



Commonwealth Underwriters Ltd.

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Contractors Supplemental Questionnaire

Broker: _____
 Insured: _____

Insured Address: _____ City: _____ State: _____ Zip: _____
 Effective Date: _____

Section I Operational Summary

Please Provide a narrative of the Insureds operations (**Include all entities, and reference entities to be excluded, if any**):

Years in Business: _____ (If under 5 years, please provide resume(s) of Principal(s) and/or Partners)
 # of Employees: _____ Union or Non-Union: Yes No If Union, % of participation: _____

	Current Year	1 st Prior Year	2 nd Prior Year	3 rd Prior Year	4 th Prior Year
Receipts:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Payroll:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

List ALL States that Insured operates in: _____

List ALL States where the Insured maintains a premises: _____

Service Sector (s): Residential _____ % Commercial _____ % Industrial _____ %

Describe any/all Residential Operations:

High Rise work is limited to a maximum of _____ Stories.

High Rise/Scaffolding certifications:

Controls:

Describe the 5 largest contracts &/or jobs the Insured has had within the last 18 months:

Entity contacted with	Description of work	Receipts
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____

**Section II
Subcontractors**

% of work subcontracted out: _____
Describe the type of work that is subcontracted out:

Are Certificates of Insurance obtained from ALL subcontractors: Yes No
If no, please explain:

Subcontractors required insurance limits: \$ _____ Occurrence \$ _____ Aggregate

Provisions of Insureds Contract with Subcontractors

Is Insured held harmless by subcontractors Yes No
Does Insured hold subcontractors harmless Yes No
Is Insured named as an Additional Named Insured on subcontractors Primary and Excess policies: Yes No

**Section III
Activity Details**

Is excavation work performed? Yes No
If Yes, what percentage of the Insureds operations involves excavation? _____ %
Maximum Depth: _____ Feet
Average Depth: _____ Feet
What service does the Insured use to identify the location of underground utilities? _____
Does the Insured use the "Dig Safe" method? Yes No
What protocols are used by the Insured to avoid subsidence?

Does the Insured install, or contract to install, EIFS (exterior Installation Finishing Systems)? Yes No
Does the Insured Install, or contract to install, hardboard siding? Yes No
Does the Insured rent &/or Lease cranes to or from others? Yes No
If Yes, with or without operators With Without
Does the Insured rent &/or lease scaffolding to or from others? Yes No
If Yes, with or without operators With Without
Does the Insured perform mold inspection and or assessment operations? Yes No
Does the Insured perform mold abatement and or remediate? Yes No
Does the Insured perform mold remediation project supervision work for others? Yes No
Does the Insured perform any mold prevention contracting? Yes No
Does the Insured perform mold, fire, water, storm damage restoration contracting? Yes No
Does the Insured perform any water extraction contracting? Yes No
Does the Insured established any precautions to prevent mold development/exposure, and or claims/losses from mold? Yes No

Insured Activities (Check ALL that apply and Provide Detail)

- Structural Steel or Concrete Work: Yes No
Details: _____
- Pile Driving: Yes No
Details: _____
- Blasting Work: Yes No
Details: _____
- Demolition Work: Yes No
Details: _____
- Other Concrete Work: Yes No
Details: _____
- Storage Tank Work: Yes No
Details: _____
- Road or Street Work: Yes No
Details: _____
- Bridge or Tunnel Work: Yes No
Details: _____
- Electrical/Fiber-optic Work: Yes No
Details: _____
- Traffic Signal Work: Yes No
Details: _____
- Telephone Pole Work: Yes No
Details: _____
- Airport/Runway Work: Yes No
Details: _____
- Dam or Dike Work: Yes No
Details: _____
- Work on Ships or Tankers: Yes No
Details: _____
- Water Well, Seismic or other Drilling: Yes No
Details: _____
- Tunnel/Boring Work: Yes No
Details: _____
- Gas Main Work: Yes No
Details: _____
- Pipeline Work: Yes No
Details: _____
- Boiler Work: Yes No
If Yes, High Pressure (greater than 15 psi): Yes No
Details: _____
- HVAC Work: Yes No
Details: _____
- Burglar &/or Fire Alarm Installation: Yes No
Details: _____
- Sprinkler System Installation: Yes No
Details: _____

**Section IV
Safety & Loss Control Provisions**

- Is a formal safety Director employed? Yes No
If Yes, please provide : Name: _____
Telephone: _____
- Is there a formal safety program? Yes No
If No, explain : _____
- Is there an employee training program? Yes No
If No, explain : _____
- Are employee MVR's checked prior to hiring and monitored on a regular basis? Yes No
If No, explain : _____
- Are pre-employment drug screens performed? Yes No
If No, explain : _____
- Is there a formal vehicle maintenance program? Yes No

If No, explain : _____
Does the Insured follow OSHA standards for promoting a safe workplace? Yes No

If No, explain : _____
Does the Insured have a Certified Drug-Free workplace? Yes No

If No, explain : _____
Does the Insured conduct accident investigations? Yes No

If No, explain : _____
Is the public kept at a safe distance from all of the Insureds work areas? Yes No

If No, explain : _____
Is all equipment maintained in good condition? Yes No

If No, explain : _____
Is the premises in good condition and well maintained? Yes No

If No, explain : _____
Is the Insured currently involved in any open litigation? Yes No

If Yes, explain : _____
Is the Insured currently aware of any situation that may result in future litigation? Yes No

If Yes, explain : _____
Has the Insured ever been cited for safety violation? Yes No

If Yes, explain : _____
Has the Insured ever been involved in any construction defect lawsuits? Yes No

If Yes, explain : _____

Name: _____

Title: _____

Signature: _____

Date: _____