



MCPHERSON & NEWLAND INSURANCE
All Forms of Insurance

CARPENTRY QUESTIONNAIRE

Named Insured: _____

Website Address: _____

Annual Sales: _____

Years in Business: _____

State(s) in which you do business _____

Number of years controlled by agent submitting account _____

Risk Operates as Follows: (indicate %)

____ % General Contractor (if Sub cost is > 35% of receipts please complete the General Contractor Questionnaire CTR 921)

Note to Agent: Contact AMS if applicant builds more than 10 homes a year prior to completing questionnaire

____ % Subcontractor working for General Contractor

____ % Trade contractor working directly for Commercial or Residential customers

1. Indicate the percentage of work performed by applicant. (Each column should total 100%)

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

2. Indicate the type of work subcontracted to others:

3. Contractual Risk Transfer – Complete if you subcontract work to others

a. 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
b. Do the contracts contain hold harmless & indemnification provisions in your favor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Do the contracts require you to be added to the sub's policy as an additional insured?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
For Ongoing Operations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
For Completed Operations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Do the contracts require the subs carry limits equal to or greater than \$1,000,000?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Do you require certificates of insurance from all your sub-contractors?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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

Job Description/Location	Nature of Work	Job Cost

5. Management Practices

a. Employee selection process (check all that apply) Application, Reference Check, Pre-Placement Medical Exam
b. Do you have a formal drug-testing program? (Check all that apply) ___ Pre-employment, ___ Random, ___ Post accident, ___ Probable Cause, ___ CDL Drivers Only

Describe: _____

6. Liability Exposure Questions:

a. Do you employ an architect, engineer or surveyor who draws or stamps plans, designs or specifications?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Do you have a professional liability policy in place?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Do you or have you ever applied, installed or managed any jobs involving any synthetic stucco (EIFS) related product or material?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Do you or have you ever performed any asbestos, lead or mold abatement or removal?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Do you perform any snow plowing/ snow removal / ice treatment services for others? If yes indicate the percentage of payroll by category you anticipate for the upcoming policy term: \$ _____ Total Snow Removal Payroll _____ % Residential _____ % Commercial/Industrial _____ % Government/Municipality	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Any current or past involvement with a wrap-up/OCIP/CCIP? If yes, attach a list of jobs, dates, limits, locations and description of the applicant's involvement.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. When renting or loaning equipment to others do you use a written contract or rental agreement? Does it include a hold harmless agreement in your favor? Does it require the renting party to provide physical damage coverage for the property being rented?	<input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO

Describe: _____

7. Inland Marine Exposures

a. Is your equipment provided with theft-deterrent devices? If yes, please describe	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. How is your equipment secured at jobsites? Describe below		
c. Do you borrow, lease or rent equipment from others? If yes, what type? How often? Describe below. How much do you spend on equipment rental annually? \$	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Describe: _____

8. Auto Exposures

a. Do you have a fleet safety program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Do you order an MVR for each employee at point of hire and annually?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Are employees allowed to use vehicles for personal use?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Do you do any hauling for others? If yes, please describe below	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Describe: _____

9. Work Comp

a. Do you provide health insurance for full-time employees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. What is the annual percentage of employee turnover? _____ %		
c. Have you ever paid a fine based on an OSHA inspection? Describe below	<input type="checkbox"/> YES	<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? Describe below	<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 Jones Maritime Act	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Describe: _____

10. Bonds

a. Does your work require surety bonds? If yes, who is your bonding company?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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11. Carpentry

Breakdown of Operations: ___ % Interior trim and finish work ___ % Hardwood floors ___ % Framing ___ % Residential Construction ___ % Doors & Windows ___ % Commercial Carpentry ___ % Roofing ___ % Interior Demolition ___ % Other Describe: _____	Jobsite Exposures: ___ % Inside Building ___ % Outside Building <= 3 Stories ___ % Outside Building > 3 Stories ___ % Other Describe: _____ 100% = Total
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Any fire or water damage restoration/ remediation? Describe Below	<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
If scaffolding is used who is responsible for making sure the scaffolding is properly installed?		
Any shop work done? Describe below	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Describe: _____

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** exclude coverage, including completed operations, for snow and ice removal activities performed for others. If an insured desires coverage for these operations, they can request the exclusions be deleted 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)
- **Limited Property Damage C/C/C** – This form provides coverage for real and personal property in the insured’s care, custody or control. This is a “no fault” coverage paid at the request of the insured and includes coverage for lost keys.

Form	Occurrence Limits		Aggregate Limit
	Personal Property	Real Property	
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 Limited Pollution Coverage Questionnaire IL 70 53**
 BI or PD at or from any premises, site or location an insured, contractor or subcontractor working directly or on the insured’s behalf are performing operations if the pollutants were brought on to 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 for those insureds that are licensed to apply herbicides and pesticides in a given 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 at a higher limit than the SelectPac Property Enhancement.**