

**Arch Insurance - Construction Middle Market Division
Supplemental Questionnaire for Contractor NOC**

Date:

CONTACT INFORMATION

Named Insured:

Contact/Applicant Name:

Phone:

Website:

Email:

BUSINESS DETAILS

Year Business Established:

Please provide a Description of your Operation:

If the business ever operated under a different name, please list them

Average Number of Employees:

Please list States In Which You Operate:

Please list the States you have worked in within the last 10 years (not listed above):

Annual Sales Volume/Receipts:

Projected

2nd Prior Year

Expiring

3rd Prior Year

1st Prior Year

4th Prior Year

Payroll History:

Projected

2nd Prior Year

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Expiring	3rd Prior Year
1 st Prior Year	4 th Prior Year

Subcontractor Cost:

Projected	Expiring
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Please list the percentage of Total Receipts that you perform in each Market Segment:

Commercial	%	Industrial	%
Agricultural	%	Government	%
Residential:			
Single Family Home	%	Apartments	%
Condo	%	Nursing Home /Asst Living	%
Townhouse	%	Hotel/Motel	%
Timeshare	%	Dormitory	%
Other (describe):			%

Please list the percentage of Total Receipts that/if you perform in:

New Construction	%	Manufacturing (Sell to Third Party)	%
Reconstruction	%	Fabrication (Sell to Third Party)	%
Service/Maintenance	%		

Please list the Story Height of Work:

Average	Maximum
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Please list the percentage of Total Receipts that you perform in:

New Construction	%	Quarry Operation	%
Reconstruction	%	Asphalt Plant	%
Service/Maintenance	%	Concrete Plant	%
Manufacturing	%	Demolition (Structural vs Non-Structural)	%
Fabrication	%		

Please list the percentage of Total Receipts that you operate as:

General Contractor	%	Subcontractor	%
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CONTRACTUAL RISK TRANSFER

Do you require a Subcontract Agreement be used for all subcontracted work?

If "No", please describe when a Subcontract Agreement would not be used for subcontracted work.

Do you collect Certificates Of Insurance from all Subcontractors?

How are they tracked for Expiration?

Do you require that all Subcontractors name you as "Additional Insured"?

How Do You Pre-Qualify Subcontractors?

Design Work:

Does the company do Design Work?

If "Yes", is a Professional Policy in place for the company?

If "Yes", what are the Policy Limits?

Pollution:

Is a Pollution Policy in place for the company?

If "Yes", what are the Policy Limits?

How Do You address QA/QC On Jobs?

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BASIC SAFETY PROGRAM COMPONENTS

Does the company have the following components? (Yes/No)

Full Time Safety Director:

Safety Director's Name

Written Safety Program:

New Hire Orientation:

Safety Training:

Drug Testing Program:

Pre-Hire?

Post-Accident?

Random?

Reasonable Susp?

Safety Task Analysis or Site Specific Plan:

Light Duty/Return to Work Program:

Crisis Management Plan:

BASIC FLEET PROGRAM COMPONENTS

Does the company have the following components? (Yes/No)

Written Fleet Program:

Including Vehicle Maintenance:

Crew or group transport:

Bus:

Van:

Motor Vehicle Report (MVR) run at hire?

Annually:

For cause/Post-Incident:

Motor Vehicle Report (MVR) Written Driver Criteria:

If "Yes", please describe:

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CONTRACTOR NOC

Self-Performed or Subcontracted (please list % for each column)

OPERATIONAL FOCUS	Self%	Sub%		Self%	Sub%
Aerial Work/Bucket Trucks			Land Clearing		
Boiler			Masonry		
Bridge			Mechanical		
Cable			Painting		
Carpentry			Paving (Asphalt)		
Concrete(Flat Work, Slip-Form, Leveling, Rebar)			Pile Driving		
Core Drilling			Plastering		
Crane			Plumbing		
Curbs/Paving/Sidewalks			Process Piping		
Demolition Exterior			Rigging		
Demolition Interior			Roofing		
Direction Drill/Bore			Silos (Slip Forming)		
Drilling			Sign Work		
Drywall			Snow and Ice Management		
Electrical			Steel (Structural)		
Elevator/Escalator			Sprinklers (Fire Suppression)		
Energized (High Voltage)Work			Storm Response		
Excavation			Street/Road		
Fencing			Striping		
Fire Alarm			Stucco/EFIS		
Foundations (Commercial)			Substation Work		
Foundations (Residential)			Telecommunications Installation		
Gas Line			Tower Work		
Grading			Traffic (Signals and Lighting)		
Generator Work			Transformer Work		
Guardrail			Transmission Work		
Gunite/Shotcrete			Tree Trimming/Brush Clearing		
Highline/Power line Work			Tunneling		
Holiday Lighting			Voltage (High)		
Industrial Building Construction			Water, Sewer, Sanitary Line		
Insulation			Work Zone/Traffic Control		
Landscaping					
Other (describe operation/s)					

SPECIALTY WORK	Self%	Sub%		Self%	Sub%
Abatement			Post-Tensioning		
Aerial Chemical Application			Pre-Cast Panels/Structure Members		
Air Port			Quarry		
Alarm Monitoring			Rail Road		
Agricultural (processing)			Refinery		
Amusement Park Rides			Ready-Mix Plant		
Barge			Remediation/Restoration		
Blasting			Solar		
Caisson Work			Specialty Occupancy:		
Chemical Manufacturing/Mix/Sell			- High Value Occupancy?		
Cofferdam Work			- Historical Buildings?		
Dam			Stump Grinding		
Design Work			Tilt-Up		
Helicopter Work			Underpinning		

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Highway Right Of Way			Under Water		
Implosion			Water Treatment Plant		
Landfill			Waste Water Treatment Plant		
Nuclear			Wind Power		
Petrochemical Plant			Wrecking		
Other (describe operation/s)					

SPECIFIC SAFETY PROGRAM COMPONENTS

Please describe your NFPA 70E Program:

Please describe how you manage Traffic and Work Zone Safety:

Please list how long you retain Records?

10 Years

Statute of Repose

Other

Crane Management:

Owned:

List operator qualifications:

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Who performs Annual Inspections?

Who performs Qualified Rigger and Signal Person training?

What Crane work will you perform for others?

Subcontracted:

How is the Contractual Risk Transfer managed?

What Umbrella Limits do you require?

What Operator Qualifications are required?

How do you know the Subcontractor completed the Annual Inspection?

Do you use their Riggers and Signal Persons or your own?

Please describe your efforts with Wildfire Management:

Please describe any Trade Associations or Groups that you participate (AGC, State Chapter, ABC, etc.):

Signature: _____

Date:

Title: