



HARFORD MUTUAL

Phone (410) 838-4000

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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 Liquefied Petroleum Gas (LPG) work? yes no

Asbestos testing, monitoring or removal? yes no Mold testing or remediation? yes no

Boiler installation, servicing, maintenance or repair? yes no Oil or gas refinery work? yes no

Cranes used or rented in your business? yes no Overhead power lines or pole hookups? yes no

Demolition, blasting or wrecking work? yes no Pesticide, herbicide application, spraying? yes no

Electrical control panel work? yes no Retaining walls or shoring operations? yes no

Electrical high voltage or high amperage work above 480 volts? yes no Road, bridge, dam or tunnel work? yes no

Emergency back up equipment installation, service, maintenance or repair? yes no Sprinkler system installation, service, maintenance or repair? yes no

Exterior insulation finishing systems work (EIFS)? yes no Swimming pool installation or service? yes no

Excavation, grading or backfilling work? yes no Traffic or railroad signal work? yes no

Exterior spray painting or tower/bridge painting? yes no Underground digging or trenching work? yes no

Fire or burglar alarm work? yes no Underground tank work, removal, or repair? yes no

Fireproofing? yes no Underground water lines or mains? yes no

Gutting of interior load bearing walls? yes no Work performed over two stories? yes no

Hazardous material abatement or transporting? yes no Work at chemical, nuclear, power plants, hospitals or landfills? yes no

Heated roofing applications? yes no Work in explosive environments? yes no

Indoor air quality control or testing? yes no (paint, chemicals, fumes, solvents etc) yes no

* EXPLAIN ALL "YES" ANSWERS:

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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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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

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