

Contractor Inspection Supplemental Worksheet

Name of Insured: _____

Address: _____

Inspection Contact: _____

Agent Name: _____

Phone Number: _____

Policy Number: _____

1. Describe in detail all construction operations the Insured performs to confirm the policy accurately reflects the appropriate exposures.

2. Confirm the states in which the Insured performs operations: _____

3. Does the Insured maintain adequate licenses per state requirements? Yes No

4. Provide annual estimated:

Receipts _____

Payroll _____

Subcontractor costs _____

5. Provide the estimated average number of new residential units constructed annually _____ OR N/A

6. Does the Insured have any interest in any other construction companies or construction operation?..... Yes No

If yes, we require specifics on all legal entities and services performed. Provide details below:

7. Determine whether the insured performs new construction on the following:

Condominiums..... Yes No

Townhomes..... Yes No

Apartment to Condominium or Townhome conversions Yes No

8. Confirm:

The Insured or subcontractors do not work with EIFS or synthetic stucco products/systems..... Yes No

The Insured does not directly perform asbestos remediation work..... Yes No

9. Verify that the insured obtains Certificates of Insurance that include:

Limits of Liability at least equal to the Insured's coverage Yes No

Additional Insured endorsement in the Insured's favor Yes No

Verification of Workers Compensation or similar insurance..... Yes No

10. Is there a written quality control program in place for each project..... Yes No

Is continuous documentation of compliance kept throughout the project Yes No

Are all subcontractor activities documented throughout each project..... Yes No

Provide complete details of all **NO** responses: _____

