



Contractor General Liability Supplemental Questionnaire

(Complete in Addition to Accord Application)

Quote Identifier: _____

Requested Policy Period: _____ to _____

Insured Information

Applicant (List all owners): _____

DBA: _____

Individual Partnership Corporation Other: _____

Contact: _____

Contact Phone Number: _____

Business Address: _____

Mailing Address: _____

FEIN or SSN: _____

Agency Information

Agency Name: _____

Producer's Name: _____

Agency Address: _____

Phone: _____

Fax: _____

Email: _____

Producer Code: _____

New Venture Section

Years under current name: _____

If more than 3 years under current name, please proceed to loss history section

Date business established: _____

Years of related experience: _____

List all business names that applicant/owner has owned in the past: _____

Brief summary of prior experience (experience must be in the same field): _____

Loss History

This business has had _____ general liability claims, totally _____ (paid and reserve) within the past three (3) years.

There are _____ open claims.

Have you had more than one construction defect claim? Yes No

* If losses apply, please attach currently valued loss runs including a complete description of all losses.

Prior Carrier Information

| | | |
|-----------------------|-----------------------|-----------------------|
| Carrier: _____ | Carrier: _____ | Carrier: _____ |
| Policy Number: _____ | Policy Number: _____ | Policy Number: _____ |
| Eff.-Exp. Date: _____ | Eff.-Exp. Date: _____ | Eff.-Exp. Date: _____ |
| Total Premium: _____ | Total Premium: _____ | Total Premium: _____ |

Program Specific Information

Limits Requested: _____

Damage to Rented Premises/Medical Expense: 100,000/5,000

1. Detailed Description of Operations (*must include all operations*):

| | | |
|------------------|-------------------|--------------------|
| 2. | Commercial | Residential |
| New Construction | _____ % | _____ % |
| Remodeling | _____ % | _____ % |

3. Number of owners: _____ Number of employees: _____

4. Direct payroll excluding owner, principals, sales, & clerical: _____

- a. Insured Subcontractor Costs: _____
- b. Gross Receipts Last Year: _____
- c. Uninsured Subcontractor Costs: _____
- d. Estimated Gross Receipts this year: _____

* Subcontractors must carry limits equal to or greater than applicant to be considered insured.

5. List all operations performed by uninsured or underinsured subcontractors: _____

6. Prior Years:

| | Direct Payroll (<i>Exclude Owners</i>) | Total Subcontractor Cost | Gross Receipts |
|---------------|--|--------------------------|----------------|
| Expiring: | _____ | _____ | _____ |
| First Prior: | _____ | _____ | _____ |
| Second Prior: | _____ | _____ | _____ |

7. Does the insured comply with all state and local governments licensing requirements? Yes No
8. Has any officer, owner, or partner of the company been convicted of a felony? Yes No
9. Is any officer, owner or partner currently involved in bankruptcy proceedings? Yes No
10. Do you work as a Construction Manager? (Contractor working for the owner, and observing the day-to-day work on a site. Subs are employed by and paid by the owner. The construction manager will work for the owner, assuring compliance with codes and quality work, but will not direct the daily operation of the sub contractors.) Yes No
11. Do you work as a Real Estate Developer? (Contractor who purchases, large, unimproved tracts of land, and makes them ready for building by adding streets, roads, utilities, etc.) Yes No
12. Have you ever had insurance cancelled, declined, or a renewal refused? Yes No
13. Do you have a written safety program? Yes No
14. Are you involved in any tunneling work, work on public streets & roads, sewer or watermain work, dams or other infrastructure?
 Yes No
15. Are you involved in exterior work over three (3) stories? Yes No
16. Are you involved in work with recreational or playground construction? Yes No
17. Do you perform any smoke, fire, water, or earthquake restoration (other than replacement of damaged construction materials)?
 Yes No
- Are you a certified, licensed restoration contractor? Yes No
18. Are you involved in any exterior spray painting operations? Yes No
19. Do you perform or subcontract any blasting operations? Yes No
20. Do you perform work for petroleum, industrial, or chemical facilities? Yes No
21. Do you have operations or work on elevator, environmental remediation, swimming pool construction, traffic lights, underground tanks, skylights, or EIFS? Yes No
22. Are you engaged in any work related to structural retaining walls above six feet in height? Yes No
23. Are you involved in work related to fiber optic cable work or installation? Yes No
24. Do you have operations or work on or for airports or railroads? Yes No
25. Are you involved in the sale of chemicals, or the application of chemicals, such as herbicides or pesticides, to property?
 Yes No
26. DO you remove asbestos insulation or asbestos containing material, fungus, mold or install insulation materials other than fiberglass or rock wool? Yes No
27. Do you sell, install, service or repair wood, coal or wasted oil-burning stoves? Yes No
28. Are you engaged in any structural work including grading and excavation on slopes greater than 30 degrees or work on retaining walls over 6 feet in height? Yes No
29. Do you work on student housing, senior housing, assisted living facilities or retirement homes EXCEPT for repairing or remodeling of not more than one units within a development? Yes No
30. Do you work on condominiums, townhouses, apartments or tract homes over 25 units at any one time, except for repair or remodeling of not more than 25 units within a development at any given time? Yes No
31. Do you sell, install, service or repair alarm systems, automatic fire extinguishing systems, boilers, elevators, escalators, surveillance systems or TV monitoring systems, either commercial or residential? Yes No
32. Do you perform any work on or for hotels/motels? Yes No
33. Do you perform any work on or for medical facilities/hospitals or schools? Yes No
34. Do you perform any roofing operations? (If so, provide a completed roofing supplemental) Yes No



Please explain any YES answers or enter any comments you may have about this risk: _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FAUDULENT INSURANCE ACT, WHICH IS A CRIM AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENATIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA, WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY ON THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWER TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicants Signature: _____

Date: _____

Position: _____

Producer Signature: _____

Date: _____