



Contractors Underwriting Supplemental Questionnaire

For use with Acord & Commercial Fire/SMP Applications

Owner Name & Property Location:

Agent Name

Agent Code: _____

OWNERS\EMPLOYEES\SUBCONTRACTORS

of Owners: _____ Names of Owners: _____ # of Employees: FT: _____ PT: _____

Primary Liability Classification: _____ Annual Gross Receipts: \$ _____

Annual Payroll of Owners and/or Partner: \$ _____ Annual Payroll of Employees: \$ _____

Secondary Liability Classification: _____ Annual Gross Receipts: \$ _____

Annual Payroll of Owners and/or Partner: \$ _____ Annual Payroll of Employees: \$ _____

Does the applicant hire subcontractors (Y/N)? _____

Does the applicant require certificates (Y/N)? _____

Does insured sign or require hold harmless agreement when working with subs (Y/N)? _____ If so, attach a copy

If yes, what percentage of overall work is subcontracted? _____%

Type of subcontracted work? _____

Is the insured working as a subcontractor himself (Y/N)? _____

OPERATION INFORMATION

Primary nature of applicant's operations? _____

Is the applicant involved in any other type of operations (Y/N)? _____ Is yes, explain: _____

Length of time the applicant has been in business: _____ Length of time in this trade: _____

Does insured have a business card (Y/N)? _____ If so, please attach a copy.

Does insured have a website (Y/N)? _____ If so, please provide the address: _____

Does insured have a business certificate (Y/N)? _____ If so, please attach a copy.

Does the applicant do any design work (Y/N)? _____ If yes, describe: _____

Type work performed (give a percentage of overall receipts)

Commercial: _____% Residential: _____% Industrial: _____%

New Construction: _____% Renovation: _____% Service: _____% Repair: _____%

Does insured lease any equipment (Y/N)? _____

If yes, describe type & use: _____

Give % of work performed **outside** of New York State: _____% Where performed? _____

Describe types of jobs contractor has recently completed in the last 6 months: _____

LOSS PREVENTION INFORMATION

Please check each item used as standard practice on every job site for protection of public safety and property:

Barricades around work site Warning Signs Fire Extinguishers
 Plastic sheathing & tarpaulins (in event of bad weather)

Are all jobs inspected by a foreman or the contractor at completion of job and before leaving job site (Y/N)? _____

Please check all of the following equipment you may use in your operations:

Scaffolding Cranes Hoists Fork Lifts

LOSSES - ATTACH LOSS RUNS

Previous carrier: _____ If none, why? _____

Has any company cancelled, non-renewed or refused insurance (including non-payment of premium) for this applicant? Yes No

If yes, why? _____

Any previous loss of insured? Yes No

If yes, give complete details: _____

Completion Of All Questions Is Required To Process Application

SUPPLEMENTAL CLASSIFICATION INFORMATION

CARPENTRY

Does insured build homes? Yes No How many a year? _____

DEMOLITION

Any demolition work? Yes No Details: _____

HEATING

Any heating work? Yes No

Oil/Gas Furnace _____% Wood Burning Devices: _____% Outdoor Heating Devices _____%

Describe type: _____

JANITORIAL

Does the applicant do any floor waxing (Y/N)? _____ What is the percentage? _____%

If Commerical, describe risk(s): _____

LANDSCAPING

Is there any residential tree removal (Y/N)? _____ Details: _____

Is there any residential tree trimming (Y/N)? _____ Details: _____

Does applicant use pesticides (Y/N)? _____

LOGGER

Is there any residential tree removal (Y/N)? _____ Details: _____

Is there any residential tree trimming (Y/N)? _____ Details: _____

MASON

Any chimney sweeping operations (Y/N)? _____

Any chimney liner repair or installation (Y/N)? _____ % Repair _____ % Inst.

PAINTING

Type of painting operations: _____ Interior _____ Exterior _____ Both Residential _____% Commercial _____%

For exterior painting exposures

What is the maximum number of stories of buildings worked on? _____

Any use of spray painting equipment for exterior application (Y/N)? _____

If yes, what is the percentage? _____%



Dryden Mutual Insurance Company

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607-257-0312 (fax)

Roofing Operations Disclaimer

I, _____, do not engage or intend to engage in active roofing operations that include the following:

- 1) Tear-offs and replacement of existing roofs
- 2) Re-roofing (adding a new layer of roofing materials over an old layer)
- 3) Repairs to existing roofs

I have reviewed the LS-78 Exclusion of Certain Roofing Operations Form (see page 2) with my agent and wish to have this form added to my policy. I understand coverage for the noted roofing operations will be excluded.

Date: _____

Agent: _____

Insured: _____

(This must be signed by the sign by the insured. It can then be scanned & emailed or physically mailed.)

This exclusion will stay in effect on this and any future policies with Dryden Mutual until my agent notifies the company that the exclusion is no longer acceptable to me, the appropriate roofing charge is made on the policy and the premium is paid to the company accordingly.





EXCLUSION OF CERTAIN ROOFING OPERATIONS

Refer to Supplemental Declarations if information is not shown on this form.

The exclusion under this endorsement is subject to the *terms* contained in the Liability coverage.

WHAT WE DO NOT PAY FOR

The following exclusion is added to the EXCLUSIONS shown in the Liability coverage:

Insurance provided by Coverage L and Coverage N does not apply to *bodily injury* and/or *property damage* or *products/completed operations* liability arising out of *your work* which involves the removal and/or replacement of roof materials.