

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

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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

1<sup>st</sup> Prior Year

4<sup>th</sup> Prior Year

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Payroll History:

Projected	2nd Prior Year
Expiring	3rd Prior Year
1 <sup>st</sup> Prior Year	4 <sup>th</sup> 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	%	Quarry Operation	%
Reconstruction	%	Concrete Plant	%
Service/Maintenance	%	Fabrication (Sell to Third Party)	%
Demolition	%		

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**

<b>OPERATIONAL FOCUS</b>						
<i>(please provide percentage for each column)</i>		Self%	Sub%		Self%	Sub%
Cable			Grading			
Carpentry			Landfill			
Concrete			Land Clearing			
Crane			Landscaping			
Demolition			Pile Driving			
Direction Drill/Bore			Rebar			
Drain Tiling			Rigging			
Drilling (Oil or Gas)			Sewer			
Electrical			Street/Road			
Excavation			Tunneling			
Fiber Optic			Water Line			
Final Connections			Work Zone/Traffic Control			
Gas /Oil Line						
Above Ground Work (please describe)						
Other (describe operation/s)						

<b>SPECIALTY WORK</b>					
	Self%	Sub%		Self%	Sub%
Air Port (Runway or Taxiway) Work			Hot Taps		
Barge			Nuclear		
Blasting			Quarry		
Caissons			Rail Road		
Dam			Underpinning		
Design Work			Swimming Pools/Water Park		
Other (describe operation/s)					

**SPECIFIC SAFETY PROGRAM COMPONENTS**

Please describe how you manage Traffic and Work Zone Safety:

Please describe how you manage Job Site / Area Controlled:

Please list how long you retain Records?

10 Years

Statute of Repose

Other

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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?

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 (NUCA, State Chapter, ABC, etc.):

Signature: \_\_\_\_\_

Date:

Title: