

CARPENTRY QUESTIONNAIRE

1. General Information

Name of Applicant: _____	
Website Address: _____	
Annual Receipts: _____	State(s) in which you do business _____
Years in Business: _____	Number of years you have been with the agent submitting account _____
Applicant Operates as Follows: (indicate %)	
_____ % General Contractor (if Sub cost is > 35% of receipts please complete the General Contractor Questionnaire CTR 921)	
_____ % Sub-contractor working for General Contractor or Prime Contractor	
_____ % Trade contractor working directly for Commercial or Residential customers	
100% Total	

2. Indicate the percentage of work performed. (Each column should total 100%)

New Construction _____ %	Commercial _____ %
Alterations / Remodeling _____ %	Residential _____ %
Service / Repair _____ %	Industrial _____ %
Maintenance _____ %	Institutional _____ %
Other (describe) _____ %	Other (describe) _____ %
Total 100%	Total 100%

3. Type of Work Subcontracted to Others

Check all that apply:			
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Drywall / Plastering	<input type="checkbox"/> Insulation	<input type="checkbox"/> Playground Equipment
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Electrical	<input type="checkbox"/> Landscape Construction	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Concrete	<input type="checkbox"/> Excavation	<input type="checkbox"/> Masonry	<input type="checkbox"/> Roofing
<input type="checkbox"/> Demolition	<input type="checkbox"/> Grading	<input type="checkbox"/> Paving	<input type="checkbox"/> Siding
<input type="checkbox"/> Doors / Windows	<input type="checkbox"/> Heating & Air Cond.	<input type="checkbox"/> Painting	<input type="checkbox"/> Water / Sewer
<input type="checkbox"/> Other (describe) _____			

4. Subcontracted Work & Contractual Risk Transfer

a. Do you subcontract work to others? If yes, complete Sections b. thru d. below	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. What is the annual amount of work subcontracted to others? \$ _____		
c. 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
<input type="checkbox"/> Always <input type="checkbox"/> Sometimes (describe) _____		
If you have a written subcontract agreement		
Do the contracts contain hold harmless and indemnification provisions in your favor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do the contracts require you to be added to the sub's policy as an additional insured:		
For Ongoing Operations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
For Completed Operations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do the contracts require the subs carry limits equal to or greater than \$1,000,000?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you require certificates of insurance from all your sub-contractors prior to their starting on a project?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you require the sub-contractor be in compliance with the insurance requirements of the contract before they are paid in full?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

d. Do you have formal recordkeeping procedures in place for maintenance of copies of contracts, certificates of insurance, additional insured endorsement and/or OCP policies for each project? If yes, how long are records maintained? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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5. Job List (Last 5 jobs - attach list or complete below):

Project	City, State	Nature of Work	Job Cost

6. Management Practices (please check all that apply)

a. Employee selection process: <input type="checkbox"/> Application <input type="checkbox"/> Reference Check <input type="checkbox"/> Pre-Placement Medical Exam <input type="checkbox"/> Other (describe) _____		
b. Do you have a formal drug-testing program? If yes, check all that apply <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Post accident <input type="checkbox"/> Probable Cause <input type="checkbox"/> CDL Drivers Only <input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Are safety meetings held on a quarterly basis; do managers and employees attend and are attendance records kept? If less than quarterly, how often? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Have you been cited for any OSHA violations in the past 3 years? If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

7. Liability Exposures:

a. Do you employ an architect, engineer or surveyor who draws or stamps plans, designs or specifications? If yes, do you have professional liability coverage in place? Limit of Professional Coverage: \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO
b. Do you or have you ever applied, installed or managed any jobs involving any synthetic stucco (EIFS) related product or material? If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Do you or have you ever performed any abatement or removal of (Check all that apply) <input type="checkbox"/> asbestos <input type="checkbox"/> lead <input type="checkbox"/> mold If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Do you perform any snow plowing/ snow removal / ice treatment services for others? If yes, complete Snow Removal Questionnaire CTR 936. Selective excludes snow and ice removal activities performed for others. If an insured desires coverage for these operations, they can complete CTR 936 and we will consider the buyback of this coverage on an individual risk basis. Our appetite is for the contractor whose snow and ice removal activities are incidental to their overall operations. (Does not apply to GA, NC, SC, & VA)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

e. Any current or past involvement with a wrap-up/OCIP/CCIP? If yes, describe below: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Wrap-Up Project 	Project Description 	Date 	Work Performed by Applicant
f. Do you rent, lease or loan equipment <u>to others</u> ? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, is the equipment rented to others with an operator? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you use a written contract or rental agreement? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Does it include a hold harmless agreement in your favor? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Does it require the renting party to provide physical damage coverage for the property being rented? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Describe the type of equipment rented to others: _____ _____			

8. Inland Marine Exposures

<p>a. Is your equipment provided with theft-deterrent devices and/or registered with NER (National Equipment Registry)? If yes, describe: _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>b. How are your equipment and materials secured at jobsites? Describe: _____</p>		
<p>c. Do you borrow, lease or rent equipment <u>from others</u>? If yes, what type? Describe: _____ How much do you spend on equipment rental annually? _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

9. Auto Exposures

<p>a. Account has the following controls in place (Please check all that apply)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Fleet safety program</div> <div style="width: 33%;"><input type="checkbox"/> Seat belt use policy</div> <div style="width: 33%;"><input type="checkbox"/> Cell phone use policy</div> <div style="width: 33%;"><input type="checkbox"/> Fleet maintenance program</div> <div style="width: 33%;"><input type="checkbox"/> GPS Tracking/Monitoring</div> <div style="width: 33%;"><input type="checkbox"/> MVR's ordered at point of hire</div> <div style="width: 33%;"><input type="checkbox"/> MVR's ordered annually</div> <div style="width: 100%;"><input type="checkbox"/> MVR Driver acceptability criteria in place (Describe) _____</div> <div style="width: 100%;"><input type="checkbox"/> Vehicle personal use policy in place (Describe) _____</div> </div>			
<p>b. Do your employees use their own vehicles for company business?</p> <p>If yes, what limit of insurance do you require they carry? _____</p>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>c. Do you haul material or equipment for others?</p> <p>If yes, indicate annual receipts from hauling \$ _____</p> <p>Describe type of material or equipment being hauled: _____</p>		<input type="checkbox"/> YES	<input type="checkbox"/> NO

10. Work Comp

a. Health Insurance is provided for (Check all that apply): <input type="checkbox"/> All Employees <input type="checkbox"/> Full-Time Employees Only <input type="checkbox"/> Key Employees Only <input type="checkbox"/> Provided by Union		
b. What is the annual percentage of employee turnover? _____ %		
c. Do you have a written Safety Policy and Program in place? If yes, are the employees required to sign the Policy acknowledging they have read and understand it?	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO
d. Do you enforce the use of personal protective equipment (hard hats, safety glasses / goggles, hearing protection, steel-toed shoes, etc) as required by OSHA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Are injured employees contacted immediately following medical treatment by a designated person? If yes, list the title of the designated person _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Are claims involving lost work time reviewed and pro-actively managed by a designated individual? If yes, list the title of the designated person _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. Do you have a return to work (RTW) program? If yes, describe: _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. Have you or will you perform work under the US Longshoremen's and Harbor Workers Act, or any other Federal Act? If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

11. Carpentry

a. Breakdown of Operations: _____ % Carpentry Interior _____ % Hardwood floors _____ % Residential Construction – New <input type="checkbox"/> Custom Homes: # per year _____ Avg Value \$ _____ <input type="checkbox"/> Tract Housing: # per year _____ Avg Value \$ _____ <input type="checkbox"/> Condominiums & Townhomes # units per year _____ _____ % Residential Construction – Other <input type="checkbox"/> Additions <input type="checkbox"/> Renovations <input type="checkbox"/> Decks <input type="checkbox"/> Gazebos or Trellises _____ % Framing _____ % Doors & Windows _____ % Commercial Carpentry _____ % Roofing & Siding _____ % Other (describe): _____ 100% = Total		b. Jobsite Exposures: _____ % Inside Building _____ % Outside Building <= 3 Stories _____ % Outside Building > 3 stories _____ % Other (describe): _____ 100% = Total	
c. Do you perform structural renovations? If yes, describe: _____ _____ If structural renovations are performed do they include "add a level" type work?		<input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO
d. If you install hard wood flooring, do you specialize in basketball courts or gym floors? If yes, describe: _____		<input type="checkbox"/> YES	<input type="checkbox"/> NO

e.	Do you build modular homes? If yes, please answer the following: Who transports the modular components to the building site? _____ _____ Who places the modular components on the building foundation? _____ _____ Who joins the components together? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f.	Do you install or construct sun rooms or 3 season rooms?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g.	Have you had any construction defect or faulty workmanship claims in the past 10 years? If yes, describe: _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h.	Do you perform any fire or water damage restoration / remediation? If yes, describe: _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
i.	Do you perform any demolition work? If yes, check all that apply: <input type="checkbox"/> Interior <input type="checkbox"/> Exterior	<input type="checkbox"/> YES	<input type="checkbox"/> NO
j.	Do you perform building structure raising or moving? If yes, do you self-perform this work or subcontract it to others? Describe: _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
k.	Do you install or erect grandstands or bleachers. If yes, check all that apply. <input type="checkbox"/> Wooden <input type="checkbox"/> Metal <input type="checkbox"/> Smaller (Schools & recreation fields) <input type="checkbox"/> Larger (Colleges & Arenas)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
l.	Do you install playground equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
m.	Do you construct/install wooden bridges? If yes, describe: _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
n.	Do you erect wooden silos or tanks? If yes, describe: _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
o.	Do you own and maintain your own scaffolding equipment? If scaffolding is used who is responsible for making sure the scaffolding is properly installed? _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
p.	Do you make custom cabinetry? If yes, Do you install everything you make? If no, what are the receipts for cabinetry you make but do not install? \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO
q.	Do you have a woodworking shop? If yes, describe: _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO