



CONCRETE AND/OR MASONRY CONTRACTOR SUPPLEMENTAL QUESTIONNAIRE

Named Insured/Applicant:

Policy/Quote Number:

Describe Insured's operation in detail:

Insured's website address:

Types of Jobs:

| | | |
|--------------------|--------------|---------------------|
| Residential % | Commercial % | Industrial % |
| New Construction % | Remodeling % | Service or Repair % |

Licenses and Jurisdictions:

| License | Jurisdiction |
|---------|--------------|
| | |
| | |

Operations:

What percent of the insured's operation is **Masonry**: % What percent is **Concrete**: %

Masonry Breakdown

Concrete Breakdown

| | | | | |
|-------------------|---------------|--|-------------------|---------------|
| Foundations % | | | Foundations % | |
| Walls % | Max stories % | | Walls % | Max stories % |
| Veneer % | Max stories % | | Floors % | Max stories % |
| Fireplaces % | Max stories % | | Sidewalks/patio % | |
| Sidewalks/patio % | | | Driveways % | |
| Driveways % | | | Other* % | |
| Other* % | | | | |

Please describe Other

Please describe Other

Description of the last three largest jobs:

| Description of Job | Location | Date | Cost |
|--------------------|----------|------|------|
| | | | \$ |
| | | | \$ |
| | | | \$ |

GENERAL INFORMATION SECTION:

1. Number of Employees: Full time Part Time
2. Annual Payroll: \$
3. Annual Receipts: \$
4. Does the insured sign a written contract with its customers? (If yes, attach a sample copy) Yes No



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SUBCONTRACTOR QUESTIONS

1. Are subcontractors used? Yes No Cost of Subcontractors \$

2. Describe subcontracted work performed for you (two most recent jobs)

| Description | Cost |
|-------------|------|
| | \$ |
| | \$ |

3. Does the insured sign a contract with the subcontractors? (Attach a sample copy) Yes No

4. How are subcontractors and their work supervised?

5. Does the insured obtain Certificates of Insurance for: GL Yes No Workers Comp Yes No

6. Limits of insurance required from subcontractors: \$

7. Is the insured named as an additional insured and held harmless on the subcontractors GL policy? Yes No

8. Does the insured work as a subcontractor? Yes No

9. Does the insured sign a written contract when working as a subcontractor? (If yes, attach a copy) Yes No

10. Subcontractor duties performed (two most recent jobs)

| Description | Cost |
|-------------|------|
| | \$ |
| | \$ |

MISCELLANEOUS INFORMATION

1. Does the insured perform any municipal work? Yes No

If yes, provide description.

2. Does the insured perform any waterproofing work? Yes No

If yes, provide description.

3. Any swimming pool installation or repair? Yes No

If yes, list the chemicals used.

4. Any underground storage tanks owned or operated by the insured? Yes No

Construction

Age of tank

Capacity

Contents



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5. Any hauling for hire or for others? Yes No

Materials hauled

Frequency of Hauling

Radius of Hauling

Vehicles used in hauling

6. Does the insured perform any snowplowing? Yes No

IF YES, MU 7996 SNOWPLOWING QUESTIONNAIRE IS REQUIRED.

**ATTACH A COPY OF THE INSURED'S STANDARD WRITTEN CONTRACT AND A
COPY OF THE TWO MOST RECENT CUSTOMERS WRITTEN CONTRACTS.**

Insured's Signature _____

Date _____

Agent Signature _____

Date _____