

HIGHPOINT RISK SERVICES, LLC

VOLUME: 7.02.2006

CONTRACTOR'S SUPPLEMENTAL QUESTIONNAIRE

TO BE USED IN CONJUNCTION WITH THE ACORD 125 & 126 APPLICATIONS.

Agent:

Agency Code:		Agency Name:	
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Applicant Information:

Any empty fields could result in declination.

Name (Include DBA):		Tax ID# (FEIN/SSN):	
City, ST ZIP		Years in business:	Owner Experience:

Description of Operations & Limits of Liability:

1. Please provide a brief narrative explaining the scope of work. *Avoid using vague terms (e.g. Remodeler, General Contractor, etc.)*

PLEASE MARK LIMITS REQUESTED: 100__ 300__ 500__ 1000__ 1000/2000__				

2. What are the duties of the owner(s)?

3. Please indicate the percentage of operations in the respective field.

Residential	%	Multi-Family	%	Tract Homes	%
Commercial	%	Institutional	%	Remodeling	%

4. Are all operations within the state of Florida? Yes No

5. If not, what states are operations occurring?

6. Is applicant a client of AMS Staff Leasing? Yes No

7. Does the applicant carry any type of Professional Coverage? Yes No If so, what type?

Work Performed:

The following questions pertain to the applicant's employees and any uninsured subcontractors.

1. Plumbing, and EIFS are **excluded** from the Companion GL Policy. Is any of this type of work being performed by the employees or uninsured subcontractors? Yes No
2. Is the applicant involved in utility construction? Yes No
3. If so, are connections made by the applicants company? Yes No
4. Does applicant use a lateral boring machine? Yes No
5. Do any operations involve demolition of complete structures? Yes No
6. Is there any work above 3 stories? Yes No
7. Is there any equipment such as cranes rented by the applicant? Yes No
8. Are there any underground parking lots or coffer dams constructed by the subject? Yes No
9. Is installation of security equipment or alarm systems part of the applicant's work? Yes No
10. Is any work related to highway or bridge construction? Yes No
11. Does applicant position or set-up barricades? Yes No
12. Is there any Model Home exposure? Yes No If so, how many?

ⓘ Explain any "Yes" answers in the space provided.

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Financial Information:

1. Gross Receipts

Anticipated for next 12 months	\$
Current Year	\$
Previous Year	\$

2. Payroll

Number of Employees (FT/PT)	
Employee Payroll (Excluding Owners)	\$
Labor cost for <u>UNINSURED</u> subcontractors	\$

Payroll and uninsured sub cost must be listed on the schedule below.



<u>Phase of Work</u>	<u>Employee Payroll</u>	<u>UNINSURED Sub Contractor Cost</u>
Architectural Work		
Carpentry (Framing/Cornice)		
Carpentry (Interior)		
Concrete Construction		
Debris Removal		
Demolition		
Driveway Paving/Sidewalk		
Drywall		
Electrical		
Engineering		
Excavation		
Executive Supervisor		
Fence Erection		
Flooring (Carpet)		
Grading of Land		
HVAC		
Insulation		
Janitorial		
Landscaping		
Masonry		
Metal Erection (Dwellings)		
Metal Erection (Non-Structural)		
Metal Stud Construction		
Painting (Exterior)		
Painting (Interior)		
Plastering/Stucco (No/EIFS)		
Plumbing		
Refrigeration		
Roofing		
Sheet Metal (Outside)		
Swimming Pool Const. (Above)		
Swimming Pool Const. (Below)		
Swimming Pool Svc. (No Repairs)		
Tile/Stone/Terrazzo (Interior)		
Welding		
Other		
Other		

Insured

Subcontractors:

1. Do subcontractors carry their own GL policies with equal or greater limits?
 Yes No

2. If so, do they name the subject as an additional insured with a waiver of subrogation? Yes No

3. Do the subcontractors subscribe to Worker's Compensation Insurance?
 Yes No

4. **Cost:**

Total INSURED Sub Cost Including Materials
\$

Additional Insured Interests:

1. Will the applicant need to name any entity as an additional insured?
 Yes No

2. Will these interests need a waiver of subrogation as well?
 Yes No

3. How many entities are expected to be named?