

CONTRACTOR PAK – LARGE CONTRACTOR

Mid-America Specialty Markets
Quote Information

Client _____

Submission Date _____

Submitted By _____

Please Quote These Lines of Coverage

- Liability
- Contractors Equipment and Tools
- Property
- Business Auto
- Workers Compensation
- Umbrella
- Life
- Other Coverage

Submission Checklist

- Drivers Information Included
- Loss Runs Attached
- Lien Holder Info Attached
- Additional Insured Info Attached

Current Insurance Company _____

Current Insurance Agency _____

Expiration Date of Current Policies _____

When submitting a request for quote please complete the general applicant information page along with the appropriate coverage section checked above. In addition please submit a copy of the clients' current policy declaration page(s) and any hard copy loss information for review.

Once complete fax or email these items to:

Mid-America Specialty Markets
Fax: 573-447-4998
Email: getquote@midaminsurance.com

CONTRACTOR - RISK EVALUATION QUESTIONNAIRE Date _____

Business Name _____

Address _____

Phone _____ **Contact Name** _____

Your Website _____

Yes / No or Describe

 1. Do you have a brochure of other written material which describes your business operations and/or products? Please attach.

2. Indicate under what form your business is operated;

- Corporation**
- LLC**
- Individual**
- Partnership**
- Other Describe** _____

3. Your Federal ID# _____

4. Owner Information;

Name _____ **% Ownership** _____

Name _____ **% Ownership** _____

Name _____ **% Ownership** _____

Name _____ **% Ownership** _____

5. Fully describe your construction business operations;

Yes / No or Describe

6. Total number of years experience in this business as an owner or manager _____

7. Number of full time employees _____

8. Number of part time employees _____

9. Last years gross sales from this operation _____

10. Current year project gross sales _____

11. Last year total employee payroll _____

12. Current year projected payroll _____

13. Are you a home builder? Fully describe your operations.

14. Do you build apartment buildings and/or condo projects? Describe.

15. Are you a Residential Developer? Fully describe.

16. Are you a Commercial Developer? Fully describe

17. Do you own or lease buildings you occupy? Please attach a list of locations with descriptions.

18. Do you plan new construction on your property? Briefly Describe.

19. Are your fixed asset values established by certified property appraisers?

20. Do you own vacant land? If so please describe.

21. Are any properties located in potential flood or earthquake areas? Describe.

22. Do your properties have security alarm systems: i.e., fire-sprinkler discharge, burglary, smoke detectors, etc. Describe.

Yes / No or Describe

- 23. Are there any unusual fire or explosion hazards in your business operation? (welding, painting, woodworking, boilers or pressure vessels, etc.)**
- 24. Do you use cranes either owned or leased? Describe**
- 25. Do you lease machinery or equipment other than automotive? Describe.**
- 26. Do you lease automotive equipment for use by owners, corporate officers or employees? Describe.**
- 27. Do you provide autos for use of employees? Describe.**
- 28. Any drivers with driving record problems? Describe.**
- 29. Do you check driver motor vehicle reports on a regular basis? Describe.**
- 30. Does your human resources hand book set minimum acceptable driver standards and do you enforce them? Describe.**
- 31. Do employees use their own vehicles for company business? Describe.**
- 32. Do you stockpile inventory either raw or finished? Describe.**
- 33. Do you have a method for tracking inventory? Describe your inventory control procedures.**

Yes / No or Describe

- 34. Do you buy, sell or have custody of goods or equipment of extremely high value? Describe.**
- 35. Do you use any raw stock inventory or equipment which requires substantial lead time to reproduce? Describe.**
- 36. Do you export or import goods either finished or raw materials? Describe.**
- 37. Do you either buy or sell on consignment? Describe.**
- 38. Do you either buy or sell goods that have to be shipped via waterways? Describe.**
- 39. Do you handle any material with a high damageability factor; i.e. subject to loss from temperature changes, dampness, prolonged shelf life, etc.? Describe.**
- 40. Do you handle any goods or merchandise in the form of pairs or sets? Describe.**
- 41. Are most incoming shipments made via common carrier? Describe.**
- 42. Describe how your materials are transported to a job site?**
- 43. Are your selling terms F.O.B. the customer?**
- 44. Do you consider your trade area to be local? Describe.**

Yes / No or Describe

- 45. Do you have goods or merchandise located on the premises of others? Describe. Please provide a value of property of others currently in your care.**
- 46. Is your business subject to seasonal fluctuations? Describe.**
- 47. Do you conduct any other construction operations? Describe.**
- 48. Do you remove or handle asbestos or other hazardous materials in your construction operations? Describe.**
- 49. Do you handle explosives or engage in demolition work?**
- 50. Do you engage in work on boilers or other high pressure vessels?**
- 51. Do you rent or lease anything to others? Describe.**
- 52. Do you lease any equipment from others? Describe**
- 53. Do you borrow contractors equipment from others? Describe.**
- 54. Do you own heavy contractors equipment? Describe.**

Yes / No or Describe

55. Are tools and equipment left at job sites? Describe.

56. Have you ever had tools or equipment lost or stolen from a job site? Describe.

57. Are you responsible for building materials at the job site if they are stolen or otherwise destroyed? Describe.

58. Do you conduct welding, commercial painting or powder coating? Describe.

Fully describe these operations:

Describe where these operations are located within your facilities and describe all safety procedures you have in place specifically for these operations:

59. Does your business generate accounts receivables? If so do you have peak months? Describe.

60. Do you subcontract work to others? Describe.

What is your cost for subcontract work? _____

61. Do you have all subcontractors provide you with valid certificates of insurance?

62. Do you require all subs name you as an additional insured on their general liability policy?

Yes / No or Describe

- 63. Are all contracts with subcontractors in writing?**
- 64. Does the contract contain a Hold Harmless Provision for your benefit?**
- 65. Does the contract have a waiver of subrogation provision in favor of you?**
- 66. Have you had any claims made against a sub you used? Describe.**
- 67. Do employees travel out of state on business? Describe.**
- 68. Since 1990 has any work been done or any product you manufactured been used in California, Colorado, Arizona, Oregon, Nevada, or Washington in the new construction of apartments, condos, single family dwellings, or townhouses? Describe.**
- 69. Do you now or have you ever applied or installed any EFIS or EFIS related products or materials? Describe.**
- 70. Have you ever been involved with the application of installation of materials that is directly in contact with EFIS, such as caulk, roofing or flashing materials? Describe.**
- 71. Do you provide group health or medical coverage to your employees?**
- 72. Is there a retirement plan in place for your employees?**
- 73. Is there a company safety program and manual?**

Yes / No or Describe

74. Do you have a written procedure manual?

75. Do you have written job descriptions?

76. Is there a return to work program in place for injured employees?

77. Do you have a written and enforced substance abuse program?

**78. Has your company ever sustained any large or unique loss either insured or not?
Describe.**

**79. Has your company ever been involved in a product or construction
claim? Describe and provide details.**

**80. Has your company ever been involved in a claim against your workmanship?
Describe**

**81. What areas of your current insurance program do you feel could be
improved? Describe.**

82. How can we help improve your insurance program?

LIABILITY SECTION

Occurrence Limit _____ Aggregate Limit _____ PD Deductible _____
Now Paying _____

Description of Work Performed	Current Code (if available)	Employee Payroll
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Owners Actual Payroll _____ Average Number of Employees _____

Describe any use of subcontractors, names and amount paid to each:

Describe any additional insured or waiver of subrogation requirements:

CONTRACTORS EQUIPMENT AND TOOLS SECTION

Describe Item	Year	Model	Serial #	Now Paying	
				Deductible	\$ Limit
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Add Blanket Tool Coverage (small items under \$1,000) \$ _____

PROPERTY SECTION

Physical Location Address _____
Now Paying _____

Responding Fire Department _____ Age of Building _____ Dist to Hydrant _____

Square Foot _____ Type of Heat _____ Describe Other Occupants _____

Construction: Frame Masonry NC Masonry Non Combustible

Building Limit _____ Ded _____ Description of Use _____

Contents Limit _____ Ded _____ Description of Contents _____

BUSINESS AUTO SECTION

Now Paying _____

Limits Liability _____ UM/UIM _____ Med Pay _____

List Vehicle/Describe Use	VIN	Comp Ded	Coll Ded

List Drivers Full Name	DOB	DL #	SSN	Violations

WORKERS COMPENSATION SECTION

Now Paying _____

[] Currently Insured – Company _____ How Long _____

[] Experience Rated – Normal Anniversary Date _____ Current Experience Mod _____

Class Code	Description of Work	# Full	#Part	Payroll

Individuals Included / Excluded

Name	Title	Duties	% Owner	Inc/Exc	Payroll

