

**Habitational Contractor
General Liability Supplemental Questionnaire**

Business Name: _____

Web-site address: _____

Agency Name: _____

Are you a current member of the local association _____

1. Number of years in habitational construction business? _____ If less than two years, please attach a resume including experience in the residential construction industry.

2. Please describe the primary business operations in detail? _____

3. Please describe / list the operations, classifications and exposure base information (payroll, sales, costs, etc) for each Named Insured (Note: Include dba name for Sole Proprietor):

Does any Named Insured listed have another separate General Liability policy? Yes ___
No ___ If yes, please explain: _____

4. List any discontinued operations by any Named Insured: _____

5. What is the percentage of operations _____ Habitational _____ Commercial Construction?
What are the commercial operations? _____

6. Describe any specialty construction operations / products: _____

7. Explain any construction not completed on site, including modular home construction: _____

8. List construction licenses held by Insured: _____

9. Name of the Qualifier? _____

10. Types of Projects:	Prior Year	Upcoming Year
• Apartments	_____	_____
• Student Housing/Dorms	_____	_____
• Military Housing	_____	_____
• Condominiums	_____	_____
• Townhouses	_____	_____
• Retirement Communities/Assisted Living	_____	_____
• Single Family Homes	_____	_____
• Total sales?	_____	_____
• Total payroll?	_____	_____
• Cost of subcontracted work?	_____	_____

11. List last 5 jobs: _____

12. Does the Insured and / or Insured's subcontractors have any current or prior projects involving the use of External Insulation Finishing Systems (EIFS or synthetic stucco)?
Yes ___ No ___ If yes, please explain: _____
13. Explain any pile driving operations: _____
14. Explain any crane operations: _____
15. Explain any dock or seawall work: _____
16. Provide percentage of Insured's work above two stories? _____ Maximum height? _____
17. Provide percentage of Insured's work below grade? _____ Maximum depth? _____
18. Provide complete description of type of remodeling / renovation work the Insured does (gut and rebuild, build-out / improvements, new construction room additions, non-structural remodels, fire restoration, flood/water damage, demolition, etc): _____

19. Does the Insured's operations involve the use of any chemicals, hazardous materials or environmental type work (asbestos, lead, bioremediation, etc)? Yes ___ No ___ If yes, please explain: _____
20. Type(s) of work subbed out? _____
21. Does the Insured require written contracts on all work subcontracted? Yes ___ No ___ Hold Harmless Agreement included? Yes ___ No ___ Required to be listed as an Additional Insured? Yes ___ No ___ GL Certificates of Insurance obtained? Yes ___ No ___ How long maintained? _____ GL Limits of insurance required? _____
22. How are the Insured's job sites secured (Fencing, lighting, security / patrol / guard service, etc)? _____
23. Does the Insured require independent soil testing of land / lots before building?
Yes ___ No ___ Explain any soil testing performed: _____
24. Does the Insured design its products using in-house architects? Yes ___ No ___ Do they employ outside architects for purpose of design? Yes ___ No ___ If yes, do they hold the Insured harmless and name the Insured as an Additional Insured? Yes ___ No ___ What limits of Professional Liability does the Architect carry? _____
25. Are homeowners warranty policies provided to the Homebuyers? Yes ___ No ___
26. Is an Additional Insured Endorsement required? Yes ___ No ___ If yes, list the Additional Insureds and their relationship to the Insured: _____

27. Does Insured have any operations other than contracting? Yes ___ No ___ If yes, please explain operations and how they are insured? _____

28. Does the Insured have any land development operations? Yes ___ No ___ If yes, please explain: _____
Does the insured sell land, either raw or improved? Yes ___ No ___ If yes, please explain

Vacant land? Yes ___ No ___ If yes, number of acres? _____
Real estate development property? Yes ___ No ___ If yes, number of acres? _____
29. Does the Named Insured have any vehicles owned in the business name? _____
30. Any current or past involvement in OCIP, CCIP, Consolidated, Residential Wrap-Ups? _____

Applicant's Signature _____ Date _____