



## GENERAL CONTRACTOR QUESTIONNAIRE

Date

Producer:

Insured Name and Mailing Address:

Code

Subcode

Website Address

Effective Date

Expiration Date

Policy/Account Number

YES NO

1. Years in business? \_\_\_\_\_

2. If new venture, years in trade? \_\_\_\_\_

3. States operating in? \_\_\_\_\_

☐ ☐ Multiple Named Insured's? If multiple Named Insured's, explain operations for each:

4. Annual Payroll: \$ \_\_\_\_\_

5. Annual Receipts: \$ \_\_\_\_\_

6. Annual subcontracted costs: \$ \_\_\_\_\_

☐ ☐ 7. Written agreement with all subcontractors?

☐ ☐ 8. Do you have a formal recordkeeping procedure to maintain copies of all contracts and certificates of insurance for at least the statute of repose?

*If more than \$200,000 in annual subcontracted costs, please submit copy of subcontractor agreement.*

|                     |     |   |                          |   |
|---------------------|-----|---|--------------------------|---|
| <b>Residential</b>  | New | % | Service, Repair, Remodel | % |
| <b>Commercial</b>   | New | % | Service, Repair, Remodel | % |
| <b>Industrial</b>   | New | % | Service, Repair, Remodel | % |
| <b>Municipality</b> | New | % | Service, Repair, Remodel | % |

9. **Residential Building (check box if applicable)**

☐ Condo Construction

☐ Townhome Construction

☐ Tract Homes

☐ Apartments

☐ Custom Homes

☐ Dormitories/Student Housing

10. Number of homes built per year? \_\_\_\_\_

11. Average value of homes? \_\_\_\_\_

12. **Commercial & Industrial Building (check box if applicable)**

☐ Office Buildings

☐ Industrial

☐ Retail

☐ Hotels/Motels

☐ Plant Shutdown

☐ Institutional (schools, hospitals)

☐ Churches

☐ Mixed Use

☐ Restaurants

YES NO

13. Last 5 jobs List (attach or complete the following):

| Project | Nature of Work | Project Cost |
|---------|----------------|--------------|
|         |                |              |

- ☐ ☐ 14. Do you use the same subcontractors consistently for most jobs?
- ☐ ☐ 15. Jobsites supervised by one of your employees on a daily basis?
- ☐ ☐ 16. Have you had any construction defect claims in the past 5 years? If so, please add info in comments.
17. How often are worksite safety inspections performed? ☐ Daily ☐ Weekly ☐ Monthly
- ☐ ☐ 18. Do you have a formal written Safety Program in place?
- ☐ ☐ 19. Do you perform any fire or water damage restoration work?
- ☐ ☐ 20. What is your annual turnover? \_\_\_\_\_ %
- ☐ ☐ 21. Do you employ an architect, engineer, or surveyor?
- ☐ ☐ If yes, do you have Professional Liability in place?
23. What is the % of work > 4 stories? \_\_\_\_\_ %
24. What is the % of work built under contract? \_\_\_\_\_ %
- What is the % of work built speculative
25. (no contract)? \_\_\_\_\_ %

**Auto Exposures:**

- Fleet Safety and Maintenance Program ☐ MVR ordered at hire/annual ☐
- Distracted Driving Policy ☐ MVR Driver Acceptability Criteria ☐
- Vehicle Personal Use Policy ☐ Telematics ☐
- How many drivers have a CDL? \_\_\_\_\_

- ☐ ☐ Any hauling for others?

**Workers' Compensation:**

- ☐ ☐ Do you have a return-to-work program?
- ☐ ☐ Any OSHA violations in the past?

Comments:

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