

**Arch Insurance - Construction Middle Market Division
Supplemental Questionnaire for Street and Road Contractor**

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:

Automobile Bridge	%	Rural Work	%
Railroad Bridge	%	Urban Work	%
Freeway Work	%	Residential Neighborhood Work	%
State D.O.T. Work	%	Parking Lots Work	%
Other (describe):			%

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

New Construction	%	Demolition	%
Reconstruction	%	Quarry Operation	%
Manufacturing (Sell to Third Party)	%	Concrete Plant	%
		Asphalt Plant	%

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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STREET AND ROAD CONTRACTOR

OPERATIONAL FOCUS						
<i>(please provide percentage for each column)</i>		Self%	Sub%		Self%	Sub%
Blasting				Paving (Asphalt)		
Carpentry				Paving (Concrete)		
Concrete				Pile Driving		
Crane				Rebar		
Demolition				Retention/Detention Pond		
Drilling				Rigging		
Electrical:				Seal Coating		
Erosion Control				Signage		
Excavation				Steel (Structural)		
Grading				Striping		
Guardrail				Traffic Signals		
Hauling Materials or Equipment for others				Welding		
Milling				Work Zone/Traffic Control		
Other (describe operation/s)						

BRIDGE WORK	Box Culvert		Single Span		Long Span		Multi-Span	
Automobile Bridge Work	Self%	Sub%	Self%	Sub%	Self%	Sub%	Self%	Sub%
Average Length								
Average Height								
Maximum Length								
Maximum Height								
New Construction								
Demolition								
New Deck								
Temporary Bridges								
Over Water								
Railroad Bridge Work	Self%	Sub%	Self%	Sub%	Self%	Sub%	Self%	Sub%
Average Length								
Average Height								
Maximum Length								
Maximum Height								
New Construction								
Demolition								
New Deck								
Temporary Bridges								
Over Water								

Please list any additional not covered above:

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SPECIALTY WORK	Self%	Sub%		Self%	Sub%
Air Port (Runway or Taxiway) Work			Oil & Gas pad or access work		
Barge			Railroad		
Blasting			Snow and Ice Management		
Design Work					
Other (describe operation/s)					

SPECIFIC SAFETY PROGRAM COMPONENTS

Please describe how you manage Traffic and Work Zone Safety:

How do you manage Job Site / Area Controlled?:

Please list how long you retain Records?

10 Years

Statute of Repose

Other

Crane Management:

Owned:

List operator qualifications:

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?

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

Signature: _____

Date:

Title: