



Hereth Insurance Consulting

Contractor Packet

SECTION 1 – BUSINESS INFORMATION

Business Name: _____

DBA Name: _____

Contact Name & Position: _____

Mailing Address: _____

Email: _____

Phone: _____

FEIN: _____

Years in Business: _____ If new, Years in Trade: _____

States Licensed/Operating In: _____

Type of Business: ☐ Corp ☐ LLC ☐ Sole Prop ☐ Partnership ☐ Other: _____

SECTION 2 – FINANCIAL SNAPSHOT

Annual Payroll: Last Year: _____ Projected This Year: _____

Annual Receipts: Residential – Last Year: _____ Projected: _____

Annual Receipts: Commercial – Last Year: _____ Projected: _____

Total Annual Subcontractor Costs – Last Year: \$ _____ Projected: \$ _____

% of Work Subcontracted: _____%

Written Subcontractor Agreements? ☐ Yes ☐ No

Require Certificates from Subcontractors? ☐ Yes ☐ No

Are Subcontractor Limits Less Than Yours? ☐ Yes ☐ No

SECTION 3 – OPERATIONS & RISK PROFILE

Work by Type

- New Construction: _____%
- Remodel/Alterations: _____%
- Service/Maintenance: _____%

Sector: Commercial: _____% and Residential: _____%

Additional Insured on Subcontractors' Policies? ☐ Yes ☐ No

Architect/Engineer Role When Not GC? ☐ Yes ☐ No

Jobsite Supervision Daily? ☐ Yes ☐ No

Hazard/Exposure Checklist (check all that apply):

- ☐ Work Over 3 Stories
- ☐ Work on Condos/Townhomes/Tract Housing
- ☐ Use of Cranes
- ☐ Bridges/Levees/Tunnels/Flood Control/Retaining Walls/Sea Work
- ☐ Excavation/Tunneling/Underground/Earthmoving
- ☐ Blasting/Hazardous Materials/Flammables
- ☐ Swimming Pools ☐ Snow Removal (Commercial)

Other Hazards: _____

General Liability: Exposures

Work Performed	Class Code	Employee Payroll

Property: Coverage & Details

Location Address	Building Limit	Contents Limit	Year Built	SQFT	Roof Update	Elec. Update	Plumbing Update	HVAC Update

Inland Marine: Coverage & Details

Blanket Tool Coverage (items under \$1,000)	Description	Year	Make	Model	Serial #	Value

Business Auto: Coverage & Details

Liability Limit	Uninsured Limit	Underinsured Limit	Med Pay Limit

- Vehicle Information

Year	Make	Model	VIN	Radius of Use	Comp Ded	Collision Ded

Year	Make	Model	VIN	Radius of Use	Comp Ded	Collision Ded

- Driver Schedule

First Name	Last Name	DOB	DL#	State	Violations (5 yrs)

Workers Compensation: Exposures

Class Code	Description of Work	# Full-Time	# Part-Time	Payroll

- Including or Excluding of Ownership from Workers Compensation

Name	Title	Duties	% Owner	Inc/Exc	Payroll

LOSS HISTORY

Any claims in the past 5 years? [☐] Yes [☐] No

Faulty Construction Litigation? [☐] Yes [☐] No

ADDITIONAL EXPOSURES

- Are there any other exposures or operations not covered above?

Answer _____

TRADE-SPECIFIC SUPPLEMENTAL PAGES

- Carpentry: **CLICK HERE TO COMPLETE**
- Concrete: **CLICK HERE TO COMPLETE**
- Fencing & Specialty Trades: **CLICK HERE TO COMPLETE**
- General Contractor: **CLICK HERE TO COMPLETE**
- Carpentry: **CLICK HERE TO COMPLETE**
- Janitorial & Carpet Cleaning: **CLICK HERE TO COMPLETE**
- Painting & Paperhanging: **CLICK HERE TO COMPLETE**
- Plumbing & HVAC: **CLICK HERE TO COMPLETE**
- Property Questionnaire: **CLICK HERE TO COMPLETE**



CARPENTRY INTERIOR, FRAMERS, DOOR & WINDOW, AND HANDYPERSON 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? _____

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

5. Annual Payroll: \$ _____

6. Annual Receipts: \$ _____

7. Annual subcontracted costs: \$ _____

☐ ☐ 8. If subcontracted labor, is there a written agreement in place?

☐ ☐ 9. 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.

_____ % Commercial _____ % Residential

*Acting as General Contractor	New	%	Service, Repair, Remodel	%
Subcontractor working for GC	New	%	Service, Repair, Remodel	%
Trade Contractor working directly for customer	New	%	Service, Repair, Remodel	%

**If sub costs > 50%, complete General Contractor supplemental*

10. Type of Projects (Check box if applicable)

- | | | |
|--|--|--|
| <input type="checkbox"/> Condo/Townhome/Tract | <input type="checkbox"/> Apartments | <input type="checkbox"/> Truss Building |
| <input type="checkbox"/> Dormitories/Student Housing | <input type="checkbox"/> Hardwood Floors | <input type="checkbox"/> Housing Doors/Windows |
| <input type="checkbox"/> Framing | <input type="checkbox"/> Decks | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Cabinets | <input type="checkbox"/> Roofing | <input type="checkbox"/> Siding |
| <input type="checkbox"/> Interior Trim | | |

Number of projects per year? _____ Average value of projects? \$ _____

YES NO

11. **Job List (Attach or complete the following):**

Project	Nature of Work	Project Cost

☐ ☐ 12. Do you perform structural renovations? If yes, describe:

☐ ☐ 13. Do you install sunrooms or all-season rooms?

☐ ☐ 14. Do you perform any fire or water damage restoration work?

☐ ☐ 15. Do you buy and sell homes for personal investments?

☐ ☐ 16. If you are a cabinet maker, is there a UL Dust collection system (if property coverage)?

☐ ☐ 17. Do you build or supply trusses for large commercial buildings or tract home builders?

☐ ☐ 18. Do you perform demolition work?

19. What is your annual turnover? _____ %

☐ ☐ 20. Do you employ an architect, engineer or surveyor?

☐ ☐ 21. If yes, do you have Professional Liability in place?

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? _____

Workers' Compensation:

What is your annual turnover? _____ %

☐ ☐ Do you have a formal Safety Program in place?

☐ ☐ Do you have and practice a fall protection program?

☐ ☐ Do you have a return-to-work program?

☐ ☐ Any OSHA violations in the past?



CONCRETE SEGMENT QUESTIONNAIRE
USE FOR SIC 1771 CONCRETE AND DRIVEWAY PARKING LOT

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? _____

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

5. Annual Payroll: \$ _____

6. Annual Receipts: \$ _____

7. Annual subcontracted costs: \$ _____

☐ ☐ 8. Written agreement with all subcontractors?

☐ ☐ 9. 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.

_____ % Commercial _____ % Residential

10. **Job List for current and past 12 months (Attach or complete the following):**

Project	Nature of Work	Project Cost

11. **Services Provided (Click on services provided):**

- | | | |
|---|--|--|
| <input type="checkbox"/> Foundations/Walls | <input type="checkbox"/> Driveway Parking Lot | <input type="checkbox"/> Sidewalk/Curb |
| <input type="checkbox"/> Concrete Paving (Road) | <input type="checkbox"/> Tilt Up | <input type="checkbox"/> Core Drilling |
| <input type="checkbox"/> Concrete Cutting | <input type="checkbox"/> Guniting | <input type="checkbox"/> Redi-Mix |
| <input type="checkbox"/> Stamped Concrete | <input type="checkbox"/> Drainage Installation | <input type="checkbox"/> Painting of lines |

YES NO

- ☐ ☐ 12. Do you have a batch plant?
☐ ☐ If so, any mobile plants?
- ☐ ☐ 13. Any work on condo, townhomes, or tract housing?
- ☐ ☐ 14. Any underground shoring works?
- ☐ ☐ 15. Any work on bridges?
- ☐ ☐ 16. Do you conduct any demolition?
☐ ☐ If yes, is it by equipment or blasting?
- ☐ ☐ 17. If tilt up work, what is the percentage? _____ %
- ☐ ☐ 18. Any crane operations? If yes, describe and provide any Crane Operation Certifications/Training:

-
- ☐ ☐ 19. Do you deliver concrete mixed in transit to others?
- ☐ ☐ 20. Do you perform any waterproofing work?
- ☐ ☐ 21. Any swimming pool installation or repair?
- ☐ ☐ 22. Any underground storage tank work?
- ☐ ☐ 23. Any cofferdam or dam work?
- ☐ ☐ 24. Any concrete pumping? If so, what is the maximum height for pumping? _____
What certifications, if any, do you hold from American Concrete Pumpers Association:
Portable Line ☐ Large Line Pump ☐ Boom Pump ☐
50 Meter & Large Boom ☐ Separate Placing Boom ☐ Conveyor ☐
- ☐ ☐ 25. Any elevated highway works?
- ☐ ☐ 26. Any refractory work?
- ☐ ☐ 27. Any outdoor fireplaces?
- ☐ ☐ 28. Any retaining walls > 6 feet?

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? _____

Workers' Compensation:

- What is your annual turnover? _____ %
- ☐ ☐ Do you have a formal Safety Program in place?
- ☐ ☐ Do you have and practice a fall protection program?
- ☐ ☐ Do you have a return-to-work program?
- ☐ ☐ Any OSHA violations in the past?

**SPECIAL TRADES (CLEANING OUTSIDE OF BUILDING, FENCE ERECTION, INSULATION, METAL ERECTION & WELDING)**

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? _____

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

5. Annual Payroll: \$ _____

6. Annual Receipts: \$ _____

7. Annual subcontracted costs: \$ _____

8. Type of work subcontracted, if any? _____

☐ ☐ 9. If subcontracted labor, is there a written agreement in place?☐ ☐ 10. 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.*

Work as a General Contractor? _____ % Work as a Subcontractor? _____ %

Residential	New	%	Service, Repair, Remodel	%
Commercial	New	%	Service, Repair, Remodel	%
Industrial	New	%	Service, Repair, Remodel	%
Municipality	New	%	Service, Repair, Remodel	%

****Only answer section specific to your operations******11. CLEANING OUTSIDE OF BUILDINGS**☐ ☐ Are barricades or other measures used to keep public from jobsite?☐ ☐ Do you use chemical, acids, or toxins? If yes, please explain:☐ ☐ Do you also clean roofs?

What is the maximum height? _____

YES NO

Services Performed:

Aircraft	<input type="checkbox"/>	Tanks or Silos	<input type="checkbox"/>
Exterior of Buildings	<input type="checkbox"/>	Decks	<input type="checkbox"/>
Watercraft	<input type="checkbox"/>	Walkways/Driveways	<input type="checkbox"/>

12. FENCE ERECTION:

☐ ☐

Are utilities marked ahead of digging?

Please indicate the type of fencing you install: _____

13. INSULATION:

☐ ☐

Any insulation removal? If yes, indicate disposal procedures:

☐ ☐

Any past, present, or future work involving Direct Applied Exterior Finishing Systems (DEFS) or Exterior Finishing Systems (EIFS)?

☐ ☐

Any past, present, or future work on condos, townhomes, or tract housing?

☐ ☐

Any torch work or welding?

Indicate type of insulation installed?

Rigid Board Insulation	<input type="checkbox"/>	Spray Foam	<input type="checkbox"/>
Fiberglass/Mineral	<input type="checkbox"/>	Roof Foam	<input type="checkbox"/>
Cellulose Insulation	<input type="checkbox"/>		

14. METAL ERECTION:

How many buildings do you build annually? Less than 2 stories? Greater than 2 stories?

☐ ☐

Do you own, rent, or subcontract any crane work? If yes, please describe:

☐ ☐

Any past, present, or future work on condos, townhomes, or tract housing?

Indicate type of metal erection work performed:

Structural	_____ %	Non-Structural	_____ %
Decorative	<input type="checkbox"/>	Railings	<input type="checkbox"/>
Homes	<input type="checkbox"/>	Retail	<input type="checkbox"/>
Warehouses	<input type="checkbox"/>	Bleachers	<input type="checkbox"/>
Prison Cells	<input type="checkbox"/>	Staircases	<input type="checkbox"/>
Balconies	<input type="checkbox"/>	Apartments	<input type="checkbox"/>
Offices	<input type="checkbox"/>	Silos/Tanks	<input type="checkbox"/>
Grandstands	<input type="checkbox"/>		

☐ ☐

Do you perform offsite welding?

☐ ☐

If yes, do you have a fire watch program?

YES NO

☐ ☐ Do you supply your steel from foreign suppliers?

☐ ☐ Do you build according to client's specs?

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? _____

WORKERS' COMPENSATION:

What is your annual turnover? _____ %

☐ ☐ Do you have a formal Safety Program in place?

☐ ☐ Do you have and practice a fall protection program?

☐ ☐ Do you have a return-to-work program?

☐ ☐ Any OSHA violations in the past?



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.

Residential	New	%	Service, Repair, Remodel	%
Commercial	New	%	Service, Repair, Remodel	%
Industrial	New	%	Service, Repair, Remodel	%
Municipality	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:



JANITORIAL, CARPET, RUG, FURNITURE AND WINDOW CLEANING 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? _____

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

5. Annual Payroll: \$ _____

6. Annual Receipts: \$ _____

7. Annual subcontracted costs: \$ _____

☐ ☐ 8. If subcontracted labor, is there a written agreement in place?

☐ ☐ 9. 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.

_____ % Commercial _____ % Residential

**If sub costs > 50%, complete General Contractor supplemental*

10. Type of Projects (Check box if applicable)

☐ Carpet/Rug Cleaning

☐ Furniture & Upholstery

☐ Exterior Window Cleaning

☐ Power Washing

☐ Floor Waxing

☐ General Janitorial

☐ COVID Cleaning

☐ Building Exterior Clean

☐ HVAC Duct Cleaning

☐ Dryer Duct Cleaning

☐ Crime Scene Clean-up

☐ Cleaning of Industrial Equipment

☐ Mold Remediation

☐ Degreasing

☐ Hazardous Waste Clean-up

11. Clients:

☐ Homes

☐ Office

☐ Retail

☐ Plants

☐ Pharm/Clean Rooms

☐ Schools

☐ Airports

☐ Hospitals

☐ Supermarkets

☐ Hotel/Motels

☐ Nursing Homes

YES NO

- ☐ ☐ 12. Do you use temporary labor?
- ☐ ☐ 13. Do you perform background checks on employees
- ☐ ☐ 14. Do employees work in groups of 2 or more?
- ☐ ☐ 15. Do you also provide building maintenance services? If yes, describe:

Carpet, Rug, Upholstery Cleaning:

- ☐ ☐ 16. Do you provide storage for customer's goods?
- ☐ ☐ 17. Do you repair carpet or upholstery?
- ☐ ☐ 18. Do you sell cleaning products under your own label?

Window Cleaning:

19. What is maximum height of work (stories)?

-
20. How are cleaning operation performed?

☐ Ground (Pole) ☐ Scaffold ☐ Aerial Lift ☐ Bucket Truck

- ☐ ☐ 21. Any cleaning of solar panels?
- ☐ ☐ 22. Does insured offer caulking services?

Auto Exposures:

Fleet Safety and Maintenance Program	<input type="checkbox"/>	MVR ordered at hire/annual	<input type="checkbox"/>
Distracted Driving Policy	<input type="checkbox"/>	MVR Driver Acceptability Criteria	<input type="checkbox"/>
Vehicle Personal Use Policy	<input type="checkbox"/>	Telematics	<input type="checkbox"/>

- ☐ ☐ Any hauling for others?

How many drivers have a CDL? _____

Workers' Compensation:

What is your annual turnover? _____ %

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



PAINTING & PAPERHANGING QUESTIONNAIRE

Date

Producer:		Insured Name and Mailing Address:		
Code		Website Address		
Subcode		Effective Date	Expiration Date	Policy/Account Number

YES NO

- Years in business: _____
- If new venture, years in trade: _____
- States operating in: _____

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

5. Annual Payroll: \$ _____

6. Annual Receipts: \$ _____

Annual subcontracted

7. costs: \$ _____

- ☐ ☐ 9. If subcontracted labor, is there a written agreement in place?

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

Commercial	Residential	Exterior Painting	Interior Painting	Paperhanging
%	%	%	%	%

10. **Painting Operations-Special Hazards (indicate if applicable):**

Waterproofing ☐ Bridges ☐ Tanks ☐

Street Markings ☐ Towers ☐ Soundproofing ☐

11. **Clients**

Multi-Family ☐ Offices ☐ Industrial ☐

Institutional ☐ Retail ☐ Single Family Homes ☐

☐ ☐ Do you use temporary labor?

☐ ☐ Any work on condos, townhomes, or tract housing?

☐ ☐ Any high-pressure cleaning of exterior buildings?

☐ ☐ Do you perform any spray on siding?

☐ ☐ Any lead paint or abatement work?

- ☐ ☐ Any sandblasting?
What is maximum height of work (stories)? _____
- ☐ ☐ Does insured use swing stage scaffold in their operations?
How are paints and liquids disposed of by the insured?
-

- ☐ ☐ Any caulking only services?
- ☐ ☐ Work in coastal areas?

AUTO EXPOSURES:

- | | | | |
|--------------------------------------|--------------------------|-----------------------------------|--------------------------|
| Fleet Safety and Maintenance Program | <input type="checkbox"/> | MVR ordered at hire/annual | <input type="checkbox"/> |
| Distracted Driving Policy | <input type="checkbox"/> | MVR Driver Acceptability Criteria | <input type="checkbox"/> |
| Vehicle Personal Use Policy | <input type="checkbox"/> | Telematics | <input type="checkbox"/> |

- ☐ ☐ Any hauling for others?
How many drivers have a CDL? _____

WORKERS' COMPENSATION:

What is your annual turnover? _____ %

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



PLUMBING, HEATING AND AIR CONDITIONING CONTRACTOR'S 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. Provide a detailed description of all operations, if applicable:

Section I – Please complete all Section I questions. If any question is answered “yes”, please contact an Underwriter prior to proceeding.

- ☐ ☐ 1. Do you work on fire suppression systems such as installing or servicing fire sprinklers?
- ☐ ☐ 2. Do you perform any work repairing or installing gas lines?
- ☐ ☐ 3. Do you, or have you, performed any work on new condominiums, townhouses, or tract homes? If yes, answer **Section II, 3** below.
- ☐ ☐ 4. Do you work on process piping for medical, food, petroleum chemical, automotive, steel mills, paper mills or heat exchangers or any other industry.
- ☐ ☐ 5. Do you work on warehouse refrigeration systems?
- ☐ ☐ 6. Do you work on fuel tanks?
- ☐ ☐ 7. Has there been more than one property water damage claim in the last 3 years?

Section II – Operations

Annual payroll \$ _____

Annual receipts \$ _____

Annual subcontracted costs \$ _____

YES NO

- ☐ ☐ Written agreement with all subcontractors?
- ☐ ☐ 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 a copy of subcontractor agreement.

Acting as General Contractor

New _____ % Service, Repair, Remodel _____ %

Subcontractor working for GC

New _____ % Service, Repair, Remodel _____ %

Trade Contractor working directly for customer

New _____ % Service, Repair, Remodel _____ %

- ☐ ☐ 1. Any OSHA violations in the last 3 years? If yes, describe: _____
- ☐ ☐ 2. Any work within a Wrap-Up or OCP project? If yes, describe: _____
3. For any work on condominiums, townhouses, tract homes or multi-family dwellings, please answer the following questions:
How many new construction jobs are done annually? _____
List the cities where the job(s) are located: _____
4. Percent of work performed:
- | | | | |
|------------------------|---------|---------------|---------|
| New Construction | _____ % | Commercial | _____ % |
| Alterations/Remodeling | _____ % | Residential | _____ % |
| Service/Repair | _____ % | Industrial | _____ % |
| Maintenance | _____ % | Institutional | _____ % |
| Total | _____ % | Total | _____ % |
- ☐ ☐ 5. Any work at heights greater than 3 stories?
- ☐ ☐ 6. Any work in high-rise apartments or condos?
- ☐ ☐ 7. Do you rent, lease or loan equipment to others? If yes, describe: _____

8. **Inland Marine**

- ☐ ☐ a. Is your equipment provided with theft deterrent devices?
- ☐ ☐ b. How is your equipment and materials secured at the jobsite? _____

9. **Auto Exposures**

Fleet Safety and Maintenance Program	<input type="checkbox"/>	MVR ordered at hire/annual	<input type="checkbox"/>
Distracted Driving Policy	<input type="checkbox"/>	Telematics	<input type="checkbox"/>
MVR Driver Acceptability Criteria	<input type="checkbox"/>	Vehicle Personal Use Policy	<input type="checkbox"/>

- ☐ ☐ Any hauling for others?
- How many drivers have a CDL? _____

YES NO

10. **Workers' Compensation**

What is the annual turnover? _____ %

☐ ☐

Do you have a formal Safety program in place?

☐ ☐

Do you enforce the use of personal protective equipment?

☐ ☐

Do you have a return-to-work program?

11. **Plumbing Services Offered**

_____ % General water lines

_____ % Geothermal

_____ % Process Piping – list industries served: _____

_____ % Commercial cooking suppression systems (ANSUL)

_____ % LPG Work

_____ % Lawn sprinkler

_____ % Fire Suppression – list type of systems installed: _____

_____ % Gas fireplace/pellet stove installation

_____ % Clearing of waste lines

_____ % Connections of residential/commercial plumbing systems to water mains

_____ % Other – Describe: _____

_____ % Total = 100%

12. **Heating and Air Conditioning Services Offered**

_____ % Hot Water

_____ % Heat Pump

_____ % LPG work

_____ % Steam

_____ % Geothermal heating and cooling

_____ % Duct work fabrication

_____ % Gas fireplace/pellet stove installation

_____ % Wood burning stoves

_____ % Duct cleaning

_____ % Total = 100%

YES NO

13. **Boiler Installations, Cleaning or Repair**

_____ % Low pressure (steam ≤ 15 psi, hot water ≤ 160 psi or 250° F)

_____ % High pressure (steam > 15 psi, hot water > 160 psi or 250° F)

_____ % Other – Describe: _____

_____ % Total = 100%

13. **Refrigeration Systems Installation or Repair**

_____ % Commercial Installations

_____ Food Stores _____ Restaurants

_____ Other – Describe: _____

_____ % Manufacturing Plant Installations

_____ Processing plants _____ Chemical plants

_____ % Warehouse Installations

_____ % Installations involving ammonia

_____ % Liquified chiller installations

_____ % Total = 100%

**EMC PROPERTY BUILDING UPDATE QUESTIONNAIRE****(Complete for Buildings over 35 years old and for values (Building + BPP) over \$250,000)**Date:

Insured Name:					
Location Building Number:					
Location Address:					
Effective Date:	Expiration Date:	Policy/Account Number:			

YES NO

General:

- ☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

1. Original year built? _____

2. Current building occupancy (i.e., mfg., warehouse): _____

3. Has the building occupancy changed from its original use? (i.e., retail converted to mfg.) If yes, please describe: _____

For the following sections, updates mean changes, improvements, or replacements to meet current building code(s) for the present occupancy.**Roof:**

1. Type of roof surface (majority of roof): _____
2. Age of oldest roof surface: _____
3. Percentage of roof older than 15 years: _____ %

Electrical:

- ☐ YES ☐ NO

1. Year(s) of any electrical system updates: _____
Describe updates: _____

☐ YES ☐ NO

2. Have there been any problems or failures of the electrical system? If yes, please describe what was done to prevent future issues: _____
- ☐ YES ☐ NO

3. Check if any of the following exist:
☐ Knob and tube wiring
☐ Aluminum wiring
☐ Stab-Lok or Zinsco brand electrical components
☐ Fuse panels protecting building wiring (Please do not select if it is a Circuit Breaker)

4. Is the electrical system designed and adequate for the current occupancy? _____

Plumbing:

- ☐ YES ☐ NO

1. Year(s) of any plumbing updates: _____

☐ YES ☐ NO

2. Are plumbing fixtures and piping protected from freezing by a permanent heat source?

☐ YES ☐ NO

3. If the building is sprinklered, has the sprinkler system been inspected and maintained by a licensed contractor within the last year?

HVAC (Heating and Cooling Systems):

- ☐ YES ☐ NO

1. Year(s) of any HVAC updates (including furnace): _____

☐ YES ☐ NO

2. Are systems inspected by a licensed contractor and maintained/cleaned annually?

☐ YES ☐ NO

3. Are interior wood burning stoves present?

☐ YES ☐ NO

4. Are interior waste oil heaters present?

☐ YES ☐ NO

5. If waste oil heaters are present, are they inspected and cleaned annually?