

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 _____

Employee Payroll: (excluding the owners) _____ Owners Payrolls: _____

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

CONTRACTOR SURVEY - CPP/BOP		POLICY #
Named Insured:		
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	Liquified Petroleum Gas (LPG) work?	yes	no
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Asbestos testing, monitoring or removal?	yes	no	Mold testing or remediation?	yes	no
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Boiler installation, servicing, maintenance or repair?	yes	no	Oil or gas refinery work?	yes	no
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Cranes used or rented in your business?	yes	no	Overhead power lines or pole hookups?	yes	no
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Demolition, blasting or wrecking work?	yes	no	Pesticide, herbicide application, spraying?	yes	no
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Electrical control panel work?	yes	no	Retaining walls or shoring operations?	yes	no
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Electrical high voltage or high amperage work above 480 volts?	yes	no	Road, bridge, dam or tunnel work?	yes	no
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Emergency back up equipment installation, service, maintenance or repair?	yes	no	Snow plowing or street cleaning?	yes	no
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Exterior insulation finishing systems work (EIFS)?	yes	no	Sprinkler system installation, service, maintenance or repair?	yes	no
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Excavation, grading or backfilling work?	yes	no	Swimming pool installation or service?	yes	no
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Exterior spray painting or tower/bridge painting?	yes	no	Traffic or railroad signal work?	yes	no
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Fire or burglar alarm work?	yes	no	Underground digging or trenching work?	yes	no
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Fireproofing?	yes	no	Underground tank work, removal, or repair?	yes	no
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Gutting of interior load bearing walls?	yes	no	Underground water lines or mains?	yes	no
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Hazardous material abatement or transporting?	yes	no	Work performed over two stories?	yes	no
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Heated roofing applications?	yes	no	Work at chemical, nuclear, power plants, hospitals or landfills?	yes	no
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Indoor air quality control or testing?	yes	no	Work in explosive environments?	yes	no
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Lead Paint testing or abatement?	yes	no	(paint, chemicals, fumes, solvents etc)	yes	no
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*** 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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CONTRACTOR SURVEY - AUTO		POLICY #	
Named Insured:			
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: _____			

CONTRACTOR SURVEY - WORKERS COMPENSATION		POLICY #	
Named Insured:			
EMPLOYEES AND SUBCONTRACTORS			
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
LOSS PREVENTION & CONTROL			
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	
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Applicant Signature _____ Agent Signature _____

Date _____ Date _____