

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: Sole Prop [] Partnership [] LLC [] Corporation []

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__ [] 300,000 [] 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
FEDERAL FINANCIAL GROUP

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: _____
 Yes No Do all of your subcontractors provide you with certificates of insurance?
 Yes No Do you require subcontractors to name you as additional insured on their liability policy?
 Yes No Do your written subcontractor contracts contain hold harmless agreements?
 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?

INSURANCE

Yes No Are all of your operations currently insured? Carrier: _____
 Yes No Do you have a current Environmental Impairment Liability Policy? Carrier: _____
 Yes No List all losses within the last 3 years whether insured or not: _____

EQUIPMENT

Yes No Is your contractors equipment loaned or rented to others? Yes No Do you lease, rent or borrow equipment from others with operators?
 Yes No Are employees loaned to others with contractors equipment?
 Yes No Do you lease, rent or borrow any equipment from others? Yes No Is all equipment stored in a locked building or a fenced area?

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

- | | |
|--|--|
| <input type="radio"/> Yes <input type="radio"/> No Airport construction maintenance or repair work? | <input type="radio"/> Yes <input type="radio"/> No Lead paint abatement? |
| <input type="radio"/> Yes <input type="radio"/> No Asbestos testing, monitoring or removal? | <input type="radio"/> Yes <input type="radio"/> No Liquefied Petroleum Gas (LPG) work? |
| <input type="radio"/> Yes <input type="radio"/> No Boiler installation, servicing, maintenance or repair? | <input type="radio"/> Yes <input type="radio"/> No Mold testing or remediation? |
| <input type="radio"/> Yes <input type="radio"/> No Cranes used or rented in your business? | <input type="radio"/> Yes <input type="radio"/> No Oil or gas refinery work? |
| <input type="radio"/> Yes <input type="radio"/> No Demolition, blasting, wrecking or structure lifting/raising work? | <input type="radio"/> Yes <input type="radio"/> No Overhead power lines or pole hookups? |
| <input type="radio"/> Yes <input type="radio"/> No Electrical control panel work? | <input type="radio"/> Yes <input type="radio"/> No Pesticide, herbicide application, spraying? |
| <input type="radio"/> Yes <input type="radio"/> No High voltage/ampereage work above 480 volts? | <input type="radio"/> Yes <input type="radio"/> No Retaining walls or shoring operations? |
| <input type="radio"/> Yes <input type="radio"/> No Emergency backup equip. install/service/repair? | <input type="radio"/> Yes <input type="radio"/> No Road, bridge, dam or tunnel work? |
| <input type="radio"/> Yes <input type="radio"/> No Exterior insulation finishing systems work (EIFS)? | <input type="radio"/> Yes <input type="radio"/> No Snow plowing or street cleaning? |
| <input type="radio"/> Yes <input type="radio"/> No Excavation, grading or backfilling work? | <input type="radio"/> Yes <input type="radio"/> No Swimming pool installation or service? |
| <input type="radio"/> Yes <input type="radio"/> No Exterior spray painting or tower/bridge painting? | <input type="radio"/> Yes <input type="radio"/> No Traffic or railroad signal work? |
| <input type="radio"/> Yes <input type="radio"/> No Fire or burglar alarm work? | <input type="radio"/> Yes <input type="radio"/> No Underground digging or trenching work? |
| <input type="radio"/> Yes <input type="radio"/> No Fireproofing? | <input type="radio"/> Yes <input type="radio"/> No Underground tank work, removal, or repair? |
| <input type="radio"/> Yes <input type="radio"/> No Fire sprinkler installation/service/repair? | <input type="radio"/> Yes <input type="radio"/> No Underground water lines or mains? |
| <input type="radio"/> Yes <input type="radio"/> No Gutting of interior load bearing walls? | <input type="radio"/> Yes <input type="radio"/> No Work performed over two stories? |
| <input type="radio"/> Yes <input type="radio"/> No Hazardous material abatement or transporting? | <input type="radio"/> Yes <input type="radio"/> No Work at chemical, nuclear, power plants, hospitals or landfills? |
| <input type="radio"/> Yes <input type="radio"/> No Heated roofing applications? | <input type="radio"/> Yes <input type="radio"/> No Work in explosive environments? (paint, chemicals, fumes, solvents, etc.) |
| <input type="radio"/> Yes <input type="radio"/> No Indoor air quality control or testing? | |

*** EXPLAIN ALL "YES" ANSWERS:**

CONTRACTOR SURVEY (CONTINUED)

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

1. _____

2. _____

3. _____

4. _____

5. _____

CONTRACTOR SURVEY - AUTO

POLICY # _____

Named Insured: _____

Number of Vehicles: _____ Owned _____ Leased

Radius of Operation 1-50 miles 51-200 miles over 200 miles Yes No Are all vehicles titled in the business name shown on the policy?

If there are names listed on the titles that are not shown as a named insured on the policy, please list them here:

 Yes No Are there any vehicles titled in your individual name that are insured on another policy? If yes, provide details. Yes No 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? If yes, include information on drivers list to order MVR's for those individuals Yes No Are Motor Vehicle Reports (MVR's) obtained for all drivers? Yes No Are vehicles used for snow removal? If yes, explain _____ Yes No Are vehicles used for towing? If yes, explain _____ Yes No Any vehicles equipped with buckets or lifts? If yes, explain _____ Yes No Any vehicles equipped with booms or cranes? If yes, explain _____ Yes No Are hazardous materials transported in autos? If yes, explain _____ Yes No Is there a vehicle maintenance program?

Signature of Contractor: _____ Date: _____

CONTRACTOR SURVEY - WORKERS' COMPENSATION

POLICY # _____

Named Insured: _____

Employees and Subcontractors

Maximum number of employees at any one jobsite at one time: _____

Total number of family members that work in your business: _____

 Yes No 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 subcontractors have Workers Compensation coverage?

Loss Prevention & Control

 Yes No 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?

_____ Feet What is the maximum height of your work involving scaffolding?

 Yes No Are forklifts used by your employees? Yes No Are the employees trained to properly use the forklifts?

BMIC Contractor Supplement

Trade Contractor General Contractor Other
% Residential _____ % Industrial _____ % Commercial _____

IMPORTANT—TO ENSURE TIMELY PROCESSING OF YOUR SUBMISSION, FORM MUST BE COMPLETED IN FULL.

ACCOUNT INFORMATION

Applicant _____ Policy/quote # _____ Effective date ____/____/____
Type of business _____ Applicant's mobile # _____
Contractor license #'s _____ Website address _____
States of operation _____ # of employees _____
Years experience _____ Gross receipts past year \$ _____
Years in business (for this entity) _____ Estimated current receipts \$ _____

OPERATIONS

Does applicant have a formal safety program? YES NO
Does applicant have a dedicated safety director? YES NO

If yes, name: _____

In the past 5 years, has the applicant worked on condominiums, town homes or tract homes? YES NO

In the next year, does the applicant intend to work on any condominiums, town homes or tract homes? YES NO

If yes, specify year(s), number(s), location(s) and job description(s):

TYPE OF WORK PERFORMED:

Fire/water restoration _____ %
Room additions _____ %
Repair/service work _____ %
Structural work _____ %
Remodeling work _____ %
Other (explain below) _____ %
Maximum # of stories _____
Maximum depth below grade _____

Please check all exposures that apply:

- USL&H
- CCIP/OCIP (wrap ups)
- Use scaffolding Who installs _____
- Use stilts
- Use ladders
- Roofing work
- Use fall protection
- Use harnesses
- Use cranes
- LPG work
- Work in confined spaces
- Boiler work
- Any public works
- Blasting work
- Trenching Max depth _____
- Use trench boxes, sloping
- Work on buildings over 3 stories (excluding interior work) Max height _____
- Working on walls over 6' tall Max height _____
- Structural work performed
- Removal of load bearing walls
- If yes to previous question, does a licensed engineer approve the plans
- Work performed in removal of asbestos, lead and/or mold
- Work performed on roads/bridges/highways/overpasses/traffic signals
- Tree removal, topping or relocation

Clarifying comments:

BMIC Contractor Supplement

OPERATIONS—continued

List the past 3 and current 3 jobs, including the cost.

LOCATION	TYPE OF JOB	JOB RECEIPTS
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

SUBCONTRACTED WORK

Total cost of subcontracted work in the past year for insured subcontractors \$ _____

What type of uninsured subs does the applicant use? _____

What work are the subcontractors hired to do? _____

Please check all that apply:

- Certificates of Insurance are obtained prior to subcontractors starting work
- Applicant is named as an Additional Insured on the subcontractor's policy
- Applicant uses written subcontractor agreements
- Applicant requires subcontractors to carry Workers' Comp and General Liability
- Subcontractors have liability insurance in force with limits equal to or greater than the applicant's
- Subcontractors are allowed to work without providing the applicant with a Certificate of Insurance

HIRING PRACTICES

Please check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Written application required | <input type="checkbox"/> Background check performed | <input type="checkbox"/> Driving records checked |
| <input type="checkbox"/> Pre/post hire drug testing | <input type="checkbox"/> References checked | <input type="checkbox"/> Day/temporary labor used |

Please describe new hire training process:

For new hire safety basics, visit buildersmutual.com/worksafe. Additional risk management resources can be found at buildersmutual.com/RM.

ADDITIONAL COMMENTS

Applicant signature _____ Date _____