



# DRYWALL OR WALLBOARD CONTRACTORS UNDERWRITING SUPPLEMENTAL QUESTIONNAIRE

## 1. General Information

Date completed: \_\_\_\_\_  
 Name of Applicant: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 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 the type of work performed. (Each column should total 100%)

New Construction _____%	Commercial _____%
Alterations / Remodeling _____%	<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Apartments/Dorms
Service / Repair _____%	<input type="checkbox"/> Offices <input type="checkbox"/> Retail
Maintenance _____%	Residential (Indicate type) _____%
Other (describe) _____%	<input type="checkbox"/> Custom Single Family
Total 100%	<input type="checkbox"/> Tract Homes/Subdivisions
	<input type="checkbox"/> Townhomes / Condos
	Industrial _____%
	Institutional _____%
	Other (describe) _____%
	Total 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"/> Swimming Pools
			<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"/> Always <input type="checkbox"/> Sometimes (describe) _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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

**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? <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) _____		
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
e. Do you hire any day labor or casual labor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**7. Liability Exposures:**

<p><b>a.</b> 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: \$ _____</p>	<input type="checkbox"/> YES  <input type="checkbox"/> YES	<input type="checkbox"/> NO  <input type="checkbox"/> NO																				
<p><b>b.</b> Do you or have you ever worked for builders or developers of tract homes, townhomes or condos? If yes, list the developers or builders you have worked for: _____          _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO																				
<p><b>c.</b> Do you or have you ever applied, installed or managed any jobs involving any synthetic stucco (EIFS) related product or material? Describe: _____          _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO																				
<p><b>d.</b> 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          Describe: _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO																				
<p><b>e.</b> Do you perform any snow plowing/ snow removal / ice treatment services for others? <b>If yes, complete Snow Removal Questionnaire CTR 936.</b>          Selective excludes snow and ice removal activities performed for others. If an insured desires coverage for these operations, they can complete <b>CTR 936</b> 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. (Snow &amp; Ice removal is not automatically excluded in AZ, CO, GA, MD, NC, NM, SC, UT &amp; VA but will be underwritten when the exposure is identified)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO																				
<p><b>f.</b> Any current or past involvement with a wrap-up/OCIP/CCIP? If yes, describe below: <span style="float:right"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%; text-align: left;">Wrap-Up Project</th> <th style="width:30%; text-align: left;">Project Description</th> <th style="width:15%; text-align: left;">Date</th> <th style="width:30%; text-align: left;">Work Performed by Applicant</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			Wrap-Up Project	Project Description	Date	Work Performed by Applicant	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<p><b>g.</b> Do you rent, lease or loan equipment to others?          If yes, is the equipment rented to others with an operator?          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?          Describe the type of equipment rented to others: _____          _____</p>	<input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO																				

### 8. Inland Marine Exposures

<p>a. Is your equipment provided with theft-deterrent devices and/or registered with NER (National Equipment Registry)? If yes, describe: _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>b. How are your equipment and materials secured at jobsites? Describe: _____</p>		
<p>c. Do you borrow, lease or rent equipment <u>from others</u>? If yes, what type? Describe: _____ How much do you spend on equipment rental annually? _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### 9. Auto Exposures

<p>a. Account has the following controls in place (Please check all that apply)</p> <table border="0"> <tr> <td><input type="checkbox"/> Formal Fleet safety program</td> <td><input type="checkbox"/> Formal Accident Investigation Program</td> </tr> <tr> <td><input type="checkbox"/> Documented Fleet maintenance program</td> <td><input type="checkbox"/> Seat belt use policy</td> </tr> <tr> <td><input type="checkbox"/> GPS Tracking/Monitoring</td> <td><input type="checkbox"/> Cell phone use policy</td> </tr> <tr> <td><input type="checkbox"/> MVR's ordered at point of hire</td> <td><input type="checkbox"/> MVR's ordered annually</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> MVR Driver acceptability criteria in place (Describe): _____</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Account has procedures in place to deal with problem drivers (Progressive discipline policy) (Describe): _____</td> </tr> </table>			<input type="checkbox"/> Formal Fleet safety program	<input type="checkbox"/> Formal Accident Investigation Program	<input type="checkbox"/> Documented Fleet maintenance program	<input type="checkbox"/> Seat belt use policy	<input type="checkbox"/> GPS Tracking/Monitoring	<input type="checkbox"/> Cell phone use policy	<input type="checkbox"/> MVR's ordered at point of hire	<input type="checkbox"/> MVR's ordered annually	<input type="checkbox"/> MVR Driver acceptability criteria in place (Describe): _____		<input type="checkbox"/> Account has procedures in place to deal with problem drivers (Progressive discipline policy) (Describe): _____	
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<p>b. Do you allow personal use of company vehicles? If yes, select all that apply</p> <table border="0"> <tr> <td><input type="checkbox"/> Insured</td> <td><input type="checkbox"/> Insured's Family Members</td> </tr> <tr> <td><input type="checkbox"/> Employees</td> <td><input type="checkbox"/> Employees Family Members</td> </tr> </table> <p>If yes, do you have a written permissive use policy in place for employees that take company vehicles home?</p>	<input type="checkbox"/> Insured	<input type="checkbox"/> Insured's Family Members	<input type="checkbox"/> Employees	<input type="checkbox"/> Employees Family Members	<input type="checkbox"/> YES  <input type="checkbox"/> YES	<input type="checkbox"/> NO  <input type="checkbox"/> NO								
<input type="checkbox"/> Insured	<input type="checkbox"/> Insured's Family Members													
<input type="checkbox"/> Employees	<input type="checkbox"/> Employees Family Members													
<p>c. Do your employees use their own vehicles for company business? If yes, what limit of insurance do you require they carry? _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO												
<p>d. Do you have any drivers who are not your employees? If yes, explain _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO												
<p>e. Do you haul material or equipment for others? If yes, indicate annual receipts from hauling \$ _____ Describe type of material or equipment being hauled: _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO												
<p>f. Are your vehicles wrapped, encased or marked with any special marketing or advertising graphics or any special equipment? If yes, has the value of each vehicle been updated to reflect the additional value associated with the advertising graphics or specialized equipment?</p>	<input type="checkbox"/> YES  <input type="checkbox"/> YES	<input type="checkbox"/> NO  <input type="checkbox"/> NO												
<p>g. Do you have a motor carrier filing? If yes, what is the MC# _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO												

### 10. Work Comp

<b>a. Health Insurance is provided for (Check all that apply):</b> <input type="checkbox"/> All Employees <input type="checkbox"/> Full-Time Employees Only <input type="checkbox"/> Key Employees Only <input type="checkbox"/> Provided by Union		
<b>b. What is the annual percentage of employee turnover? _____ %</b>		
<b>c. Do you have a written Safety Policy and Program in place?</b> If yes, are the employees required to sign the Policy acknowledging they have read and understand it?	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO
<b>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?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>e. Are injured employees contacted immediately following medical treatment by a designated person? If yes, list the title of the designated person _____</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>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 _____</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>g. Do you have a return to work (RTW) program? If yes, describe: _____</b> _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>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: _____</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### 11. Drywall or Wallboard

<b>a. Breakdown of Operations:</b> <b>Indicate services provided and percentage of overall operations</b> ___ % Drywall or Wallboard Installation ___ % Taping, Sealing and Sanding only ___ % Plastering/Stucco Work ___ % Wood or Light Gauge Steel Studding ___ % Textured Walls or Ceiling ___ % Metal Ceilings ___ % Suspended or acoustical ceilings ___ % Painting Work ___ % Carpentry ___ % Fire and Water Damage Restoration ___ % Fireproofing/Firestopping ___ % Insulation Work ___ % EIFS or Asbestos Abatement ___ % Other Describe: _____ 100% = Total	<b>b. Jobsite Exposures:</b> ___ % Inside Building < 15 Feet ___ % Inside Building 15 - 30 Feet ___ % Inside Building > 30 Feet ___ % Outside Building <= 3 Stories ___ % Outside Building > 3 Stories ___ % Other Describe: _____ 100% = Total	
<b>b. Do you <input type="checkbox"/> own or <input type="checkbox"/> rent scaffolding equipment?</b> If scaffolding is rented, who is responsible for erecting? _____ _____ _____		
<b>c. Do you erect scaffolding for others? If yes, describe for who, how often, risk transfer:</b> _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

d. How is drywall transported to upper floors? Describe: _____ _____		
e. How is drywall raised to above shoulder or ceiling height? Describe: _____ _____		
f. Describe methods for working from heights (stilts, scaffold, manlift etc): _____ _____ _____		
g. Does insured install lead lined drywall, lead lined sheet rock, or lead lined gypsum wallboard? If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. Any past or present work using drywall imported from China? If yes, describe: _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO