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CONTRACTOR'S SUPPLEMENTAL QUESTIONNAIRE

1. Applicant Name _____
2. Address _____
- Current Carrier: _____ Current Premium: _____
3. Years in business: _____ Website: _____

4. Has the applicant operated under any other name in the past 5 years? Yes No

5. States in which the applicant operates:

6. Has the applicant operated in any other states during the past 5 years? Yes No

7. Gross Receipts for next 12 months \$ _____

Gross Receipts for past 12 months \$ _____

Gross Receipts for second prior year \$ _____

8. List and describe the applicant's five largest projects during the last 5 years:

<u>Project Name</u>	<u>Description</u>	<u>Construction Values</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Indicate the percentage of construction work performed by you. **MUST TOTAL 100%**

RESIDENTIAL:	_____ %	COMMERCIAL:	_____ %
New Construction:	_____ %	New Construction:	_____ %
Remodeling/Repair:	_____ %	Remodeling/Repair:	_____ %
Other:	_____ %	Other:	_____ %

10. Projected Payrolls by classes for upcoming year:

<u>Class</u>	<u>\$</u>	<u>Class</u>	<u>\$</u>	<u>Class</u>	<u>\$</u>
Blasting	_____	Heating/AC	_____	Roofing	_____
Bridges	_____	Insulation	_____	Sewer	_____
Carpentry	_____	Landscape	_____	Steel Structural	_____
Concrete	_____	Masonry	_____	Steel Ornamental	_____

Electrician	_____	Mechanical	_____	Street & Road	_____
Excavation	_____	Millwright	_____	Stucco	_____
EIFS	_____	Painting	_____	Supervision	_____
Demolition	_____	Permanent Yard	_____	Water/Gas Main	_____
Drilling	_____	Plastering	_____	Welding	_____
Grading	_____	Plumbing	_____	Other	_____

11. Total Projected Subcontractor Costs _____
Major Classes Subcontracted to others: _____

12. Does the applicant require all Subcontractors to sign a standard written agreement? Yes No
Does that agreement require the Subcontractor to:
Carry Commercial General Liability Insurance? Yes No
At limits less than those being applied for hereon? Yes No
Add the applicant as an Additional Insured? Yes No
On a Primary and Non-Contributory basis? Yes No
Waive its right of subrogation against the applicant? Yes No
Does the applicant receive Certificates of Insurance from all Subs Yes No
Has the applicant always done so? Yes No
How long does the applicant keep copies of certificates on file? _____

13. Has the applicant built on hillsides, slopes, landfills or subsidence areas? Yes No
Will the applicant work on such projects in the current year? Yes No
If yes, please provide details including maximum degree of slope: _____

14. Has the applicant constructed any buildings or structures in excess of two stories during the past five years? Yes No
What is the maximum height, in feet, at which the applicant will work? _____

15. Does the applicant use cranes or booms? Yes No
Does applicant own this equipment? Yes No
Is equipment rented or leased without operator? Yes No
Is equipment rented or leased with operator? Yes No
Does the applicant lease or otherwise provide equipment to others? Yes No
If owned, is there an equipment maintenance program? Yes No
Are Load Charts posted in the cab? Yes No
Do Load Charts show limits based on boom angle and height of load above ground? Yes No
Are boom angle indicators posted in the cab? Yes No
What is the length of booms or cranes? _____

If this equipment is operated by an employee of the applicant, describe the experience level of the operator:

- Has the applicant experienced any claim, incident or circumstance regarding cranes or booms in the past 5 years? Yes No
16. Does Applicant use scaffolding? Yes No
- Is scaffolding used owned by the applicant? Yes No
- If rented from others does applicant do so under a rental contract? Yes No
17. Do any of the applicant's current, past or future planned projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques? Yes No
18. Does the applicant perform work below ground level? Yes No
- List the maximum depth at which the applicant works, in feet: _____
19. Has the applicant been involved with the construction of single-family tract homes, condominiums or townhomes? Yes No
- Will the applicant work on such projects in the upcoming policy term? If so, please specify project types: _____
- Will the applicant be involved with repair/remodel work involving condominiums? Yes No
- Does the applicant work on the building, removal, repair or replacement of roofs? Yes No
20. During the past five years has any insurance company canceled, declined or refused to issue, or refused to renew similar coverage to the applicant? Yes No
21. Enter all claims or occurrences for the past five years Check here if none

Loss Runs attached

<u>Date of Occ.</u>	<u>Description</u>	<u>Date of Claim</u>	<u>Amt. Paid</u>	<u>Amt. Reserved</u>	<u>Status</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

22. Has any lawsuit ever been filed, or any claim otherwise been made against the applicant or any partnership or joint venture of which the applicant has been a member or the applicant's predecessors in business, or against any person, company or entities on whose behalf the applicant has assumed liability? Yes No
23. Is the applicant aware of any incident, circumstance, defect or alleged defect including but not limited to: faulty or defective workmanship, product failure, construction dispute, property damage or subcontractor or construction worker injury, that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might involve the applicant? Yes No

Information contained herein is specifically relied upon in determination of insurability. The undersigned therefore warrants that the information contained herein is true and accurate to the best of his knowledge, information and belief. This Contractors Supplemental Questionnaire, and the application to which it is attached shall be the basis of any insurance policy that may be issue and will be a part of such policy.

State Notices: The following notices are required by the Insurance Department of the indicated states.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME. (Note: This notice is required by New York insurance regulations, but may also be a crime in other states.)

NOTICE TO TENNESSEE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSUROR TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

SIGNED BY:

Applicant **Date** **Producer** **Date**