



**Allied  
Insurance**

a Nationwide® company  
On Your Side™

**Contractors**  
Complete Supplemental Questionnaire

|  |  |
|--|--|
| APPLICANT _____<br>MAILING ADDRESS _____ | Is this questionnaire for: <input type="checkbox"/> New Business?<br><input type="checkbox"/> Renewal Business?<br><br>If (renewal) give current<br>policy number: _____ |
|--|--|

**INSURED**

1. When did the applicant's business start? \_\_\_\_\_
2. How long has the applicant been in this line of work? \_\_\_\_\_
3. Is or has the applicant ever been involved in any other business venture as an owner or officer?  Yes  No; If "yes," explain: \_\_\_\_\_
4. Has this business or any other business in which the insured is or was involved as an owner or officer ever declared bankruptcy?  Yes  No; If "yes," explain: \_\_\_\_\_
5. What classes of contractors licenses does the applicant hold? \_\_\_\_\_  
License numbers(s): \_\_\_\_\_
6. Does the applicant retain job files?  Yes  No;  
If yes, how long are these files retained? \_\_\_\_\_
7. List the owners, partners, or officers of the applicant's business:

| Full Name | Birthdate | Title | Time with this Business |
|-----------|-----------|-------|-------------------------|
| _____     | _____     | _____ | _____                   |
| _____     | _____     | _____ | _____                   |
| _____     | _____     | _____ | _____                   |

**EMPLOYEES**

1. Provide the following information concerning employees for the past three years and give an estimate for the next 12 months:

| Year     | Number of Full-time | Number of Part-time | Number of Seasonal Employees |
|----------|---------------------|---------------------|------------------------------|
| _____    | _____               | _____               | _____                        |
| _____    | _____               | _____               | _____                        |
| _____    | _____               | _____               | _____                        |
| _____    | _____               | _____               | _____                        |
| Estimate | _____               | _____               | _____                        |

2. Describe the training program(s) used for new employees: \_\_\_\_\_

3. The applicant is:  union  non-union  open shop

**PAYROLL AND RECEIPTS**

Provide the following information for the past three years (use audited information if possible) and give an estimate for the next 12 months:

| Year     | Total Receipts | Payroll (excluding owners, partners and officers) |
|----------|----------------|---|
| _____    | \$ _____       | \$ _____  |
| _____    | \$ _____       | \$ _____  |
| _____    | \$ _____       | \$ _____  |
| Estimate | \$ _____       | \$ _____  |

**OPERATIONS**

1. Describe the last 5 projects completed (nature of work, job length, dollar size, etc). Any Habitational projects in past 5 years? If so, what? List general contractors for whom you obtained an additional insured endorsement on these projects.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Is the applicant a General Contractor? [ ] Yes [ ] No
3. Are any of the applicant's employees qualified by education or licensed as architects, engineers, surveyors, draftsmen or real estate agents/brokers? [ ] Yes [ ] No; If "yes," explain the duties of each of these employees. \_\_\_\_\_  
 \_\_\_\_\_
4. Does the applicant offer any type of warranty? [ ] Yes [ ] No; If "yes," explain: \_\_\_\_\_  
 \_\_\_\_\_
5. Does the applicant intend to expand the business operations in the next year? [ ] Yes [ ] No; If "yes," explain: \_\_\_\_\_  
 \_\_\_\_\_
6. What is the radius of the applicant's working area? \_\_\_\_\_ Which states does this include? \_\_\_\_\_
7. Has the applicant performed other types of construction in the past? [ ] Yes [ ] No; If "yes," explain: \_\_\_\_\_  
 \_\_\_\_\_
8. What is the approximate breakdown of the applicant's work?  
 \_\_\_\_\_ % Commercial (New Construction) \_\_\_\_\_% (Repair/Remodeling) \_\_\_\_\_% = 100%  
 \_\_\_\_\_ % Industrial (New Construction) \_\_\_\_\_% (Repair/Remodeling) \_\_\_\_\_% = 100%  
 \_\_\_\_\_ % Habitational (New Construction) \_\_\_\_\_% (Repair/Remodeling) \_\_\_\_\_% = 100%  
 100% Total If Habitational new construction (Multi-family incl. Apts, Condos, Townhomes \_\_\_\_\_%  
 Custom Single-family \_\_\_\_\_ % Tract Housing/Large Development Single-family \_\_\_\_\_ % = 100%)
9. Has the applicant been involved with OCIP/wrap-up projects?  
 [ ] Yes [ ] No; If "yes," explain: \_\_\_\_\_  
 \_\_\_\_\_
10. Does the applicant currently do, or has the applicant ever done, any of the following? If answer is "yes," explain below:

|   | Yes | No  |  | Yes | No  |
|---|-----|-----|--|-----|-----|
| Aircraft/Airports                               | [ ] | [ ] | Projects at a hazardous/toxic waste site | [ ] | [ ] |
| Alarm Installation or Service                   | [ ] | [ ] | Irrigation projects                      | [ ] | [ ] |
| Apartment/Condo projects (new)                  |     |     | Projects involving systems or equipment  |     |     |
| Under 20 units                                  | [ ] | [ ] | that use LP gas as an energy source      | [ ] | [ ] |
| 20 to 39 units                                  | [ ] | [ ] | Projects involving work in mines, oil    |     |     |
| 40 or more units                                | [ ] | [ ] | fields, or other related energy field    | [ ] | [ ] |
| Asbestos (this includes any attempted           |     |     | Pollution cleanup                        | [ ] | [ ] |
| removal or covering)                            | [ ] | [ ] | Projects at power plants                 | [ ] | [ ] |
| Boats   | [ ] | [ ] | Railroads                                | [ ] | [ ] |
| Boilers-high pressure (over 15 PSI)             | [ ] | [ ] | Retaining walls                          | [ ] | [ ] |
| Boilers-low pressure                            | [ ] | [ ] |  |     |     |
| Bridges   | [ ] | [ ] | Right of ways                            | [ ] | [ ] |
| Demolition projects                             | [ ] | [ ] | Roofing (in the past three years)        | [ ] | [ ] |
| Digging, grading, or excavation (if "yes,"      |     |     | Sewer mains                              | [ ] | [ ] |
| indicate how deep)                              | [ ] | [ ] | Spray painting                           | [ ] | [ ] |
| Digging next to foundations or structures       | [ ] | [ ] | Security or alarm systems                | [ ] | [ ] |
| Drainage projects                               | [ ] | [ ] | Street or road paving                    | [ ] | [ ] |
| Electrical power lines                          | [ ] | [ ] | Street or road subsurface work           | [ ] | [ ] |
| Use any explosives                              | [ ] | [ ] | Street or traffic lights                 | [ ] | [ ] |
| Exterior insulation and finish systems          | [ ] | [ ] | Swimming pools                           | [ ] | [ ] |
| Fireplace or wood stove installation or service | [ ] | [ ] | Tract housing                            | [ ] | [ ] |
| Fireproofing                                    | [ ] | [ ] | Tunneling                                | [ ] | [ ] |
| Flood control projects                          | [ ] | [ ] | Underwater work                          | [ ] | [ ] |
| Gas lines                                       | [ ] | [ ] | Water damage restoration or cleanup      | [ ] | [ ] |
| Projects including hazardous/toxic waste        | [ ] | [ ] | Water mains                              | [ ] | [ ] |
| Mold Remediation                                | [ ] | [ ] | Work in trenches or tunnels              | [ ] | [ ] |

Explain all "yes" answers:

**SUBCONTRACTING AND SUBCONTRACTED WORK**

- 1. Does the applicant hire subcontractors?  Yes  No
- 2. What types of operations does the insured subcontract out? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3. Does the applicant require a certificate of insurance from subcontractors?  Yes  No; If "yes," is a minimum limit of liability required?  Yes  No; If "yes," what limit? \_\_\_\_\_
- 4. Does the applicant ask to be named as an additional insured on the subcontractors general liability policy?  Yes  No
- 5. What is the total cost of subcontracted work on an annual basis? \_\_\_\_\_

**LOSS CONTROL**

- 1. Describe the applicant's loss control or safety program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. Does the applicant require an employment application to be completed by prospective employees?  Yes  No
- 3. Does the applicant obtain MVRs for new employees?  Yes  No
- 4. Does the applicant obtain pre-employment physicals for new or prospective employees?  Yes  No
- 5. Does the applicant always check with all local utilities before digging?  Yes  No

**CLAIMS OR LAWSUITS**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Have there ever been any claims made or lawsuits filed against the applicant as a result of their contracting operations?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have there ever been any claims made or lawsuits filed against the applicant as a result of alleged breaches of warranty in relation to work performed by the applicant?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there any known or apparent claims pending or potentially pending against the applicant as a result of contracting operations, including allegations of breach of warranty in relation to work performed by the applicant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there any lawsuits pending or potentially pending against the applicant as a result of their contracting operations, including allegations of breach of warranty in relation to work performed by the applicant?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Explain all "yes" answers to these questions: _____<br>_____<br>_____  |                          |                          |

**COMMENTS** (Include any additional information which may assist the underwriter in evaluating the applicant.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read the above questionnaire and I declare that, to the best of my knowledge and belief, all of the foregoing statements (answers) are true and that these statements (answers) are offered as an inducement to issue the policy (policies) for which I am applying or to continue to provide coverage under the policy (policies) currently written.

Applicant's Signature: \_\_\_\_\_ Producer's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

