

**Phoenix Insurance Group Inc.**  
**205 Main St., Chester, NJ 07930**  
**908-879-6500**

**Contracting Accounts - Policy Submission Requirements**

We appreciate your interest in doing business with us. In order to thoroughly underwrite your insurance and negotiate from the strongest position we require the information below:

- Sample Job Contracts
- Sample Certificates of Insurance
- Contractors Questionnaire (application enclosed)
- Current Policy Declarations Pages or a Full Copy of Your Current Policies (preferred)
- 3 Years of Financial Statements
- Information on Your Professional Qualifications
- Claims/Loss History Details for All Lines of Insurance (claim warranty enclosed)
- Brochures and Advertising Literature

Each of the above documents is an important starting point – additional information may be required. Contracts and Certificates of Insurance provide us with details regarding your insurance needs from a Project Owner or General Contractor perspective; this is critical with regard to your ability to operate on a job site. The Questionnaire provides us with details regarding the scope of your work; this is supported by your Brochures and Advertising literature. Financial Statements, which we understand are confidential information, along with Professional Qualifications and Loss History give us a more complete picture of the exposure that your firm faces and your ability to manage this exposure relative to other organizations in your industry. All of this information along with personal discussions allows us to create a complete underwriting package to present to our insurance markets for competitive quotations.

**A note regarding the underwriting process**

Construction insurance is complex, it our goal to simplify the insurance procurement process for you. In order to make this effective we require a significant amount of information; teamwork is necessary. The better the information, the stronger our position is to negotiate and add value as your insurance representative. Please help us by expediting the necessary detail and allow 2 to 4 weeks, upon our receipt of the information, to provide your quote.

**Insurance Coverage that You Need to Consider**

Your insurance needs only begin with General Liability, Workers Compensation, Property and Commercial Automobile Insurance; additional coverage that we recommend you consider includes:

- Contractors Equipment Coverage
- Installation Insurance
- Builders Risk Coverage
- Professional Liability Protection
- **Pollution Liability Insurance (indication form enclosed – please complete)**
- Surety Bonding
- Employment Practices Liability Insurance including Directors & Officers and Fiduciary Coverage

# CONTRACTORS UNDERWRITING SUPPLEMENTAL QUESTIONNAIRE

Firestopping Contractors - Fully complete sections 1-9 on pages 1&2. For page 3 only complete the marked sections.

Name Insured: \_\_\_\_\_

Website Address: \_\_\_\_\_

Annual Sales: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
 State(s) in which you do business: \_\_\_\_\_ Number of years controlled by agent submitting account: \_\_\_\_\_

Risk Operates as Follows: (indicate%)

\_\_\_\_ % General Contractor (Sub cost > 35% complete the appropriate GC Supplement)

**Note to Agent:** Contact AMS if applicant builds more than 10 homes in a year prior to completing underwriting supplement

\_\_\_\_ % Subcontractor working for General Contractor

\_\_\_\_ % Trade contractor working directly for Commercial or Residential Customers

**1. Indicate the percentage of work performed by applicant. (Each column should total 100%)**

New Construction _____%	Commercial _____%	Inside Building _____%
Alterations / Remodeling _____%	Residential _____%	Outside Building <= 3 Stories _____%
Service / Repair _____%	Industrial _____%	Outside Building >3 stories _____%
Maintenance _____%	Institutional _____%	Other (describe) _____%
Other (describe) _____%	Other (describe) _____%	

**2. Indicate the type of work subcontracted to others:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Contractual Risk Transfer – Complete if you subcontract work to others**

a. Do you require all sub-contractors to enter into a written contract? (If Yes, attach a copy)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Do the contracts contain hold harmless & indemnification provisions in your favor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Do the contracts require you to be added to the sub's policy as an additional insured? For Ongoing Operations? For Completed Operations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Do the contracts require the sub-contractors carry limits equal to or greater than \$1,000,000	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Do you require certificates of insurance from all your sub-contractors?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**4. Job List (Last 5 jobs – attach list or complete below):**

Job Description/Location	Nature of Work	Job Cost

**5. Management Practices**

a. Employee selection process (check all that apply) __Application, __ Reference Check, __Pre-Placement Medical Exam
b. Do you have a formal drug-testing program? (Check all that apply) __ Pre-employment, __ Random, __ Post accident, __ Probable Cause

**6. Liability Exposure**

a. Do you employ an architect, engineer or surveyor who draws plans, designs or specifications?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Do you have a professional liability policy in place?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Do you or have you ever applied, installed or managed any jobs involving any synthetic stucco (EIFS) related product or material?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Do you or have you ever performed any asbestos, lead or mold abatement or removal?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Do you perform any snow plowing/ snow removal / ice treatment services for others? If yes indicate the percentage of payroll by category you anticipate for the upcoming policy term: ___% Residential ___% Commercial/Industrial ___% Government/Municipality	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Any current or past involvement with a wrap-up/OCIP/CCIP? If yes, attach a list of jobs, dates, limits, locations and description of the applicant's involvement.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. Do you borrow, lease or rent equipment from others? If yes, what type? How often? Describe below	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. What is your annual equipment rental expense? \$ _____		

Describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**7. Inland Marine Exposure**

a. Is your equipment provided with theft-deterrent devices? If yes, please describe	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. How is your equipment secured at jobsites? Describe below		
c. When renting equipment to others do you use a written contract or rental agreement holding you harmless and requiring the renting party to provide physical damage coverage for the property being rented?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**8. Auto Exposure**

a. Do you have a fleet safety program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Do you order an MVR for each employee at point of hire and annually?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Are employees allowed to use vehicles for personal use?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Do you do any hauling for others? If yes, please describe below	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9. Workers Comp Exposure**

a. Do you provide health insurance for all employees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. What is the percentage of employee turnover? _____%		
c. Are injured employees contacted immediately following medical treatment by a designated person?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Are claims involving lost work time reviewed and pro-actively managed by a designated individual?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Does the risk have a return to work (RTW) program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Has or will the risk work under the US Longshoremen's and Harbor Workers Act or Jones Maritime Act?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Exposure**

Does the applicant perform any of the following operations?

- |                                 |   |
|---------------------------------|---|
| ___% Refrigeration              | ___% Asbestos Abatement                         |
| ___% Rood Vents & Attic Fans    | ___% Fireproofing                               |
| ___% Roofing                    | ___% Retail Sales                      receipts |
| ___% Siding                     | \$ _____  |
| ___% Drywall/Sheathing          | ___% Other (describe)                           |
| ___% Heating & Air Conditioning |   |
| ___% Radon Reduction            |   |

Any plastic foam/resin insulation sprayed on or pumped into place (polyurethane, polyisocyanurate, polystyrene, phenol-formaldehyde)? Describe below	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Any cementitious insulation used and blown into place? Describe below	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Any prior use of asbestos products or urea-formaldehyde <del>insulation</del> ? If "yes" describe and indicate when last used.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If industrial work is performed, indicate type: (describe "yes" answers)

- \_\_\_% Wall & Ceiling
- \_\_\_% Process Equipment
- \_\_\_% Mechanical Systems

Is there specialization in any particular industry or type of insulation work? Describe below	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Any removal of Insulation? Describe type and disposal procedures in remarks.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Does applicant specialize in wrapping pipes and ductwork? Describe below	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Have you ever done Exterior Insulation Finishing Systems (EIFS) If "yes" Describe below	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# CLAIM WARRANTY STATEMENT

**Note:** This Claim WARRENTY Statement must be signed by the President or Owner of the Insured.

**IMPORTANT:**

*This statement is a warranty and insurance coverage rates are based upon it. After coverage is effected LOSS RUNS/REPORTS WILL BE REQUIRED as verification of this statement; any misrepresentation of information and/or any discrepancy between this statement and the loss runs will cause your insurance rates to change and/or your coverage may be canceled or void.*

Insured \_\_\_\_\_

Address \_\_\_\_\_

Policy # \_\_\_\_\_

After making all necessary and appropriate inquiries, you represent that from \_\_\_\_\_ to the date of this letter, neither you or any of your officers or employees have become aware of:

1. Any claim, suits or proceedings against you, the Named Insured or any subsidiaries or affiliates or against any officers, sales persons or employees;
2. Any actual or alleged fact, circumstance or situation that may reasonably be expected to result in a claim being made against you or any of the persons or entities described in 1. above.

Exceptions (known claims, suits, proceedings, actual or alleged facts, circumstances or situations):

- 1.
- 2.

(Additional exceptions should be listed on the back of this letter).

This letter will be relied upon to make underwriting decisions. You represent that the statements made are true and that you have not omitted or misrepresented any information.

**WARNING**

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, shall also be subject to a civil penalty.**

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(President or Owner)

**COMPLETE ONE OF THESE DOCUMENTS FOR EACH COVERAGE THAT YOU ARE REQUESTING QUOTES FOR. I.E. GENERAL LIABILITY, WORKERS COMPENSATION, BUSINESS AUTO, ETC.**

## Contractors Pollution Liability – Quick Indication Application

Applicant Name	
Address	
City, State, Zip	

### Projected Sales by Contracting Category

How much revenue in dollars do you anticipate over the next 12 months for each contracting category.

	Appliance Installation		Groundwater Treat /Recovery		Plumbing
	Asbestos or Lead Abatement		Hazardous Material Clean-up		Recycling (chemicals/HazMat)
	Barrier or Liner Construction		Hazardous Waste Treatment		Recycling (other)
	Carpentry or Framing		Home Building		Refinery/Chem Plant Operator
	Carpet Cleaning		HVAC / Mechanical		Restoration (fire/water)
	Concrete		Insulation (no abatement)		Roofing
	Construction Management		Landscaping		Sandblasting
	Demolition		Loading/Unloading (port+rail)		Sewer and Water Main
	Dredging		Logging		Soil Remediation
	Drilling (env'l)		Maintenance or Janitorial		Soil Sampling
	Drilling (non-env'l)		Masonry		Steel Erection
	Drywall		Mobile Incineration		Tanks - AST Installation
	Electrical		Mold Abatement		Tanks - AST Removal
	Excavation or Grading		Painting (no abatement)		Tanks - UST Installation
	Fire Suppression/Sprinklers		Paving - Street and Road		Tanks - UST Removal
	Flooring		Pesticide, Herbicide, Fertilizer (no aerial)		Waste Storage
	General Contracting		Pile Driving		Wastewater Facility Operators
	Glazier / Glass and Window		Pipeline Construction or Repair		Water Utility Contractors
	Groundwater Sampling		Plastering or Stucco		Waterproofing

### Approximate Percentage of Projected Sales by Property Class

Of the sales above, what percentage (%) of that revenue will come from these classifications

	Single-family Housing		Hospitals / Nursing Homes		Government
	Apartments		Schools		Industrial / Manufacturing
	Condominiums / Townhouses		Hotels / Motels		Retail / Office / Other Commercial

**Notice:** The above information will allow us to provide you with “ballpark” pricing to cover your environmental exposure. A binding indication is subject to underwriting. Eligibility, pricing, taxes, fees, terms and conditions are subject to change without notification. Carriers may require their own application to be completed, signed and submitted prior to binding coverage.