

# INSURANCE SOLUTIONS GENERAL CONTRACTORS QUOTE SHEET

Agency Name \_\_\_\_\_

Named Insured: \_\_\_\_\_ Fed. Tax Id \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Phone#: \_\_\_\_\_ Contact Name \_\_\_\_\_

Description of Clients operations \_\_\_\_\_

Type Business: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corp \_\_\_\_\_ LLC \_\_\_\_\_

Prior Carrier: \_\_\_\_\_ Premium \_\_\_\_\_ Years in business \_\_\_\_\_

If new in business (or no current coverage), Number of years' experience in industry \_\_\_\_\_

Are you a current member of the Homes Builders Association, If so which one? \_\_\_\_\_

Current Expiration Date: \_\_\_\_\_ if new in business or no current coverage (we are going to have to have a resume showing the clients prior contracting/work experience)

Prior Losses (3years): (If prior coverage we will need currently valued loss runs) \_\_\_\_\_

Location Address: \_\_\_\_\_

Liab. Limit \$500,000 \_\_\_\_\_ \$1,000,000 \_\_\_\_\_

# Full Time Employees \_\_\_\_\_ # Part time Employees \_\_\_\_\_

Payroll: (excluding the owners) \_\_\_\_\_

Are there any additional insured endorsements needed? \_\_\_\_\_ if yes we need their name and Address

Are there any waivers of Subrogation needed? \_\_\_\_\_ If yes we need their name and Address

Does primary and non-contributory need to be included? \_\_\_\_\_

**Does the client use any uninsured subs, casual or day labors (If they do they are ineligible for coverage).**

Estimated or annual receipts: \_\_\_\_\_

Annual cost paid to insured subs: \_\_\_\_\_

We will need the contractor's survey completed (see below, there are two of them. One for each company we have that writes general contractors.

## **The following are requirements that must be in place between our client and any insured subs they use.**

Written subcontractor agreement. If we issue the policy we will need a copy of this agreement to give to insurance company. This agreement must contain in writing the following: Our client must be named on each sub-contractor insurance policy as additional insured for ongoing operations (form CG2010 or equivalent) and for products and completed operations (form CG2037 or equivalent). A Waiver of subrogation on the sub-contractors general liability policy in favor of the client (CG 2404 or equivalent). The sub-contractors general liability policy must be primary and noncontributory (form CG 2001 or equivalent). The sub-contractors Workers compensation policy must contain a waiver of subrogation in favor of our client (form WC000313 or Equivalent).

The sub-contractor must give our client a certificate of Insurance showing these coverages.

**Without this written agreement in place the client will not be eligible for coverage.**



HARFORD MUTUAL

Phone (410) 838-4000 Fax (410) 838-8675

<b>CONTRACTOR SURVEY - CPP/BOP</b>		<b>POLICY #</b>
<b>Named Insured:</b>		
Type of Contractor:		
Description of Work Performed:		
Website Address:		
Years in Business:	Phone No.	

Prior Experience if less than 3 yrs:

Contractors License #: License Holder  Owner  Officer  Employee  Other:

What states do you work in?  DE  DC  MD  NC  NJ  PA  TN  VA  Other:

Work Performed: % Residential % Multi Residential % Commercial % Industrial % Other:

If multi residential work performed, check all that apply:  Apartments  Condominiums  Townhomes  Tract Homes

Type of Work: % New % Repair % Remodeling If residential, number of homes per year:

Estimated gross receipts this year: Actual receipts last year:

Estimated contracting payroll this year: Actual contracting payroll last year:

Number of Employees: Full Time  Part-Time  Casual Labor  Maximum at any one jobsite

SUBCONTRACTORS: Minimum GL Limits occurrence aggregate

Estimated cost of subcontractors this year Actual cost of subcontractors last year

List types of subcontractors used:

Are certificates of insurance provided for all subcontractors used? yes no

Are hired subcontractors required to carry workers compensation coverage? yes no

Are you aware of any claim, action or litigation concerning construction defects regarding either your work or that of a partner, member, corporate officer or hired subcontractor? yes no

Does an employee of your company have direct oversight of each jobsite in progress? yes no

INSURANCE:

Are all of your operations currently insured? yes no

If yes, Name of Insurance Carrier:

Do you have a current Environmental Impairment Liability Policy? yes no

If yes, Name of Insurance Carrier:

List all losses within the last 3 years whether insured or not:

EQUIPMENT:

Is your contractors equipment loaned or rented to others? yes no

Are employees loaned to others with contractors equipment? yes no

Do you lease, rent or borrow any equipment from others? yes no

Do you lease, rent or borrow equipment from others with operators? yes no

Is all equipment stored in a locked building or a fenced area? yes no

\* INDICATE IF ANY OF THESE EXPOSURES EXIST IN PAST, PRESENT AND/OR ANTICIPATED IN FUTURE OPERATIONS:

Airport construction maintenance or repair work? yes no Liquefied Petroleum Gas (LPG) work? yes no

Asbestos testing, monitoring or removal? yes no Mold testing or remediation? yes no

Boiler installation, servicing, maintenance or repair? yes no Oil or gas refinery work? yes no

Cranes used or rented in your business? yes no Overhead power lines or pole hookups? yes no

Demolition, blasting or wrecking work? yes no Pesticide, herbicide application, spraying? yes no

Electrical control panel work? yes no Retaining walls or shoring operations? yes no

Electrical high voltage or high amperage work above 480 volts? yes no Road, bridge, dam or tunnel work? yes no

Emergency back up equipment installation, service, maintenance or repair? yes no Snow plowing or street cleaning? yes no

Exterior insulation finishing systems work (EIFS)? yes no Sprinkler system installation, service, maintenance or repair? yes no

Excavation, grading or backfilling work? yes no Swimming pool installation or service? yes no

Exterior spray painting or tower/bridge painting? yes no Traffic or railroad signal work? yes no

Fire or burglar alarm work? yes no Underground digging or trenching work? yes no

Fireproofing? yes no Underground tank work, removal, or repair? yes no

Gutting of interior load bearing walls? yes no Underground water lines or mains? yes no

Hazardous material abatement or transporting? yes no Work performed over two stories? yes no

Heated roofing applications? yes no Work at chemical, nuclear, power plants, hospitals or landfills? yes no

Indoor air quality control or testing? yes no Work in explosive environments? yes no

Lead Paint testing or abatement? yes no (paint, chemicals, fumes, solvents etc) yes no

\* EXPLAIN ALL "YES" ANSWERS:

**HARFORD MUTUAL**

**CONTRACTOR SURVEY (Continued)**

**DESCRIBE THE LAST 5 JOBS PERFORMED BY YOU OR YOUR EMPLOYEES. INCLUDE JOB NAME, STATE, WORK DESCRIPTION & DURATION.**

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<b>CONTRACTOR SURVEY - AUTO</b>		<b>POLICY #</b>	
<b>Named Insured:</b>			
Number of Vehicles: [ ] Owned [ ] Leased			
Radius of Operation [ ] 1-50 miles [ ] 51-200 miles [ ] over 200 miles			
Are all vehicles titled in the business name shown on the policy?			yes   no
If there are names listed on the titles that are not shown as a named insured on the policy, please list them here:			
Are there any vehicles titled in your individual name that are insured on another policy?			yes   no
If yes, provide details.			
Do your employees take vehicles home at night?			yes   no
Are employees allowed to use company vehicles for personal use?			yes   no
Are family members allowed to drive vehicles being insured on this policy?			yes   no
(If yes, include information on drivers list to order MVR's for those individuals)			
Are Motor Vehicle Reports (MVR's) obtained for all drivers?			yes   no
Are vehicles used for snow removal?	yes	no	If yes, explain
Are vehicles used for towing?	yes	no	If yes, explain
Any vehicles equipped with buckets or lifts?	yes	no	If yes, explain
Any vehicles equipped with booms or cranes?	yes	no	If yes, explain
Are hazardous materials transported in autos?	yes	no	If yes, explain
Is there a vehicle maintenance program?	yes	no	
Signature of Contractor _____ Date: _____			

<b>CONTRACTOR SURVEY - WORKERS COMPENSATION</b>		<b>POLICY #</b>	
<b>Named Insured:</b>			
<b>EMPLOYEES AND SUBCONTRACTORS</b>			
Total number of employees:		Maximum number of employees at any one jobsite:	
Total number of family members that work in your business:			
Do all of your subcontractors and employees paid on 1099's have Workers Compensation coverage?			yes   no
Are certificates of insurance required and kept on file to verify that they have Workers Compensation coverage?			yes   no
<b>LOSS PREVENTION &amp; CONTROL</b>			
Do you have a safety program in place?			yes   no
Are safety meetings held regularly with your employees?			yes   no
Do all of your employees know how to read and speak in English?			yes   no
If not, are all safety procedures conveyed to those employees in their native language?			yes   no
Are hard hats provided and worn on all job sites?			yes   no
Are safety goggles/glasses provided and worn?			yes   no
Is fall protection provided and enforced?			yes   no
Is scaffolding used in your business?			yes   no
What is the maximum height of your work involving scaffolding?			Feet
Are forklifts used by your employees?			yes   no
Are the employees trained to properly use the forklifts?			yes   no



# Contractor Supplement

Artisan  Homebuilder  % Residential \_\_\_\_\_ % Commercial \_\_\_\_\_

\*\*\*\*\* IMPORTANT! FORM MUST BE COMPLETED IN FULL! \*\*\*\*\*

Applicant \_\_\_\_\_ Policy/Quote # \_\_\_\_\_ Eff Date \_\_\_\_\_

Type of Business \_\_\_\_\_ Applicant's Cell/Mobile # \_\_\_\_\_

Contractor License #'s \_\_\_\_\_ Website Address \_\_\_\_\_

Has the owner or manager ever been insured or quoted on a BMIC policy? Yes  No  If so, policy number(s) \_\_\_\_\_

Does the applicant offer a homeowner home warranty program? Yes  No  If so, which program? \_\_\_\_\_

Years in Business \_\_\_\_\_ Years Experience \_\_\_\_\_ # of Employees \_\_\_\_\_

Previous FEINs, DBAs, and AKAs \_\_\_\_\_

Are loss runs attached? Yes  No  \*\*\* Note \*\*\* Please attach a copy.

Payroll Past Year: Employees \_\_\_\_\_ Payroll Past Year: Uninsured Subs \_\_\_\_\_

What type of uninsured subs does the applicant use? \_\_\_\_\_

Are written subcontractor agreements used? Yes  No  Details \_\_\_\_\_ (Attach agreement if available.)

Gross Receipts Past Year \$ \_\_\_\_\_ Total Cost of Subcontracted Work Past Year for Insured Subs \$ \_\_\_\_\_

Do all subcontractors have liability insurance in force with limits equal to or greater than the applicant's? Yes  No  Details \_\_\_\_\_

Are insured subcontractors allowed to work without providing the applicant with a certificate of insurance? Yes  No  Details \_\_\_\_\_

Does applicant work in any of the following categories: boiler, asbestos, lead paint, demolition, wrecking, blasting, crane? Yes  No  Details \_\_\_\_\_

Any roofing done by the applicant? Yes  No  % & Details \_\_\_\_\_

Any roofing done by any uninsured subs? Yes  No  % & Details \_\_\_\_\_

Is BMIC's required fall protection used? Yes  No  Has this been verified? Yes  No

Are harnesses utilized? Yes  No  Does the applicant have a written Fall Protection plan in place? Yes  No

Any remodeling work? Yes  No  % & Details \_\_\_\_\_

Any application of liquid vinyl siding or similar product? Yes  No  Details \_\_\_\_\_

Any removal of load-bearing walls? Yes  No  Details \_\_\_\_\_

Any pollution liability exposures? Yes  No  Details \_\_\_\_\_

Is risk within the agent's binding authority? Yes  No  If not, BMIC approval for binding was given by: \_\_\_\_\_

Is money attached? Yes  No  Amount \$ \_\_\_\_\_

Is the applicant an HBA member? Yes  No  Chapter Name \_\_\_\_\_ Membership # \_\_\_\_\_

Number of homes built annually \_\_\_\_\_ Dollar range of cost of homes \$ \_\_\_\_\_

Additional Comments [ ]

Applicant Signature \_\_\_\_\_ Agent Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_