	

Applicant Information: Unanswered questions could result in declination.

Name (Include DBA):	Years in business:
Mailing Address:	Total Years Experience:
Physical Address:	Tax ID#:

Homebuilders Association Membership or Chapter Name:

No: Description of Operations:

1. Please provide a brief narrative explaining the scope of work. Use specific terms rather than "remodeling" or "general contractor":

[work as a General Contractor %; work as a Subcontractor %]

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

	Commercial	Residential	Industrial	TOTAL
NEW CONSTRUCTION				100%
REMODELING				100%
ADDITIONS				100%
REPAIR				100%
OTHER				100%

Tract Homes	% of Total	Condo/Townhomes	% of Total
Tracts 1-10 Lot Subdivisions		# of Units P/Building	
Tracts 11-50 Lot Subdivisions		Max # Units P/Single Site	
Tracts 51+ Lot Subdivisions		Condo Work FOR an HOA	
Custom Homes		Condo Repair Work for Unit Owner	
Apartments		Townhome Repair Work FOR HOA	
Senior/Retirement/Assisted Living		Townhome Repair Work for Unit Owner	
Student Housing			

3. # of new home starts projected for policy term: ; or # of projects if remodeling or a subcontractor:

4. In what states are operations occurring? Yes No

5. Does the applicant carry any type of Professional Coverage?

If so, what type? Limits? Insurer?

Work Performed:

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

- 1. Is the applicant involved in utility construction? Yes No
- 2. If so, are connections made by the applicants company? Yes No
- 3. Does applicant use a lateral boring machine? Yes No
- 4. Do any operations involve demolition of complete structures? Yes No
- 5. Is there any work over 2 stories? If yes, maximum height? Yes No
- 6. Is there any roofing work above 3 stories? Yes No

stories

If yes, what is average height? stories Maximum height?

- 7. Is there any equipment such as cranes rented by the applicant? Yes No
- 8. Is monitoring of security equipment or alarm systems part of the applicant's work (even if monitoring is subcontracted to others)? Yes No
- 9. Is any work related to highway or bridge construction? Yes No
- 10. Is there any Model Home exposure? If so, how many? Yes No

If yes, number? (Addresses required for binding)

- 11. Work performed on hillsides, slopes or subsidence prone areas? Yes No

If yes, what is degree of slope? 12. % Describe special construction measures required below if any >30%

Any retaining walls built?

If yes, what is average height? ft Maximum height? ft. If any excavation, trenching

drilling or boring required, please describe below

- 13. Do you have a written safety program? Provide at least Table of Contents from the manual Yes No

- 14. Do you carry workers' compensation? Yes No What is the current experience modifier?

- 15. Have you had more than 2 claims in 3 years? Yes No

- 16. Have you had more than 1 construction defect claim (open or closed) Yes No

- 17. Do employees install, service or repair alarm systems, automatic fire extinguisher systems, boilers, elevators, escalators, surveillance systems or TV monitoring systems (commercial or residential) Yes No

- 18. Do your employees install, service or repair wood, coal or waste oil-burning stoves? Yes No

- 19. Do you remove asbestos insulation or asbestos containing material, fungus, mold or do you install insulation materials other than fiberglass or rock wool? Yes No

- 20. Are in involved in the sale or application of chemicals such as herbicides or pesticides? Yes No

- 21. Do you perform work for petroleum, industrial or chemical facilities? Yes No

- 22. Do you have operations or work on or for airports, environmental remediation, traffic control, underground tanks or railroads? Yes No

- 23. Do you use EIFS in your work? Yes No If yes, provide details below.

- 24. Are you involved in fiber optic cable work or installation? Yes No

- 25. Are you involved in exterior work over 3 stories in height? Yes No

- 26. Does any operation involve work for recreational or playground construction? Yes No

- 27. Do you perform any smoke, fire or water restoration? Yes No
- 28. Do you perform any demolition or abatement work? Yes No If yes, please provide complete details below

- 29. Has any principal of this or any other company in which they've had ownership interest been bankrupt in the past five (5) years? Yes No If yes, who? What has been the disposition?

- 30. Has any principal, owner or office been convicted of felony? Yes No If yes, provide complete details below

Explain any "Yes" answers to questions above please:

<u>Historical Exposure Policy Year</u>	<u>Gross Receipts</u>	<u># of Projects or # of Home Starts</u>	<u>Employee Payroll</u> *	<u>Subcontracted Costs</u>	<u>GL Annual Premium</u>
Est. for next 12 months :	\$		\$	\$	
Current Year:	\$		\$	\$	
1 st Prior Year:	\$		\$	\$	
2 nd Prior Year:	\$		\$	\$	
3 rd Prior Year:	\$		\$	\$	
4 th Prior Year:	\$		\$	\$	

* Field Labor only, No Officers, Clerical or Sales
Provide detailed breakdown below

Operation	Employee Payroll	Sub Costs
Architectural Work		
Carpentry (Framing/Cornice)		
Carpentry (Interior)		
Concrete Construction Flat Work		
Concrete Construction Foundations		
Debris Removal		
Demolition		
Driveway Paving/ Sidewalk		
Drywall		
Electrical		
Engineering		
Excavation		
Executive Supervisor		
Fence Erection		
Flooring (Carpet)		
Grading of Land		
HVAC		
Insulation		
Janitorial		
Landscaping		
Masonry (EIFS?)		
Metal Erections (Dwellings)		
Metal Erection (Non-Structural)		
Metal Stud Construction		
Painting (Exterior)		
Painting (Interior)		
Plastering/ Stucco (EIFS?)		
Plumbing		
Refrigeration		
Roofing		
Sheet Metal (Outside)		
Swimming Pools (Above Ground)		
Swimming Pools (Below Ground)		
Tile/ Stone/ Terrazzo (Interior)		
Welding		
Other		

INSURED SUBCONTRACTORS:

- Do subcontractors carry their own GL policies with equal or greater limits?
 Yes No
- If so, do they name the applicant as an additional insured with a waiver of subrogation?
 Yes No
- Do the subcontractors provide Worker's Compensation Insurance?
 Yes No
- Do you require a certificate of insurance from the subcontractor before work begins?
 Yes No
- Does your subcontract form include a hold-harmless or indemnity agreement?
 Yes No
- How long are records kept?
__ __ years

5 Largest Jobs Completed	Project Type *	Receipts	5 Projects Next Year	Project Type	Receipts

*ie Residential, Commercial, New, Remodel

Insured Applicant's Signature: _____

Date: _____

Print Name & Title: _____

Agent's Signature: _____

Date: _____