

Yates Insurance Inc 3294 Solomons Island Road Edgewater MD 21307		CONTRACTOR SURVEY - CPP/BOP		POLICY #			
		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 <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual Labor <input type="checkbox"/> Maximum at any one jobsite <input type="checkbox"/>							
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	Liquified Petroleum Gas (LPG) work?		yes	no
Asbestos testing, monitoring or removal?		yes	no	Mold testing or remediation?		yes	no
Boiler installation, servicing, maintenance or repair?		yes	no	Oil or gas refinery work?		yes	no
Cranes used or rented in your business?		yes	no	Overhead power lines or pole hookups?		yes	no
Demolition, blasting or wrecking work?		yes	no	Pesticide, herbicide application, spraying?		yes	no
Electrical control panel work?		yes	no	Retaining walls or shoring operations?		yes	no
Electrical high voltage or high amperage work above 480 volts?		yes	no	Road, bridge, dam or tunnel work?		yes	no
Emergency back up equipment installation, service, maintenance or repair?		yes	no	Snow plowing or street cleaning?		yes	no
Exterior insulation finishing systems work (EIFS)?		yes	no	Sprinkler system installation, service, maintenance or repair?		yes	no
Excavation, grading or backfilling work?		yes	no	Swimming pool installation or service?		yes	no
Exterior spray painting or tower/bridge painting?		yes	no	Traffic or railroad signal work?		yes	no
Fire or burglar alarm work?		yes	no	Underground digging or trenching work?		yes	no
Fireproofing?		yes	no	Underground tank work, removal, or repair?		yes	no
Gutting of interior load bearing walls?		yes	no	Underground water lines or mains?		yes	no
Hazardous material abatement or transporting?		yes	no	Work performed over two stories?		yes	no
Heated roofing applications?		yes	no	Work at chemical, nuclear, power plants, hospitals or landfills?		yes	no
Indoor air quality control or testing?		yes	no	Work in explosive environments?		yes	no
Lead Paint testing or abatement?		yes	no	(paint, chemicals, fumes, solvents etc)		yes	no
* EXPLAIN ALL "YES" ANSWERS:							

CONTRACTOR SURVEY (Continued)

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

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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? yes no

If yes, provide details:

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? yes no

(If yes, include information on drivers list to order MVR's for those individuals)

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

Signature of Contractor _____ Date: _____

CONTRACTOR SURVEY - WORKERS COMPENSATION

POLICY #

Named Insured:

EMPLOYEES AND SUBCONTRACTORS

Total number of employees: _____ Maximum number of employees at any one jobsite: _____

Total number of family members that work in your business: _____

Do all of your subcontractors and employees paid on 1099's have Workers Compensation coverage? yes no

Are certificates of insurance required and kept on file to verify that they have Workers Compensation coverage? yes no

LOSS PREVENTION & CONTROL

Do you have a safety program in place? yes no

Are safety meetings held regularly with your employees? yes no

Do all of your employees know how to read and speak in English? yes no

If not, are all safety procedures conveyed to those employees in their native language? yes no

Are hard hats provided and worn on all job sites? yes no

Are safety goggles/glasses provided and worn? yes no

Is fall protection provided and enforced? yes no

Is scaffolding used in your business? yes no

What is the maximum height of your work involving scaffolding? _____ Feet

Are forklifts used by your employees? yes no

Are the employees trained to properly use the forklifts? yes no