



Mt. Hawley Insurance Company

GENERAL CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

Applicants Instruction:

- Answer all questions. If the answer to any question is NONE, please state NONE.
Questionnaire must be signed and dated by owner, partner or officer.
PLEASE CAREFULLY READ THE STATEMENTS AT THE END OF THIS QUESTIONNAIRE.

THE TERM "WILL YOU" IN A QUESTIONS MEANS UNTIL THE EXPIRATION DATE OF THE POLICY.

1. Applicant (Name is):
Business Address:
Years in business under current name:
Web site address: Inspection Contact Name:
List all business names which applicant has used in the past:

2. Contractor's license #: Licensed for business in state(s):

3. Percentage of operations: Gen'l contractor: % Subcontractor: % Owner/Builder: %

4. Estimates for next 12 months:
Direct Payroll: \$ Sub-Contract Costs: \$ Gross Revenue: \$
Prior Years:
1st Prior Yr Direct Payroll \$ Sub-Contract Costs \$ Gross Revenue \$
2nd Prior Yr Direct Payroll \$ Sub-Contract Costs \$ Gross Revenue \$
3rd Prior Yr Direct Payroll \$ Sub-Contract Costs \$ Gross Revenue \$

5. Indicate the percentage of construction work performed by you
New Construction % Commercial/Industrial Projects % Inside Building Work %
Remodeling/Repair/Service % Residential/Habitational Projects % Outside Building Work %
Other % Other % Highrise (over 4 stories) %

6. Indicate the anticipated percentage of construction work over the next twelve (12) months using Gross Revenue as the basis.
Blasting % Grading % Seismic Retro-Fitting %
Bridge Building % Insulation % Sewer %
Carpentry % Maintenance % Sprinkler or Fire %
Concrete % Masonry % Suppression Systems %
Dams or Levees % Mechanical % Steel (Structural) %
Demolition % Painting % Steel (Ornamental) %
Drilling % Plastering % Street/Road %
Earthquake Repair % Petrochemical % Stucco %
Electrical % Plumbing % Supervisory Only %
Excavation % Roofing % Water/Gas Mains %
Other % (Describe)

7. Detail below any significantly large projects (accounting for more than 25% of Gross Revenue any one year) which you have performed during the past five (5) years:

[Empty rectangular box for project details]

8. List current projects and those scheduled to commence over the next twelve (12) months. (Attach separate sheet if necessary:

<u>LOCATION</u>	<u>TYPE</u>	<u>START DATE</u>	<u>ENDING DATE</u>	<u>GROSS REVENUE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. Indicate the type of security used on a project: Fencing Lighting Watchmen

10. Have you allowed, are you currently, or will you ever allow your license to be used by any other contractor for a project on which you have not worked? Yes No If "YES", please detail below:

[Empty rectangular box for license details]

11. Have you built, are you currently, or will you build on hillsides, terraces, landfills, or subsidence areas? Yes No If "YES", please detail below:

[Empty rectangular box for construction details]

12. Have you been, are you currently, or will you or any subcontractors be involved with blasting operations or hazardous or unusual work activity? Yes No If "YES", please detail below:

[Empty rectangular box for blasting/hazardous work details]

13. Has your work involved, does your work constantly, or will your work involve systems that provide medical and/or industrial life support piping? Yes No If "YES", please detail below:

[Empty rectangular box for life support piping details]

14. Have you been involved, are you currently, or will you or your subcontractors be involved in any removal or abatement of asbestos, lead, PCB's or other hazardous materials? Yes No
Removal or work on fuel tanks or pipelines: Yes No

15. If you are a roofing contractor or other perform roofing work, what percentage of operations are:

Hot Tar _____% Foam Application _____% Torchdown _____%

Excess four (4) stories _____% N/A _____%

_____ % _____%

16. Do you now, or have you ever done or subcontracted for any exterior stucco, plaster or exterior insulation finish systems (EFIS)? Yes No

17. Have you performed in the past or will you or your subcontractors perform any work below grade?

Yes No Maximum depth: _____ % of operations: _____ % Any shoring, underpinning, cofferdam or caisson work? Yes No . If "YES", please explain safety procedures regarding underground utilities below:

18. Have you worked, are you currently, or will any of your employees work under the U.S. Longshoremen's and Harbor Workers' Act or Jones Maritime Act? Yes No

19. Do you have operations other than contracting? Yes No Are these operations to be covered by this insurance? Yes No If yes, please detail below:

20. If you are a general contractor or developer or employ subcontractors, are certificates of Workers' Compensation and General Liability insurance, hold harmless agreements and signed contracts required of subcontractors prior to being allowed on your job site? Yes No

What General Liability policy limits do you require of subcontractors? \$_____ per occurrence

\$_____ General Aggregate \$_____ Products/Completed Operations Aggregate

How many years of records of certificates of insurance and contractual agreements with subcontractors do you maintain? _____

Do you require that subcontractors name you as an additional insured on their General Liability Insurance? Yes No

21. Do you now, or will you in the future, have a formal safety program in place? Yes No

22. In the past ten (10) years, present policy period or upcoming policy period, has or will any of your work involved construction activities for residential projects including condominiums, townhouses, individual homes, home subdivisions or master-planned residential communities, but excluding apartments or hotels? Yes No

If "YES", please detail below, including developer/General Contractor that the work was/is/will be performed for and the location of such work (attach separate sheet if necessary):

23. During the past five (5) years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for non-payment of premium by any insurance or finance company?

Yes No If "YES", please detail below:

24. Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability? For the purpose of the application only, a claim means a receipt of a demand for money, service or arbitration? Yes No If "YES", please detail below, including the name(s) of the person, company, entity and the name(s) and location(s) of the project(s) where such operations were performed (attach separate sheet if necessary):

25. Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to: allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction injury) at a location or project where your company has performed operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? Yes No If "YES", please detail below, including the names(s) and location(s) of the projects where such operations were performed (attach separate sheet if necessary):

26. Are you engaged in any "wrap ups" or owner control programs that are separately covered and not to be covered by this application? Yes No If "YES", please detail situations below:

27. What company currently writes your General Liability coverage: _____
Deductible: _____ Premium:\$_____ Willing to renew? Yes No

The undersigned Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the Applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The Applicant further understands that, if a policy of insurance is issued, this questionnaire will be incorporated into and form a part of such policy.

Signature of Applicant

Title (Officer, Partner, etc.)

Date

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER TO PRODUCE INSURANCE.