

BNC Insurance Agency Inc

CONTRACTORS QUESTIONNAIRE – GENERAL LIABILITY

111 South Ridge St
Rye Brook, NY 10573

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Telephone: 914-937-1230
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APPLICANT INFORMATION:

Full Name of Applicant:

Address:

Other Locations:

Contact Person Name:

Phone Number:

E-Mail Address:

Fax Number:

Description of your Operations:

Desired Effective Date for New Coverage:

Federal Tax ID Number:

What percentage of your work, if any, is performed in the five boro's of New York City:

Number of years in business under this name:

Number of years management experience:

Current Carrier:

Current Premium:

OPERATIONS:

% of Operation as:	General Contractor	%	Sub-Contractor	%	Builder	%	Direct for Owner	%
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Provide the following information on your 5 largest current projects:

Location	\$ Value	On-Site Employees / # of Subcontractors	Start Date	End Date

Does the applicant do any work over two stories in height from grade?

Interior Only

Yes No

If yes to above, list:

Maximum Number of stories:

Percentage of Total Work: %

Does the applicant do any work below grade?

Yes No

If yes to above, list:

Maximum depth:

Percentage of Total Work: %

OPERATIONS – Continued:

Indicate your anticipated percentage of direct employee payroll and subcontracted work for each type of work listed. If the work you do is not listed below, please complete the last 2 categories (other). Note, the total percentage for the Payroll columns should all total 100% when added together and the total percentage for the Subbed columns should all total 100% when added together.

Type	Direct Payroll % of Total Payroll	Subbed % of Total Sub Cost	Type	Direct Payroll % of Total Payroll	Subbed % of Total Sub Cost	Type	Direct Payroll % of Total Payroll	Subbed % of Total Sub Cost
Asbestos Removal	%	%	Grading	%	%	Plumbing	%	%
Blasting	%	%	HVAC	%	%	Roofing	%	%
Carpentry	%	%	Landscaping	%	%	Sewer	%	%
Concrete	%	%	Maintenance	%	%	Steel (structural)	%	%
Demolition	%	%	Masonry	%	%	Steel (ornamental)	%	%
Drywall / Sheetrock	%	%	Mechanical	%	%	Street / Road	%	%
Electrical	%	%	Painting	%	%	Water / Gas Mains	%	%
Excavating	%	%	Paving	%	%	Other:	%	%
Fire Suppression	%	%	Plastering	%	%	Other:	%	%

Total Estimated Annual Direct Payroll for Labor is: \$

In the space below breakdown Estimated Annual Payroll by classification: (ie, carpentry, masonry, etc.....)

Type of Work:	Estimated Annual Amount
	Payroll \$
	Payroll \$
	Payroll \$
	Payroll \$
Estimated Annual Subcontractor Costs:	Sub Cost \$
Estimated Annual Gross Receipts:	Receipts \$

Please indicate below the percentage of construction work performed by the Insured:

New Construction	%	Commercial	%	Inside Building	%
Remodeling	%	Residential	%	Outside Building	%
Other	%	Industrial	%	Total to Equal 100%:	100 %

Total to Equal 100%: **100 %** **100 %**

Is there always a written contract between the applicant and project owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there always written contracts between the applicant and the subcontractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have any operations other than contracting?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If applicant has other operations, please explain:

List the Dollar Value of your average completed job: \$

Attach a list of all your major jobs completed within the last five years. \$

Are hold harmless agreements obtained from subcontractors in favor of the applicant? Yes No

Is the applicant named as an additional insured on the subcontractor's policy? Yes No

Do all of your subcontractors carry workers compensation for all employees? Yes No

Is a standard subcontractor agreement used? If yes, attach a copy. Yes No

CLAIMS HISTORY:

Please provide 5 years of currently valued loss information:

Year	Amount Paid	Amount Held in Reserve	Number of Claims

SIGNATURE OF INSURED

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 AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISON.

By Authorized Officer of Applicant,

Print Name	Signature
Title	
Date	