

# *Auto-Owners* INSURANCE

LIFE • HOME • CAR • BUSINESS

## CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

### Section A: Please complete this section for all contractors

Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Describe Operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Annual Receipts: \$ \_\_\_\_\_ Total ratable annual payroll: \$ \_\_\_\_\_ Cost of subcontracted work: \$ \_\_\_\_\_

List all states the contractor works or is licensed to operate in: \_\_\_\_\_  
\_\_\_\_\_

List the kinds of work the contractor is currently licensed for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Percentage of receipts from operations: General Contractor \_\_\_\_\_ % Developer \_\_\_\_\_ % Subcontractor \_\_\_\_\_ %

Total revenues (receipts) for the past 3 years:

Current year (estimated): \$ \_\_\_\_\_

Last year: \$ \_\_\_\_\_

Year before last: \$ \_\_\_\_\_

Average number of employees last year:

Full time: \_\_\_\_\_

Part time: \_\_\_\_\_

Estimated annual number of jobs: \_\_\_\_\_

Number of jobs at any one time: \_\_\_\_\_

Has the contractor ever been named in litigation regarding faulty work?.....  Yes  No

## CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

Is the contractor involved in any of the following high hazard operations?.....  Yes  No  
If yes, please check all that apply.

Indicate any of the following types of work you plan to perform by yourself or your employees, or are performed by subcontractors and Explain in the comments section:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Airports   | <input type="checkbox"/> Grain elevators  | <input type="checkbox"/> Removal of lead paint                                    |
| <input type="checkbox"/> Asbestos removal or installation including the insured's own employees or subcontractors | <input type="checkbox"/> Iron/steel erection  | <input type="checkbox"/> Retaining walls/sea walls                                |
| <input type="checkbox"/> Blasting   | <input type="checkbox"/> Insulation installation other than figerglass, cellulose or Styrofoam      | <input type="checkbox"/> Rigging  |
| <input type="checkbox"/> Bridges  | <input type="checkbox"/> Installation or repair of burglar alarms, fire alarms or sprinkler systems | <input type="checkbox"/> Roofing  |
| <input type="checkbox"/> Cantilevered construction  | <input type="checkbox"/> Landfill operations  | <input type="checkbox"/> Sewer, gas, water main construction                      |
| <input type="checkbox"/> Caisson or cofferdam work  | <input type="checkbox"/> Leasing or renting equipment to others                                     | <input type="checkbox"/> Shoring  |
| <input type="checkbox"/> Chimney cleaning or woodstove installation, service, repair or removal                   | <input type="checkbox"/> Logging or lumbering   | <input type="checkbox"/> Steeples   |
| <input type="checkbox"/> Cranes   | <input type="checkbox"/> Mining   | <input type="checkbox"/> Street, road or highway construction                     |
| <input type="checkbox"/> Commercial boiler or related work  | <input type="checkbox"/> Oil field work   | <input type="checkbox"/> Structural steel   |
| <input type="checkbox"/> Dams   | <input type="checkbox"/> Petroleum/chemicals  | <input type="checkbox"/> Towers   |
| <input type="checkbox"/> Demolition/wrecking  | <input type="checkbox"/> Piling driving/shoring   | <input type="checkbox"/> Tree trimming or removal                                 |
| <input type="checkbox"/> Exterior work more than three stories  | <input type="checkbox"/> Pier or wharf construction   | <input type="checkbox"/> Tunneling  |
| <input type="checkbox"/> Fire sprinklers  | <input type="checkbox"/> Pipeline construction  | <input type="checkbox"/> Underground storage tank installation, service or repair |
| <input type="checkbox"/> Flood control or retaining wall/sea work   | <input type="checkbox"/> Pollution clean up   | <input type="checkbox"/> Underpinning   |
| <input type="checkbox"/> Foundation repair  | <input type="checkbox"/> Power line work  | <input type="checkbox"/> Waste & reclamation facilities                           |
| <input type="checkbox"/> Gas/water mains  | <input type="checkbox"/> Railroads  | <input type="checkbox"/> Welding  |
|   | <input type="checkbox"/> Raising or moving buildings  | <input type="checkbox"/> Wrap up construction                                     |
|   |   | <input type="checkbox"/> Other special hazards                                    |

# CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

## Section B: Please complete this section for all contractors who have subcontracted work exposures and/or for General Contractors

### Explain responses when applicable:

Has your firm been involved in the construction or remodeling of any residential structures within the last ten years? This includes houses, condominiums, town-homes, and apartment buildings. ....  Yes  No

If so, please provide complete details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the contractor have a practice of being named as an additional insured on subcontractor's policies?  Yes  No

Do you obtain a written contract including a hold harmless clause in your favor from all subcontractors?....  Yes  No

If not, explain: \_\_\_\_\_

Are certificates required from subcontractors?.....  Yes  No

Do subcontractors carry coverages or limits greater or equal to the applicants?.....  Yes  No

Do subcontractors provide 30-day notice of cancellation to our applicant?.....  Yes  No

Do you have or use a risk manager on-premises?.....  Yes  No

Do you have a construction monitoring or quality control program for new or renovation work?.....  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any post-evaluation/inspections of newly constructed buildings?.....  Yes  No

Do you have/use day laborers in your business operations?.....  Yes  No

Do you currently, (or have you in the past) built on hillsides, slopes, landfills or in known subsidence areas?.....  Yes  No

If yes, please explain: \_\_\_\_\_

Do you perform any work involving exterior insulation finish systems (E.I.F.S.)?.....  Yes  No

Do you perform any Exterior Stucco work? .....  Yes  No

### Indicate % of work performed in:

Commercial: \_\_\_\_\_%

New Construction \_\_\_\_\_%      Remodel \_\_\_\_\_%

Residential: \_\_\_\_\_%

New Construction \_\_\_\_\_%      Remodel \_\_\_\_\_%

Is the contractor currently bonded?.....  Yes  No

Type of bond:     Bid     Performance     Payment     Maintenance

Company/Carrier: \_\_\_\_\_