



## EXCAVATION / GRADING OF LAND / SEPTIC TANK INSTALLATION / SEPTIC TANK CLEANING / WATER AND SEWER CONTRACTORS 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		Total	
100%		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:  YES  NO

Wrap-Up Project	Project Description	Date	Work Performed by Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

f. Do you rent, lease or loan equipment to others?  YES  NO  
 If yes, is the equipment rented to others with an operator?  YES  NO  
 Do you use a written contract or rental agreement?  YES  NO  
 Does it include a hold harmless agreement in your favor?  YES  NO  
 Does it require the renting party to provide physical damage coverage for the property being rented?  YES  NO  
 Describe the type of equipment rented to others: \_\_\_\_\_  
 \_\_\_\_\_

**8. Inland Marine Exposures**

a. Is your equipment provided with theft-deterrent devices and/or registered with NER (National Equipment Registry)? If yes, describe: \_\_\_\_\_  YES  NO

b. How are your equipment and materials secured at jobsites? Describe: \_\_\_\_\_

c. Do you borrow, lease or rent equipment from others?  YES  NO  
 If yes, what type? Describe: \_\_\_\_\_  
 How much do you spend on equipment rental annually? \_\_\_\_\_

**9. Auto Exposures**

a. Account has the following controls in place (Please check all that apply)

Fleet safety program       Seat belt use policy       Cell phone use policy  
 Fleet maintenance program       GPS Tracking/Monitoring  
 MVR's ordered at point of hire       MVR's ordered annually  
 MVR Driver acceptability criteria in place (Describe) \_\_\_\_\_  
 Vehicle personal use policy in place (Describe) \_\_\_\_\_

b. Do your employees use their own vehicles for company business?  YES  NO  
 If yes, what limit of insurance do you require they carry? \_\_\_\_\_

c. Do you haul material or equipment for others?  YES  NO  
 If yes, indicate annual receipts from hauling \$ \_\_\_\_\_  
 Describe type of material or equipment being hauled: \_\_\_\_\_

**10. Work Comp**

<p>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</p>		
<p>b. What is the annual percentage of employee turnover? _____ %</p>		
<p>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?</p>	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO
<p>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?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>e. Are injured employees contacted immediately following medical treatment by a designated person? If yes, list the title of the designated person _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>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 _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>g. Do you have a return to work (RTW) program? If yes, describe: _____                  _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>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: _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**11. Excavation/Grading of Land/Septic Tank Installation/Septic Tank Cleaning/Water & Sewer Contractors**

<p>a. Operations performed:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Site Development:</b>                      ___% Excavation                      ___% Grading of Land                      ___% Conduit Construction                      ___% Reservoirs or Dams                      ___% Sanitary Landfills                      ___% Irrigation Tiling                      ___% Street or Road Paving                      ___% Swimming Pools                      ___% Water &amp; Sewer Lines (within subdivisions)                      ___% Water &amp; Sewer Lines (main lines)                      ___% Gas Mains Construction or Repair                      ___% Trucking – Hauling for others                      ___% Other (describe): _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Septic:</b>                      ___% Septic Tank Installation                      ___% Septic Tank Cleaning                      ___% Wastewater Disposal Pumping (car washes)                      ___% Portable Toilet Rental/Service                      ___% Grease Trap Cleaning                      ___% Grease Interceptor Pumping Service                      ___% Recycling of Cooking Oil                      ___% Other (describe): _____</p> </td> </tr> </table> <p style="text-align: center;"><b>Combined Total between two columns = 100%</b></p>			<p><b>Site Development:</b>                      ___% Excavation                      ___% Grading of Land                      ___% Conduit Construction                      ___% Reservoirs or Dams                      ___% Sanitary Landfills                      ___% Irrigation Tiling                      ___% Street or Road Paving                      ___% Swimming Pools                      ___% Water &amp; Sewer Lines (within subdivisions)                      ___% Water &amp; Sewer Lines (main lines)                      ___% Gas Mains Construction or Repair                      ___% Trucking – Hauling for others                      ___% Other (describe): _____</p>	<p><b>Septic:</b>                      ___% Septic Tank Installation                      ___% Septic Tank Cleaning                      ___% Wastewater Disposal Pumping (car washes)                      ___% Portable Toilet Rental/Service                      ___% Grease Trap Cleaning                      ___% Grease Interceptor Pumping Service                      ___% Recycling of Cooking Oil                      ___% Other (describe): _____</p>
<p><b>Site Development:</b>                      ___% Excavation                      ___% Grading of Land                      ___% Conduit Construction                      ___% Reservoirs or Dams                      ___% Sanitary Landfills                      ___% Irrigation Tiling                      ___% Street or Road Paving                      ___% Swimming Pools                      ___% Water &amp; Sewer Lines (within subdivisions)                      ___% Water &amp; Sewer Lines (main lines)                      ___% Gas Mains Construction or Repair                      ___% Trucking – Hauling for others                      ___% Other (describe): _____</p>	<p><b>Septic:</b>                      ___% Septic Tank Installation                      ___% Septic Tank Cleaning                      ___% Wastewater Disposal Pumping (car washes)                      ___% Portable Toilet Rental/Service                      ___% Grease Trap Cleaning                      ___% Grease Interceptor Pumping Service                      ___% Recycling of Cooking Oil                      ___% Other (describe): _____</p>			
<p>b. Do you mark utilities before the start of every dig?                  If telephone inquiries are made, is a log maintained with date, time, person spoken to, plot number and map number referred to? If no, describe: _____                  _____</p>	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO		
<p>c. Are excavations marked and guarded at the end of each day?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<p>d. Is collapse protection used? Example: Shoring, trench boxes, sloping.                  If yes, describe: _____                  _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

e. Do you perform any installation or removal of underground storage tanks (UST)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Do you perform any street or road construction or repair? If yes what type: <input type="checkbox"/> within subdivisions <input type="checkbox"/> township roads <input type="checkbox"/> county roads <input type="checkbox"/> state highways <input type="checkbox"/> DOT /interstate	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. Do you perform any soil remediation or contaminated soil removal? If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. Do you perform any mining or mine closing or reclamation work? If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
i. Do you own or operate a gravel pit or quarry? If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
j. Do you perform any work on active or closed landfills? If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
k. Do you perform any: (check all that apply) <input type="checkbox"/> blasting <input type="checkbox"/> pile driving <input type="checkbox"/> tunneling <input type="checkbox"/> underpinning If you perform blasting operations, how many licensed blasters do you employ? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
l. Do you perform any demolition work? If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
m. 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
n. Do you perform any directional drilling or horizontal boring? If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
o. Do you connect to municipal utility lines? (service connection from building to main) If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
p. Do you perform any waterproofing operations? If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
q. Do you perform any trench work 12 ft. or more below the surface?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
r. Do you perform any work in congested areas? <input type="checkbox"/> for municipalities <input type="checkbox"/> for utility companies	<input type="checkbox"/> YES	<input type="checkbox"/> NO
s. Do you have any operations for the Gas or Oil well drilling operations (Marcellus Shale) <input type="checkbox"/> Construction of drill pad sites <input type="checkbox"/> Hauling/trucking of materials sand & gravel or liquids <input type="checkbox"/> Construction/maintenance of roadways to the sites <input type="checkbox"/> Pond liners/pond construction <input type="checkbox"/> Fencing <input type="checkbox"/> Silk socking, landscaping erosion control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
t. Do you do any installation of irrigation or drainage systems? Check all that apply. <input type="checkbox"/> residential <input type="checkbox"/> municipalities <input type="checkbox"/> agricultural If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
u. Do you perform any trucking operations for others? If yes, describe what you are hauling or delivering: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
v. Do you perform any of the following operations? Check all that apply. <input type="checkbox"/> controlled burns <input type="checkbox"/> forestry clearing/logging <input type="checkbox"/> site clearing/grubbing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
w. Do you generate revenue from the sale of mulch/chippings? If yes, what is the annual revenue? \$ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

x. Do your operations utilize any of the following types of equipment? Check all that apply. <input type="checkbox"/> wood chippers <input type="checkbox"/> tub grinders <input type="checkbox"/> mulchers <input type="checkbox"/> fellerbunchers <input type="checkbox"/> forestry clearing equipment	<input type="checkbox"/> YES	<input type="checkbox"/> NO
y. Do you have cool down procedures in place for chippers, tub grinders and mulchers? If yes, attach copy or describe: _____ _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
z. Is equipment protected with an on board fire suppression system such as Cold Fire® or FireFreeze®? If yes, number of units with protection: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
aa. Is equipment maintained according to manufacturer's specifications?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**If septic tank cleaning is performed, please answer the questions below.**

a. How are waste materials disposed of by the applicant? Describe: _____ _____		
b. Have you or will you ever dispose of septage via land applications? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you ever haul waste for others? If yes, what is the largest radius of operations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Do you ever haul medical waste?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Do you haul or handle hazardous sludge from industrial facilities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Do you adhere to all local and state regulations regarding the proper maintenance of accurate records and provide proof that septage is being handled and disposed of correctly?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. If required by any regulatory body, are you properly licensed, permitted etc. for the jurisdictions in which you provide services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. Do you have any transfer station operations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
i. Do you have any septage storage? If yes, describe: _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
j. Do you work for residential subdivision developers? If yes, how many installations a year? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
k. Have you ever had any workers compensation occupational disease claims? If yes, describe: _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
l. Do you use any high pressure jetting? If yes, describe: _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO