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CONTRACTOR'S SUPPLEMENTAL QUESTIONNAIRE

Note: Throughout this questionnaire the words "you" and "your" include all entities seeking coverage.

BASIC INFORMATION

Name(s) of Applicant: _____

License Number: _____

Years in Business * _____

**If this is a new operation, please attach resumes and provide details on prior experience of ALL owners.*

Expiring Insurance Information:

Insurance Carrier: _____ Policy Eff & Exp. Date: __/__/__ - __/__/__
 Premium: \$ _____ Deductible: \$ _____ Retention: \$ _____
 Limits: \$1M/ \$1M \$1M/ \$2M \$2M/ \$2M Other: _____

CONTRACTING OPERATIONS INFORMATION

1. What percentage of your work is as a:

General Contractor	%	Subcontractor	%	Construction Manager	%
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2. What percentage of your work is: (each line must add up to 100%)

Residential	%	Industrial	%	Commercial	%
New Construction	%	Remodel/Repair (non-structural)	%	Remodel/Repair (structural)	%

3. For residential work:

Please provide a specific breakdown of any residential work performed as follows:

	New Construction	Repair/Remodel
Single Family Custom Homes		
Tract Homes		
Condos/Townhouses		
Apartments		

How many new homes will you build as a general contractor in the next year? _____

What is the greatest number of new homes you have built in any one year? _____

Have you ever or will you perform work involving or related to NEW CONSTRUCTION, on or about the premises of:

- a. Condominiums or townhouses: Yes No
- b. Apartments: Yes No
- c. Tracts, PUD's, or any other development, premises or project with more than 7 homes built or planned: Yes No

If yes, please describe: _____

4. Do you use subcontractors? Yes No

If "Yes", please answer the following: _____

Percentage of your work subcontracted out: _____% Annual Costs: \$_____

List the trades of the subcontractors you use and give the percentage of work they perform:

Striping _____% Sealing _____% Other _____%
 Concrete _____% Concrete Pumping _____% Other _____%

Do you collect certificates from all subcontractors? Yes No
 If yes, what are the minimum limits required? \$_____

Do you require all subcontractors to name you as an additional insured: Yes No
 Does your contract with subcontractors include a hold harmless favoring you? Yes No

How long do you maintain records of the above documents? _____

Please attach a copy of your subcontractor agreement

5. In which states do you perform work? _____

6. Describe your work: _____

7. Please indicate the type of work performed and the percentage completed by you and/or subcontracted out by you:

	<u>Performed by Applicant</u>	<u>Performed by Subcontractor</u>
Airport Runways		
Blasting		
Bridge Building		
Carpentry		
Concrete		
Demolition		
Drilling		
Drywall		
Earthquake/Seismic Retrofit		
Electrical		
Excavation		
HVAC		
Grading		
Insulation		
Maintenance		
Masonry		
Mechanical		
Painting		
Plastering/Stucco		
Plumbing		
Roofing		
Sewer		
Steel Erection-Structural		
Steel Erection-Non-Structural		
Street/Road		
Supervision Only		
Traffic Signals		
Water/Gas Mains		
Waterproofing		

Other		
TOTAL	100% of payroll	100% of subcontracting costs

8. Project History:

Describe your last five largest projects:	Value
	\$
	\$
	\$
	\$
	\$

Describe your 2 largest projects currently underway or planned for the next year:	Value
	\$
	\$

9. Please provide the following information:

	Gross Receipts	Total Cost	Subcontracting Costs
Next 12 months			
Last 12 months			
2nd prior year			
3rd prior year			
4 th prior year			

10. Number of owners, officers, and partners active at job sites or performing supervisory duties _____

11. Please provide the following:

Payroll of employees (other than owners, officers, partners, clerical) \$
 Cost of leased, temporary, staffing service and casual labor (if not included above) \$
 Total Payroll \$

12. Dollar value of average job completed (including all materials, labor, and equipment): \$ _____

13. Do any prior operations differ substantially in nature from current operations? Yes No
 If yes please explain: _____

Note: the following question applies to work done in any capacity (including general contractors, developers, artisans, remodeling contractors, site work contractors, suppliers, etc.)

14. Have you ever performed work on hillsides, hilltops, slopes, landfill or other subsidence areas, or do you plan to in the future? Yes No
 If yes, maximum degree of slope: _____ Please describe project: _____

15. Have or will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques? Yes No

If yes, please describe: _____

If retaining walls have been or will be built, maximum height: _____ ft

16. Do you perform work above two stories in height (other than interior remodeling)? Yes No

If yes, what percentage? _____% Maximum height: _____ ft

17. Do you perform any work below ground level? Yes No

If yes, what percentage? _____% Maximum depth: _____ ft

18. Have you ever or will you build, remove, repair or replace roofs? Yes No

If yes, please describe, and indicate % of hot tar work (if any): _____

19. Have you or will you work as a construction manager on a fee basis? Yes No

20. For each of the following activities, check:

Yes if the activity has or will be performed, subcontracted, or supervised by applicant.

No if the applicant has never and does not plan to perform, subcontract, or supervise the activity.

	Yes	No		Yes	No
a. Demolition	<input type="checkbox"/>	<input type="checkbox"/>	m. Hospitals	<input type="checkbox"/>	<input type="checkbox"/>
b. Concrete Tilt-Up Const.	<input type="checkbox"/>	<input type="checkbox"/>	n. Road/Highway/Bridge/Overpass Construction	<input type="checkbox"/>	<input type="checkbox"/>
c. LPG work	<input type="checkbox"/>	<input type="checkbox"/>	o. Underground Tank removal, repair or installation	<input type="checkbox"/>	<input type="checkbox"/>
d. Seismic Retrofitting	<input type="checkbox"/>	<input type="checkbox"/>	p. Work on Gas Lines/Pumps	<input type="checkbox"/>	<input type="checkbox"/>
e. Swimming Pool Const.	<input type="checkbox"/>	<input type="checkbox"/>	q. Asbestos or Lead Abatement	<input type="checkbox"/>	<input type="checkbox"/>
f. Boiler Installation/Repair	<input type="checkbox"/>	<input type="checkbox"/>	r. Environmental Cleanup or Repair	<input type="checkbox"/>	<input type="checkbox"/>
g. Industrial Machinery	<input type="checkbox"/>	<input type="checkbox"/>	s. Dam or Levee Work	<input type="checkbox"/>	<input type="checkbox"/>
h. Use of Cranes	<input type="checkbox"/>	<input type="checkbox"/>	t. Traffic Signals/Control Work	<input type="checkbox"/>	<input type="checkbox"/>
i. Rental of equipment to others	<input type="checkbox"/>	<input type="checkbox"/>	u. Gas Stations	<input type="checkbox"/>	<input type="checkbox"/>
j. Process Piping	<input type="checkbox"/>	<input type="checkbox"/>	v. Airports	<input type="checkbox"/>	<input type="checkbox"/>
k. Refineries	<input type="checkbox"/>	<input type="checkbox"/>	w. Public Utilities	<input type="checkbox"/>	<input type="checkbox"/>
l. Chemical Plants	<input type="checkbox"/>	<input type="checkbox"/>			

If yes to any part of question 19, state whether performed by insured or subcontractor: _____

21. In the past three years have you been fired or replaced on a job in progress? Yes No

If yes, please provide details: _____

22. In the past 3 years have you replaced another contractor on a job in progress? Yes No

If yes, please provide details: _____

Note: the following questions apply regardless of whether the applicant was at fault for a claim or incident, and regardless of whether the claim or incident was covered by insurance. Explain any "yes" answers in the space provided below.

23. Have there been any losses, claims or suits against you in the past five years? Yes No

24. Are there any claims or legal actions pending against any of the entities named in the application? Yes No

25. Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against any such entity? Yes No

26. Have you been accused of faulty construction in the past 5 years? Yes No

27. Have you been accused of breaching a contract in the past 5 years? Yes No

Warranty: The purpose of the Supplemental Questionnaire is to assist the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his knowledge, information and belief. This Supplemental Questionnaire, and the application to which it is appended, shall be the basis of any insurance policy that may be issued and will be a part of such policy.

Signature of Applicant: _____
Name and Title:

Date:

Signature of Producer: _____
Name and Title:

Date: