

J. P. Anthony Agency, LLC  
 Washington Professional Campus II  
 901 Route 168/Suite 110  
 Turnersville, NJ 08012

**CONTRACTOR'S QUESTIONNAIRE**

- NAMED INSURED: \_\_\_\_\_
- INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORP \_\_\_\_\_  
 JOINT VENTURE \_\_\_\_\_ OTHER \_\_\_\_\_
- APPLICANT IS: **RESIDENTIAL:** \_\_\_\_\_ % **COMMERCIAL:** \_\_\_\_\_ %  
                   New Construction \_\_\_\_\_ %                   New Construction \_\_\_\_\_ %  
                   Remodeling \_\_\_\_\_ %                         Remodeling \_\_\_\_\_ %  
                   Other \_\_\_\_\_ %
- Tract housing: \_\_\_\_\_ %                   %new                   %remodel
- Condo \_\_\_\_\_ %                         %new                   %remodel
- Town home \_\_\_\_\_ %                    %new                   %remodel
- Custom home \_\_\_\_\_ %                %new                   %remodel
- NUMBER OF YEARS IN BUSINESS: \_\_\_\_\_ WEBSITE: \_\_\_\_\_
- LIST SUBSIDIARIES **NOT** COVERED: \_\_\_\_\_  
 \_\_\_\_\_
- AREA OF OPERATIONS: \_\_\_\_\_
- DESCRIBE ALL OPERATIONS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- TYPE OF CONSTRUCTION PERFORMED ( IF APPLICABLE)

Using percentage of payroll (under Direct) and percentage of contract costs (under Subbed), indicate the anticipated percentage of construction work you will perform over the next 12 months:

Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed
Airport Runways			Excavation			Roofing		
Blasting			HVAC			Seismic/Retrofitting		
Bridge Building			Grading			Sewer		
Carpentry			Insulation			Steel/Structural		
Concrete			Maintenance			Steel/Ornamental		
Demolition			Masonry			Street. Road		
Drilling			Mechanical			Supervisory Only		
Drywall			Painting			Traffic Signals		
Earthquake			Plastering			Water/Gas Mains		
Electrical			Plumbing			Other:		

- DOES THE INSURED HAVE ANY OPERATIONS OUTSIDE THE REALM OF "CONTRACTING" AND IF SO, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- DOES THE INSURED CURRENTLY OR IN THE PAST, BUILD ON HILLSIDES, SLOPES, LANDFILLS OF OR IN SUBSIDENCE AREAS? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ANY SOIL COMPACTION TESTS PERFORMED? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, DETAILS ON FIRM PROVIDING SERVICE: \_\_\_\_\_  
\_\_\_\_\_

- LIST BY PERCENTAGE ALL SUB-CONTRACTORS USED BY APPLICANT:

% _____	% _____	% _____	% _____
% _____	% _____	% _____	% _____
% _____	% _____	% _____	% _____

- ARE CERTIFICATES OF INSURANCE OBTAINED FROM ALL SUB-CONTRACTORS? YES \_\_\_\_\_ NO \_\_\_\_\_ AT WHAT MINIMUM LIMITS? \_\_\_\_\_

- DOES THE APPLICANT OBTAIN A WRITTEN CONTRACT FROM ALL SUBCONTRACTORS WHICH INCLUDES A **HOLD HARMLESS** CLAUSE *IN FAVOR OF THE APPLICANT*?

YES \_\_\_\_\_ NO \_\_\_\_\_

- IS THE APPLICANT NAMED AS AN ADDITIONAL INSURED ON ALL SUBCONTRACTOR'S POLICIES?

YES \_\_\_\_\_ NO \_\_\_\_\_

- ANY PAST OR PRESENT **ASBESTOS** REMOVAL WORK PERFORMED? YES \_\_\_ NO \_\_\_  
IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- DOES APPLICANT PERFORM ANY WORK AT **AIRPORTS**? YES \_\_\_ NO \_\_\_  
IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ANY WORK PERFORMED OVER **3 STORIES** IN HEIGHT FROM GRADE?

YES\_\_ NO\_\_ IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- DOES APPLICANT PERFORM ANY WORK **BELOW** GRADE? YES\_\_ NO\_\_  
IF YES, EXPLAIN TYPE OF WORK AND DETAILS OF WORK: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- DOES APPLICANT LEASE **CRANES OR MOBILE EQUIPMENT FROM OTHERS**?  
YES\_\_ NO\_\_ IF YES, FREQUENCY \_\_\_\_\_

OPERATORS PROVIDED YES\_\_ NO\_\_ TYPE OF EQT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- DOES APPLICANT LEASE **CRANES OR MOBILE EQUIPMENT TO OTHERS**?  
YES\_\_ NO\_\_ IF YES, FREQUENCY \_\_\_\_\_

OPERATORS PROVIDED YES\_\_ NO\_\_ TYPE OF EQT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- DOES APPLICANT USE HELICOPTERS TO INSTALL MACHINERY OR EQUIPMENT?  
YES\_\_ NO\_\_ IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- ANY EXPOSURE, PAST/PRESENT OR ANTICIPATED IN THE FUTURE WITH **EIFS WORK**?  
YES\_\_ NO\_\_ IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- WHAT ARE :

- TOTAL ANNUAL RECEIPTS \_\_\_\_\_
- TOTAL SUB CONTRACTED COST \_\_\_\_\_
- TOTAL DIRECT PAYROLL \_\_\_\_\_

- ANY EMPLOYEES WORKING UNDER:

- USL&H LONGSHOREMANS & HARBORWORKERS ACT? YES\_\_ NO\_\_
- JONES MARITIME ACT? YES\_\_ NO\_\_
- FEDERAL EMPLOYMENT LIABILITY ACT? YES\_\_ NO\_\_

IF YES, HOW MANY AND WHAT IS THE PAYROLL? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- PLEASE LIST THE LAST 5 JOBS COMPLETED AND THE CURRENT WORK IN PROGRESS, INCLUDING DOLLAR VALUE OF EACH JOB!!!! USE A SEPARATE SHEET FOR THIS AND BE SPECIFIC!!!!

**IF BOUND, WE REQUIRE THIS SECTION TO BE COMPLETED BY THE BROKER ON EACH ACCOUNT! THIS MUST BE DONE PRIOR TO OR AT BINDING!**

***RESIDENT OR NON-RESIDENT SURPLUS LINES LICENSEE INFORMATION FOR APPLICANT'S STATE OF DOMICILE:***

***Surplus license state*** \_\_\_\_\_

***Surplus license #*** \_\_\_\_\_

***Surplus license expiration date*** \_\_\_\_\_

***Surplus licensee name*** \_\_\_\_\_

***Affiliation with producer ( e.g., owner, executive officer, employee)*** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***Surplus lines agency name (if entity license)*** \_\_\_\_\_

\_\_\_\_\_