



ESSEX INSURANCE COMPANY

GENERAL CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

(Complete in addition to the Acord application)

Applicant's Name: _____

1. Length of time in business: _____ years. Years of experience: _____

2. Type of License and Number: _____ Year License issued: _____

3. How many years has this specific business entity operated under current name? _____

4. States in which you operate: _____

5. Total number of employees? _____

6. Do you have any operation(s) other than contracting? Yes No
If yes, please explain _____

7. Have you operated or been licensed under any other name(s) during the past 10 years? Yes No
If yes, provide prior name and describe type of operations: _____

8. Indicate percentage of operations involving the following (each category must equal 100%):

General Contractor Owner/Builder	Artisan or Subcontractor	Construction Manager	Developer
%	%	%	%

Residential/Habitational*	Commercial	Industrial	Public Works/Government
%	%	%	%

(*single-family dwellings: _____%; condominiums, townhouses, multi-unit or tract homes: _____%)

9. Indicate percentage of operations involving the following (total must equal 100%):

New Construction	Remodeling	Repair/Maintenance	Demolition
%	%	%	%

10. During the past 5 years, have you or your subcontractors performed any work over three stories? Yes No

If yes, describe: _____

Any cranes owned or rented? Yes No If yes, describe: _____

11. Please provide the following information:

Year	Total Payroll	Total Costs of Work Subcontracted to Others	Type Work Subcontracted to Others	Total Receipts
Current Est.				
1 st Prior				

2 nd Prior				
3 rd Prior				
4 th Prior				

12. Describe your four largest projects in the past five years:

Year Completed	Value	Description

13. Dollar value of your average job completed: \$ _____

14. How many new homes will you build in the next 12 months? _____
 What is the maximum number of new homes built in any one year? _____

15. Are certificate of insurance obtained from all subcontractors with equal limits and naming you as additional insured? Yes No
 Are written contracts used with all subcontractors containing a hold harmless clause in your favor? Yes No

16. For each of the following activities please check:
 Yes, if you have or will perform, supervise or subcontract that activity
 No, if you have never performed, supervised or subcontracted that activity and have no plans to do so.

1. Demolition	Yes <input type="checkbox"/> No <input type="checkbox"/>	10. Asbestos or Lead Abatement	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Gas Mains	Yes <input type="checkbox"/> No <input type="checkbox"/>	11. Mold Remediation	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Blasting	Yes <input type="checkbox"/> No <input type="checkbox"/>	12. Fire Restoration	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Plumbing	Yes <input type="checkbox"/> No <input type="checkbox"/>	13. Swimming Pool Construction	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Seismic Retrofitting	Yes <input type="checkbox"/> No <input type="checkbox"/>	14. Concrete/Foundation Work	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Water Restoration	Yes <input type="checkbox"/> No <input type="checkbox"/>	15. Roofing – installation or repair	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. E.I.F.S.	Yes <input type="checkbox"/> No <input type="checkbox"/>	16. Piling	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Excavating	Yes <input type="checkbox"/> No <input type="checkbox"/>	17. Underpinning	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Fire Proofing	Yes <input type="checkbox"/> No <input type="checkbox"/>	18. Removal/Installation of Underground Tanks	Yes <input type="checkbox"/> No <input type="checkbox"/>

Explain any “yes” answers below and state whether performed by Insured or subcontractor:

17. Have you or will you perform work related to the following: work on hillside, hilltops, and landfill? Yes No
 If yes, describe:

18. Any work performed below grade? Yes No
 Maximum depth: _____ ft. Percentage of Work: _____ %

19. Do you have knowledge of any pre-existing act, omission, event, condition or damages that may potentially give rise to any future claim or legal action against any entity named in the application? Yes No

If yes, describe:

Signature of Applicant* _____ Date

Name and Title*

*Must be owner, executive officer, or partner