Concrete and/or Masonry Contractor Supplemental Questionnaire

Named Insured: ________________________________________________________________

Describe insured’s operations in detail: __________________________________________

____________________________________________________________________________

Residential: _____% Commercial: _____% Industrial: _____% 
New construction: _____% Remodeling: _____% Service or Repair: _____% 

List licenses held and jurisdiction: ______________________________________________;
____________________________________________________________________________;
____________________________________________________________________________

Operations:
Masonry _____% Concrete _____% 

Breakdown:
Foundations _____% Walls _____% Max Stories____
Walls _____% Veneer _____% Max Stories____
Veneer _____% Fireplaces _____% Max Stories____
Fireplaces _____% Sidewalks/Patio _____%
Sidewalks/Patio _____% Driveways _____%
Driveways _____%
Other, please describe________________________________________ Other, please describe___________________

Please list the last three largest jobs:

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<th>Description</th>
<th>Location</th>
<th>Date</th>
<th>Cost</th>
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General Information:

Number of employees: Part time _____ Full time ____ Payroll ________ Annual receipts __________

Do you sign a written contract with your customers? □ Yes □ No
Attach a sample copy.

Are subcontractors used? □ Yes □ No

Do you sign a contract with the subcontractors? □ Yes □ No
Attach a sample copy.

Describe subcontracted work performed for you (two most recent jobs): Cost
__________________________________________________________________________
__________________________________________________________________________
Concrete and/or Masonry Contractor Supplemental Application (continued)

How are subcontractors and their work supervised? _______________________________________________________________
_______________________________________________________________________________________________________

Is the insured securing certificates of insurance for both GL and WC? □ Yes □ No
Required limits of insurance from subcontractors?____________________________________________________________

Is the insured named as an additional insured and held harmless on the subcontractor’s GL policy? □ Yes □ No

Does the insured work as subcontractor? □ Yes □ No

Does the insured sign a written contract when working as a subcontractor? □ Yes □ No
Attach a copy.

Miscellaneous Information:

Any municipal work? □ Yes □ No
If yes, please describe:______________________________________________________________________________________
_______________________________________________________________________________________________________

Any waterproofing work? □ Yes □ No
If yes, please describe:______________________________________________________________________________________
_______________________________________________________________________________________________________

Any swimming pool installation or repair? □ Yes □ No
If yes, please describe: _____________________________________________________________________________________
_______________________________________________________________________________________________________

Any underground storage tanks owned or operated by the insured? □ Yes □ No
Construction ______________________________________________
Age of tank (s) ______________________________________________
Capacity ___________________________________________________
Contents ___________________________________________________

Any hauling for hire or for others? □ Yes □ No
Material hauled ______________________________________________
Frequency of hauling _________________________________________
Radius of hauling ____________________________________________
Vehicles used _______________________________________________

Any snowplowing? □ Yes □ No
If yes, complete Snowplowing Questionnaire.

Attach a sample copy of the insured's standard written contract and a copy of the two most recent customer's written contracts if not included above.

Does the insured have an internet Website? □ Yes □ No
If yes please provide WWW. _____________________________________________

Insured's Signature ____________________________________________ Date __________________

Agent’s Signature ____________________________________________ Date __________________