



**Allied
Insurance**

a Nationwide® company
On Your Side™

Contractors
Complete Supplemental Questionnaire

APPLICANT _____

MAILING ADDRESS _____

Is this questionnaire for: New Business?
 Renewal Business?

If "renewal" give current policy number: _____

INSURED

- When did the applicant's business start? _____
- How long has the applicant been in this line of work? _____
- Is or has the applicant ever been involved in any other business venture as an owner or officer? Yes No; If "yes," explain: _____
- 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: _____
- What classes of contractors licenses does the applicant hold? _____
License numbers(s): _____
- Does the applicant retain job files? Yes No;
If yes, how long are these files retained? _____
- List the owners, partners, or officers of the applicant's business:

Full Name	Birthdate	Title	Time with this Business

EMPLOYEES

- 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 New Employees Hired
Estimate			
- Describe the training program(s) used for new employees: _____
- 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. Exactly what does the applicant do? Describe the projects completed in the last 12 months (nature of work, job length, dollar size, etc). 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 change the business 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	<input type="checkbox"/>	<input type="checkbox"/>	Projects at a hazardous/toxic waste site	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Installation or Service	<input type="checkbox"/>	<input type="checkbox"/>	Irrigation projects	<input type="checkbox"/>	<input type="checkbox"/>
Apartment/Condo projects (new)			Projects involving systems or equipment		
Under 20 units	<input type="checkbox"/>	<input type="checkbox"/>	that use LP gas as an energy source	<input type="checkbox"/>	<input type="checkbox"/>
20 to 39 units	<input type="checkbox"/>	<input type="checkbox"/>	Projects involving work in mines, oil		
40 or more units	<input type="checkbox"/>	<input type="checkbox"/>	fields, or other related energy field	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos (this includes any attempted			Pollution cleanup	<input type="checkbox"/>	<input type="checkbox"/>
removal or covering)	<input type="checkbox"/>	<input type="checkbox"/>	Projects at power plants	<input type="checkbox"/>	<input type="checkbox"/>
Boats	<input type="checkbox"/>	<input type="checkbox"/>	Railroads	<input type="checkbox"/>	<input type="checkbox"/>
Boilers-high pressure (over 15 PSI)	<input type="checkbox"/>	<input type="checkbox"/>	Retaining walls	<input type="checkbox"/>	<input type="checkbox"/>
Bridges	<input type="checkbox"/>	<input type="checkbox"/>	Right of ways	<input type="checkbox"/>	<input type="checkbox"/>
Demolition projects	<input type="checkbox"/>	<input type="checkbox"/>	Roofing (in the past three years)	<input type="checkbox"/>	<input type="checkbox"/>
Digging, grading, or excavation (if "yes,"			Sewer mains	<input type="checkbox"/>	<input type="checkbox"/>
indicate how deep)	<input type="checkbox"/>	<input type="checkbox"/>	Spray painting	<input type="checkbox"/>	<input type="checkbox"/>
Digging next to foundations or structures	<input type="checkbox"/>	<input type="checkbox"/>	Security or alarm systems	<input type="checkbox"/>	<input type="checkbox"/>
Drainage projects	<input type="checkbox"/>	<input type="checkbox"/>	Street or road paving	<input type="checkbox"/>	<input type="checkbox"/>
Electrical power lines	<input type="checkbox"/>	<input type="checkbox"/>	Street or road subsurface work	<input type="checkbox"/>	<input type="checkbox"/>
Use any explosives	<input type="checkbox"/>	<input type="checkbox"/>	Street or traffic lights	<input type="checkbox"/>	<input type="checkbox"/>
Exterior insulation and finish systems	<input type="checkbox"/>	<input type="checkbox"/>	Swimming pools	<input type="checkbox"/>	<input type="checkbox"/>
Fireplace or wood stove installation or service	<input type="checkbox"/>	<input type="checkbox"/>	Tract housing	<input type="checkbox"/>	<input type="checkbox"/>
Fireproofing	<input type="checkbox"/>	<input type="checkbox"/>	Tunneling	<input type="checkbox"/>	<input type="checkbox"/>
Flood control projects	<input type="checkbox"/>	<input type="checkbox"/>	Underwater work	<input type="checkbox"/>	<input type="checkbox"/>
Gas lines	<input type="checkbox"/>	<input type="checkbox"/>	Water damage restoration or cleanup	<input type="checkbox"/>	<input type="checkbox"/>
Projects including hazardous/toxic waste	<input type="checkbox"/>	<input type="checkbox"/>	Water mains	<input type="checkbox"/>	<input type="checkbox"/>
Mold Remediation	<input type="checkbox"/>	<input type="checkbox"/>	Work in trenches or tunnels	<input type="checkbox"/>	<input type="checkbox"/>

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: _____ _____ _____		

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: _____