

Yates Insurance Inc
 3294 Solomons Island Road
 Edgewater MD 21307

Named Insured:

Type of Contractor:

Description of Work Performed:

Website Address:

Years in Business: _____ Phone No. _____

Prior Experience if less than 3 yrs:

Contractors License #:	License Holder	<input type="checkbox"/> Owner	<input type="checkbox"/> Officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Other:
What states do you work in? <input type="checkbox"/> DE <input type="checkbox"/> DC <input type="checkbox"/> MD <input type="checkbox"/> NC <input type="checkbox"/> NJ <input type="checkbox"/> PA <input type="checkbox"/> TN <input type="checkbox"/> VA <input type="checkbox"/> Other:					
Work Performed: % Residential % Multi Residential % Commercial % Industrial % Other:					
If multi residential work performed, check all that apply: <input type="checkbox"/> Apartments <input type="checkbox"/> Condominiums <input type="checkbox"/> Townhomes <input type="checkbox"/> Tract Homes					
Type of Work: % New % Repair % Remodeling If residential, number of homes per year:					
Estimated gross receipts this year: \$			Actual receipts last year: \$		
Estimated contracting payroll this year: \$			Actual contracting payroll last year: \$		
Number of Employees: Full Time [] Part-Time [] Casual Labor [] Maximum at any one jobsite []					

SUBCONTRACTORS: Minimum GL Limits \$	occurrence \$	aggregate
Estimated cost of subcontractors this year \$		
Actual cost of subcontractors last year \$		

List types of subcontractors used:

Are certificates of insurance provided for all subcontractors used?	yes	no
Are hired subcontractors required to carry workers compensation coverage?	yes	no
Are you aware of any claim, action or litigation concerning construction defects regarding either your work or that of a partner, member, corporate officer or hired subcontractor?	yes	no
Does an employee of your company have direct oversight of each jobsite in progress?	yes	no

INSURANCE:

Are all of your operations currently insured?	yes	no
If yes, Name of Insurance Carrier:		
Do you have a current Environmental Impairment Liability Policy?	yes	no
If yes, Name of Insurance Carrier:		

List all losses within the last 3 years whether insured or not:

EQUIPMENT:

Is your contractors equipment loaned or rented to others?	yes	no
Are employees loaned to others with contractors equipment?	yes	no
Do you lease, rent or borrow any equipment from others?	yes	no
Do you lease, rent or borrow equipment from others with operators?	yes	no
Is all equipment stored in a locked building or a fenced area?	yes	no

*** INDICATE IF ANY OF THESE EXPOSURES EXIST IN PAST, PRESENT AND/OR ANTICIPATED IN FUTURE OPERATIONS:**

Airport construction maintenance or repair work?	yes	no	Are safety precautions taken to prevent property damage?	yes	no
Overhead power lines or pole hookups?	yes	no	Are precautions taken due to extreme weather conditions?	yes	no
Pesticide, herbicide application, spraying?	yes	no		Are first aid kits provided to each crew?	yes
Cranes used or rented in your business?	yes	no	Is there any de-energizing of electrical power lines by employees?	yes	no
Demolition, blasting or wrecking work?	yes	no		Are cones and flaggers utilized to divert or direct traffic when necessary?	yes
Snow plowing or street cleaning?	yes	no	Are line clearing operations conducted?	yes	no
Excavation, grading or backfilling work?	yes	no		Are all employees qualified to operate bucket trucks or cranes?	yes
Underground digging or trenching work?	yes	no	Are all employees qualified to operate bucket trucks or cranes?	yes	no
Work performed over two stories?	yes	no		Is hearing protection provided and used?	yes
Work at chemical, nuclear, power plants, hospitals or landfills?	yes	no			
Are pre-start inspections conducted prior to beginning project?	yes	no			
Is leg protection worn when performing ground operations?	yes	no			

*** EXPLAIN ALL "YES" ANSWERS:**

Arbor Program - Contractor Survey

(Continued)

DESCRIBE THE LAST 5 JOBS PERFORMED BY YOU OR YOUR EMPLOYEES; INCLUDE JOB NAME, STATE, WORK DESCRIPTION & DURATION.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

CONTRACTOR SURVEY - AUTO

POLICY #

Named Insured:

Number of Vehicles: [] Owned [] Leased

Radius of Operation [] 1-50 miles [] 51-200 miles [] over 200 miles

Are all vehicles titled in the business name shown on the policy? yes no

If there are names listed on the titles that are not shown as a named insured on the policy, please list them here:

Are there any vehicles titled in your individual name that are insured on another policy?
If yes, provide details. yes no

Do your employees take vehicles home at night? yes no

Are employees allowed to use company vehicles for personal use? yes no

Are family members allowed to drive vehicles being insured on this policy?
(If yes, include information on drivers list to order MVR's for those individuals) yes no

Are Motor Vehicle Reports (MVR's) obtained for all drivers? yes no

Are vehicles used for snow removal? yes no If yes, explain

Are vehicles used for towing? yes no If yes, explain

Any vehicles equipped with buckets or lifts? yes no If yes, explain

Any vehicles equipped with booms or cranes? yes no If yes, explain

Are hazardous materials transported in autos? yes no If yes, explain

Is there a vehicle maintenance program? yes no