





**Contractors Supplemental Questionnaire**  
*(To be submitted with a ACORD General Liability Application)*

Applicant:	
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16. How long are certificates retained after the completion of work:		Years /	Months
17. Do you use a standard service contract or agreement that sets out your responsibilities?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
a. Please attach a copy of your contract, agreement and/or warranty:		<input type="checkbox"/> Attached	
18. Do you ever assume responsibility for any injury or property damage the may occur regardless of who may have caused the injury or damage?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Are all jobs inspected by a foreman or supervisor upon completion?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Is there a written record of the inspection made and retained with the job file:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
21. Operations performed by subcontractor for you:			
Operation		Percentage	
22. Indicate type of construction work performed by you or <b>your</b> employees:			
Maintenance	Alarm System Installation	Excavating	
Alarm Monitoring	Janitorial	Underground Cable Work	
Painting	Masonry	Wrecking / Demolition	
Exterior Spray Painting	Carpentry	Septic Tanks	
Lead Paint Removal	Floor Sanding, Stripping or Buffing	Snowplowing	
Plastering	Roofing	Sewer Mains	
Plumbing	Electrical	Gas Mains	
Mechanical	Insulation	Water Mains	
LPG Work	High Voltage Wiring	Pesticide / Herbicide Application	
Process Piping	Tree Trimming / Removal	Supervisory only	
Boiler work	Retaining Wall Construction or Repair	Concrete	
Blasting or Mining	Airport or Tower Work	Oilfield	
Asbestos or Mold Removal	<u>Other:</u>	<u>Other:</u>	
<b>TOTAL</b>			
23. Indicate % of work performed in:			
New construction	Repair / Remodeling	Demolition	
Commercial	Industrial	Institutional	
Residential	Condos	Single family dwellings	
Outside building	Inside building	Construction manager for fee	
Contract basis	With penalty clause	Time & material	
24. Are you currently or have you ever been involved as a General Contractor in the building of:			
a. Residential Homes?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Condominiums?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Townhouses?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Apartment Buildings?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. If yes, maximum number built during any 12-month period during the last five years:			
25. Any work performed above two stories in height from grade?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. Maximum number of stories:		Stories	



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<b>26.</b> Any work performed below grade?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>a.</b> Maximum depth:		ft
<b>b.</b> Percentage of total work:		
<b>27.</b> Is scaffolding owned, rented or erected?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>a.</b> Are other contractors at job site allowed to use it?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>28.</b> Do you have a formal safety program in operation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>a.</b> If yes, please provide a copy:		<input type="checkbox"/> Attached
<b>29.</b> Do you own any vacant land or real estate development property?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>a.</b> If yes, provide:	Location:	Acres
<b>30.</b> Is any heavy equipment, including cranes owned or operated?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>a.</b> Type of equipment:		
<b>31.</b> Any mobile equipment leased from others?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>a.</b> Type of equipment leased:		
<b>b.</b> Operators provided?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c.</b> Lease basis:		
<b>32.</b> Are any of your employees subject to:		
<b>a.</b> U.S. Longshoremen's and Harborworkers' Act?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) If yes, what percent of payroll:		
<b>b.</b> Jones Maritime Act?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) If yes, what percent of payroll:		
<b>33.</b> Do you have Workers' Compensation coverage in force?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>34.</b> Do you do any work in the States of Nevada, California or South Carolina?		<input type="checkbox"/> Yes <input type="checkbox"/> No

PRODUCER'S SIGNATURE	DATE:
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APPLICANT'S SIGNATURE	DATE:
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**APPLICABLE IN THE STATE OF NEW YORK:**  
 Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING:**  
 Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.