



PAINTING & POWER WASHING CONTRACTORS
UNDERWRITING SUPPLEMENTAL QUESTIONNAIRE

ALL QUESTIONS MUST BE COMPLETED IN ORDER TO REVIEW FOR QUOTATION

SECTION I — GENERAL INFORMATION

Policy Number: _____

Effective Date: _____ Is this a Renewal? Yes No

Named Insured: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Website Address: _____

Years in Business: _____

Agent Name: _____ Agent Number: _____

Annual Sales: _____ Number of Years Controlled by Agent Submitting Account: _____

States in which you do Business: _____

Risk Operates as Follows: Indicate as a Percentage

General Contractor: _____ (Sub-cost > 35% complete GC Supplement) Subcontractor Working for General Contractor: _____

Trade Contractor Working Directly for Commercial or Residential customers: _____

Note to Agent: Contact AMS if named insured builds more than 10 homes a year prior to completing underwriting supplement

Indicate the Percentage of Work Performed by Named Insured.

New Construction: _____ Alterations/Remodeling: _____ Service Repair: _____ Maintenance: _____

Other: _____ Describe: _____

Commercial: _____ Residential: _____ Industrial: _____ Institutional: _____

Other: _____ Describe: _____

Indicate the type of work subcontracted to others: _____

Contractual Risk Transfer – Complete if you subcontract to others

Do you require all subcontractors to enter into a written contract? Yes No

Do the contracts contain harmless and indemnification provisions in your favor? Yes No

Do the contracts require you to be added to the sub's policy as an additional insured? Yes No

For Ongoing Operations: Yes No

For Completed Operations: Yes No

Do the contracts require the subs to carry limits equal to greater than \$1,000,000? Yes No

Do you require certificates of insurance from all your subcontractors? Yes No

Job List (Last 5 jobs – attach list or complete below)

Job Description/Location: _____ Nature of Work: _____ Cost: _____

Job Description/Location: _____ Nature of Work: _____ Cost: _____

Job Description/Location: _____ Nature of Work: _____ Cost: _____

Job Description/Location: _____ Nature of Work: _____ Cost: _____

Job Description/Location: _____ Nature of Work: _____ Cost: _____

Management Practices (Please check all that apply)

Employee Selection Process

Application: Reference Check: Pre-Placement Medical exam:

Do you have a formal drug-testing program?

Pre-employment: Random: Post Accident: Probable Cause: CDL Drivers ONLY:

SECTION II – EXPOSURES

Liability Exposures:

Do you employ an architect, engineer, or surveyor who draws or stamps plans, designs or specifications? Yes No

Do you have a professional liability policy in place? Yes No

Do you or have you ever applied, installed or managed any jobs involving any synthetic stucco (EIFS) related product or material? Yes No

Do you have or have you ever performed asbestos, lead, or mold abatement or removal? Yes No

Do you perform any snow plowing, snow removal, or ice treatment for others? Yes No

If yes, indicate the percentage of payroll by category you anticipate for the upcoming policy term

Residential: _____

Commercial/Industrial: _____

Government/Municipality: _____

Total Snow Removal Payroll: \$ _____

Inland Marine Exposures:

Is your equipment provided with theft deterrent devices? Yes No

How is your equipment secured at jobsites? Describe: _____

Do you borrow, lease, rent equipment from others? Yes No

If yes, describe below:

What type? _____

How often? _____

How much do you spend on equipment rental annually? _____

Auto Exposures:

Do you have a fleet safety program? Yes No

Do you order an MVR for each employee at point of hire and annually? Yes No

Are your employees allowed to use vehicles for personal use? Yes No

Do you do any hauling for other? Yes No

If yes, describe: _____

Worker's Compensation Exposures:

Do you provide health insurance for full-time employees? Yes No

What is the annual percentage of employee turnover? _____

Have you ever paid a fine based on an OSHA inspection? Yes No

If yes, describe: _____

Do you enforce the use of personal protective equipment (i.e. hard hats, safety goggles, hearing protection, steel toed shoes) as required by OSHA? Yes No

Are injured employees contacted immediately following medical treatment by a designated person? Yes No

If yes, list the title of the designated person: _____

Are claims involving lost work time reviewed and proactively managed by a designated individual? Yes No

If yes, list the title of the designated person: _____

Do you have a return to work (RTW) program? Yes No

If yes, describe: _____

Have you or will you perform work under the US Longshoremen's and Harbor Workers Act or Jones Maritime Act? Yes No

Bonds Exposures:

Does your work require surety bonds? Yes No

If yes, who is the bonding company? _____

Painting & Power Washing Contractors (Please indicate a percent below & describe items with *)

Breakdown of operations: _____ % Brush/roller _____ % Compressed air / spray on _____ % Laser Technology _____ % Power Washing _____ % Electrostatic _____ % Powder Coating _____ % Other * _____	Jobsite Exposures: _____ % Inside Building _____ % Outside Building <= 3 Stories _____ % Outside Building > 3 Stories _____ % Other * _____ 100% = Total
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Any specialized painting?

_____ % Floor Coatings
 _____ % Waterproofing
 _____ % Insulating
 _____ % Sound proofing
 _____ % Fireproofing

Do you perform any painting, sandblasting or power washing of the following type? If yes, indicate percentage and describe below. _____ % Bridges _____ % Towers _____ % Tanks _____ % Industrial machinery or equipment	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If you do any Exterior painting, please complete the following section

Do you do any spray painting? If No, proceed to the next section	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you use overspray containment screens?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a Buffer Zone setup? If Yes, at what distance from the worksite? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a Procedure for tracking wind and weather condition(s)? If Yes, when is wind tracking done? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you pull the crew off a job, should wind and weather conditions change?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you keep records of all jobs done(including length of job & weather conditions)? How long are records kept? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Do you use any temporary or day laborers?		
Do you use epoxies? If yes, attach the Material Safety Data Sheets (MSDS)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you perform any sandblasting or similar process? If yes, what types of abrasives are used?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Any use of heat guns for paint removal? Describe:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
What types of chemicals or solvents are used for paint removal or power washing? Describe:		
Do you perform any high pressure power washing (> 2500psi and 3.5 gallons per minute)? If yes, indicate the maximum psi and gallons per minute: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
How are waste materials disposed of by the applicant? Describe:		
Do you work from swinging scaffold	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you own and maintain your own scaffolding equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Optional Coverages You Can Request

- **CG 79 21 Blanket Additional Insured Coverage for Completed Operations** – Blanket Additional Insured for Completed Operations when required by a written agreement. There is no time restriction on our form; we do not require the contract or work be completed during our policy term. While many of our competitors limit the coverage to a specific time period, we do not limit the time period allowing the coverage to be consistent with the contract.
- **Snow & Ice Removal Coverage** – The **CG 72 40 Exclusion** – Snow and Ice Removal and the **CXL 376 Exclusion** – Snow and Ice Removal excludes coverage, including completed operations, for snow and ice removal activities performed for others. If you desire coverage for these operations, you can request the exclusions be deleted and we will consider the buyback of this coverage on an individual risk basis. (Does not apply to GA, NC, SC, & VA)
- **Limited Property Damage C/C/C** – This form provides coverage for real and personal property in your care, custody or control. This is a “no fault” coverage paid at your request and includes coverage for lost keys.

<u>Form</u>	<u>Occurrence Limits</u>		<u>Aggregate Limit</u>
	<u>Personal Property</u>	<u>Real Property</u>	
CG 71 06	\$5,000	\$10,000	\$25,000
CG 71 07	\$10,000	\$20,000	\$30,000
CG 71 08	\$25,000	\$50,000	\$75,000
CG 72 00 (incl. limited bailees coverage)	\$25,000	\$50,000	\$75,000

- **Worksite Damages** – Complete Supplemental Application **IL 70 53**
BI or PD at or from any premises, site or location where you, your contractor or subcontractor are working directly or on your behalf are performing operations if the pollutants were brought onto the premises. (subject to the limit purchased). Pollutant can be liquid, gas, fume, solid, etc. (follows the ISO definition). There is no restriction for the first occurrence to take place during the policy term or for diagnosis/treatment within 1 year.
- **Herbicide & Pesticide Applicator Coverage** – Complete Supplemental Application **PH 00 08**
Herbicide and Pesticide applicators coverage may be written if you are licensed to apply herbicides and pesticides in an eligible state. Coverage is provided for BI and PD on a claims-made basis.
- **Electronic Data Liability** – The GL ElitePac® provides \$25,000 of coverage for Electronic Data Liability. Higher limits can be purchased up to \$1,000,000. The Electronic Data Liability endorsement provides a sub-limit of coverage for “property damage” due to loss of electronic data resulting from physical injury to tangible property.
- **CM 71 70 Contractors PAC** – Inland Marine enhancement endorsement that provides a number of coverages under one form.
- **CM 71 69 Inland Marine Contractors PAC** – Inland Marine enhancement endorsement that provides a number of coverages under one form at a higher limit than the Contractors PAC.
- **CP 75 73 SelectPac Property Enhancement** – Property enhancement endorsement that provides a number of coverages under one form.
- **CP 76 00 SelectPac Plus Property Enhancement** – Property enhancement endorsement that provides a number of coverages under one form under one form at a higher limit than the SelectPac Property Enhancement.

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