

**I. APPLICANT INFORMATION**

First Named Insured: _____		Operations: _____	Effective Date: _____	
Location Address	Street: _____	City: _____	State: _____	Zip: _____
Additional Named Insureds:	Operations:	Additional Named Insureds:	Operations:	
1. _____	_____	3. _____	_____	
2. _____	_____	4. _____	_____	

**II. OPERATIONS**

	1. Do you have any operations other than contracting? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>																												
	If Yes, please describe:																												
	2. List the states in which you anticipate working in the next 12 months:																												
	Do you, or have you ever performed work in NY State? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>																												
	If Yes, do you, or have you ever performed work in the 5 boroughs of NYC? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>																												
	3. Percentage of Current Operations as a:																												
	GC/Primary Contractor: _____%      Subcontractor: _____%      Owner: _____%																												
	4. Actual history for the past 5 years including estimates :																												
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">Year</th> <th style="width:25%;">Direct Payroll</th> <th style="width:25%;">Subcontractor Cost</th> <th style="width:25%;">Gross Receipts</th> </tr> </thead> <tbody> <tr> <td>Next 12 Mos.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1<sup>st</sup> Prior</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2<sup>nd</sup> Prior</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3<sup>rd</sup> Prior</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4<sup>th</sup> Prior</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5<sup>th</sup> Prior</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Year	Direct Payroll	Subcontractor Cost	Gross Receipts	Next 12 Mos.				1 <sup>st</sup> Prior				2 <sup>nd</sup> Prior				3 <sup>rd</sup> Prior				4 <sup>th</sup> Prior				5 <sup>th</sup> Prior			
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	5. Indicate the percentage of work performed by you, the total for all classifications must equal 100%:																												
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	6. List the 5 largest projects completed during the past 5 years:																												
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	7. List any ongoing projects and projects scheduled for the next 12 months or attach an updated Project List:																												
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	8. What is the dollar value of your average completed job?

**II. OPERATIONS (Continued)**

9. Indicate the anticipated percentage of construction work over the next 12 months to be performed by you using percentage of Direct Payroll and percentage of Subcontractor costs as the basis. (Note: All direct payroll and subcontractor percentages must each total 100%)

	Direct %	Sub%		Direct %	Sub %		Direct %	Sub %
Blasting			Fire Suppression			Roofing		
Boiler			Gas Main			*Utility Work		
Bridge Work			Grading			*Sewer/Water		
Carpentry			Hazardous Mat.			Steel (structural)		
Concrete			HVAC			Steel (ornamental)		
*Demolition			Insulation			*Street/Road		
Drilling			Maintenance			Stucco		
Drywall			Masonry			Supervisory Only		
Equipment Repair			Mechanical			Tanks		
EIFS			Painting			Waterproofing		
*Electrical			Plastering			Other:		
*Excavation			Plumbing					

\* If any of your direct or subcontracted work is in blasting, demolition, electrical, excavation, utility, or street and road work, please complete the class specific questions at the end of the questionnaire.

10. Do you or any of your subcontractors do any work over two (2) stories in height from grade? If Yes, what is the maximum height and percentage of work? Do you use scaffolding? Do you use a scissor lift?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you or any of your subcontractors work below grade? If Yes, what is the maximum depth and percentage of work? What safety precautions are used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you ever done or subcontracted for any exterior stucco, plaster or exterior insulation finish systems (EIFS)? If Yes, do you install over frame construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you, or have you ever installed drywall products imported from China?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**III. LOSS CONTROL**

1. Do you have a formal written safety program in effect? If Yes, please provide a copy of the Table of Contents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is pre-job planning conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your safety program contain the following written procedures?	
Safety Rules Requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subcontractor Responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Planning Meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site Safety Inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is there a safety director, safety manager or individual who is assigned with safety on staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Please indicate the methods used in the employee screening process (check all that apply): <input type="checkbox"/> Application <input type="checkbox"/> Reference Check <input type="checkbox"/> Pre-Placement Medical Exam	
6. Do you have a formal drug testing program? If Yes, Please indicate the methods used (check all that apply): <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Post accident <input type="checkbox"/> Probable Cause <input type="checkbox"/> CDL Drivers Only	<input type="checkbox"/> Yes <input type="checkbox"/> No

**IV. WORKERS COMPENSATION**

1. Do you provide health insurance for full time employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. What is the annual percentage of employee turnover?      %	
3. Has the applicant ever been fined as a result of an OSHA inspection? If Yes, Please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the applicant enforce the use of personal protective equipment (hard hats, safety glasses/goggles, hearing protection, steel-toed shoes, fall protection, etc.) as required by OSHA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are injured employees contacted immediately following medical treatment by a designated individual? If Yes, provide the title of the person.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are claims involving lost work time reviewed and pro-actively managed by a designated individual? If Yes, provide the title of the person.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the applicant have a Return to Work (RTW) program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you, or have you ever performed work under the US Longshoremen's and Harbor Workers Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you, or have you ever performed work under the Jones Maritime Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. What is the applicant's current Workers Compensation Experience Modification?	

**V. SUBCONTRACTORS**

No Subcontractors Are Used

1. What percentage of your work is subcontracted?	
2. List the trades of subcontractors used and indicate the percentage of work they perform.	
Type of Subcontractor	Percentage of Work
	%
	%
	%
	%
3. Do you require certificates of insurance for all subcontracted work to be on file before allowing work to begin? What limits of liability are required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you obtain updated certificates of insurance for subcontracted work each year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are subcontractor agreements required for all subcontractors? (If yes, provide a copy of the agreement) Is it required to be signed <b>prior to</b> allowing work to begin?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the subcontractor agreement contain a hold harmless clause in favor of the applicant and owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are subcontractors required to name the applicant and owner as additional insureds on their policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. What percentage of contractors are hired on a recurring basis?      %	
9. Do all your subcontractors have OSHA, Right to Know, and DEP Codes Procedures in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do all your subcontractors offer a guarantee for their work, materials, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are subcontractors required to carry workers compensation for all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you ever use leased employees for any of your operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**VI. AUTO**

1. Describe the insured's policy on personal and family use of vehicles.	
2. Are company vehicles taken home by employees in the evening?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, by who?	
3. Is a Motor Vehicle Record (MVR) obtained prior to hiring a driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is an MVR obtained after a driver is hired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. How often do you obtain updated MVRs after a driver is hired?	
6. What criteria are used to define an unacceptable MVR?	
7. How does the insured handle employees with unacceptable driving records?	
8. Is there a written fleet safety program in place? (If yes, provide a copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does the insured have a vehicle maintenance plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**VII. LOSS HISTORY (Or attach five years of loss runs valued less than 90 days from effective date)**

Year	Aggregate GL Losses	Aggregate AL Losses	Aggregate WC Losses	Valuation Date	Carrier
1 <sup>st</sup> Prior					
2 <sup>nd</sup> Prior					
3 <sup>rd</sup> Prior					
4 <sup>th</sup> Prior					
5 <sup>th</sup> Prior					
Provide details of any losses over \$25,000:					

**CLASS SPECIFIC QUESTIONS**

Street and Road Contractors		<input type="checkbox"/> Not Applicable
Are you an ARTBA member?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you perform any of the following operations? If yes, please provide details and payroll/sales amounts.		
Airport Runway Construction or Paving	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bridge or Overpass Construction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please answer	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Suspension, arch, truss, or cable stayed decking	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Construction from barges or boats	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Construction over navigable waters	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Caisson or cofferdam work	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pile Driving	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Blasting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dam, levee, breakwater or dike work	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Railroad track/bed construction or repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Landfill work	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tunneling	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demolition or wrecking	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hauling for others	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Underground storage tank work	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a Quarry?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an Asphalt Plant?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you perform sand and gravel delivery?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are utilities contacted prior to excavation or sub-surface work?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are certified flaggers used at jobsites?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there documentation or photographs of traffic control measures at job sites?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there documentation or photographs of the beginning and end of jobs to establish a timeline?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Utility Contractors & Sewer/Water		<input type="checkbox"/> Not Applicable
Do you perform any of the following operations?		
Overhead power line work	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Blasting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Landfill work	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tunneling	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas main work	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demolition or wrecking	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Underground storage tank work	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Connections inside homes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are utilities contacted prior to excavation for proper marking of existing lines?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an OSHA certified "Competent Person" present at excavation site?		<input type="checkbox"/> Yes <input type="checkbox"/> No
What precautions are taken to prevent trench collapse?		



<b>Excavation and Grading</b>		<input type="checkbox"/> <b>Not Applicable</b>
<b>Do you perform any of the following operations?</b>		
Hauling for others	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Blasting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Landfill work	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tunneling	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demolition or wrecking	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Underground storage tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are utilities contacted prior to excavation for proper marking of existing lines?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there an OSHA certified "Competent Person" present at excavation site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Electrical Contractors</b>		<input type="checkbox"/> <b>Not Applicable</b>
<b>Do you perform any of the following operations?</b>		
Overhead power line construction/maintenance or repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Traffic or railroad signal construction/maintenance or repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical apparatus installation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Alarm Installation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency response work	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High voltage work	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Excavation/trenching	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes:		
Is there an OSHA certified "Competent Person" present at excavation site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What precautions are taken to prevent collapse?		

<b>Demolition Contractors</b>		<input type="checkbox"/> <b>Not Applicable</b>
Indicate the percentage of demolition that is:	Self Performed –      %	Subcontracted –      %
Indicate the methods of demolition that are used:		
<input type="checkbox"/> Explosives <input type="checkbox"/> Implosion <input type="checkbox"/> Mechanical tear down <input type="checkbox"/> Wrecking ball		
What is the number of stories of a typical project?		
What is the maximum number of stories where work will be performed?		

This questionnaire and the loss information shown in the attached ACORD applications are understood to be an inducement to the issuance of a policy of insurance by company and the applicant warrants that all answers to questions are true and correct to the best of applicant's knowledge and belief. The undersigned authorizes the Company to obtain information necessary for evaluation in determining acceptability including but not limited to motor vehicle reports, credit reports and physical inspection.

Insured Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_