

## Contractors, Design-Builders and Construction Managers Questionnaire

**Note: A completed CNA Contractors Program application will be required in order to issue a policy. The Contractors program is only available to Licensed Excess & Surplus Lines Agents/Brokers.**

Please indicate the limits (000's) for quotes:

|                               |                                    |                               |                               |                               |                               |        |
|-------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--------|
| 1000 <input type="checkbox"/> | 1000/2000 <input type="checkbox"/> | 2000 <input type="checkbox"/> | 3000 <input type="checkbox"/> | 4000 <input type="checkbox"/> | 5000 <input type="checkbox"/> | Other: |
|-------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--------|

Please indicate the SIR/deductible(s) (000's) for quotes:

|                            |                             |                             |                             |                             |                             |                              |                              |                              |        |
|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|--------|
| 5 <input type="checkbox"/> | 10 <input type="checkbox"/> | 15 <input type="checkbox"/> | 25 <input type="checkbox"/> | 50 <input type="checkbox"/> | 75 <input type="checkbox"/> | 100 <input type="checkbox"/> | 150 <input type="checkbox"/> | 200 <input type="checkbox"/> | Other: |
|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|--------|

### COMPANY INFORMATION

|  |      |               |  |
|--|------|---------------|--|
| 1. Company Name:                                     |      | Contact Name: |  |
| Address:   |      | City:         |  |
| State:   | Zip: | County:       | Phone: <span style="float:right">Fax:</span> |
| Contact Name Email:                                  |      | Website URL:  |  |
| 2. Date company established:                         |      |               |  |
| 3. Number of licensed architects/engineers on staff: |      | Total staff:  |  |

### RISK MANAGEMENT INFORMATION

4. The company has the following risk management procedures in place:

|  |  |
|--|--|
| Written quality procedures <input type="checkbox"/> Y <input type="checkbox"/> N | Continuing education program <input type="checkbox"/> Y <input type="checkbox"/> N                             |
| Participate in peer review <input type="checkbox"/> Y <input type="checkbox"/> N | Use written contracts <input type="checkbox"/> Y <input type="checkbox"/> N <span style="float:right">%</span> |
| Attend IRMI seminar <input type="checkbox"/> Y <input type="checkbox"/> N        | Use AIA/AGC contracts <input type="checkbox"/> Y <input type="checkbox"/> N <span style="float:right">%</span> |

### ACCOUNTING YEAR INFORMATION

5. Services, Construction Values and Professional Fees

| Reporting Periods                      | Past 12 Months                         |                                      | Estimate for Next 12 Months                      |  |
|--|--|--------------------------------------|--|--|
|  | From: /                                | To: /                                | From: /  | To: /  |
| Services                               | Construction Values for past 12 months | Professional Fees for past 12 months | Estimated Construction Values for next 12 months | Estimated Professional Fees for next 12 months |
| Design Only                            |  |                                      |  |  |
| Construction Only                      |  |                                      |  |  |
| Agency CM                              |  |                                      |  |  |
| At Risk CM                             |  |                                      |  |  |
| Design-Build with In-House Design      |  |                                      |  |  |
| Design-Build with Subcontracted Design |  |                                      |  |  |
| Other                                  |  |                                      |  |  |
| Totals                                 |  |                                      |  |  |

6. What professional liability insurance limits does the company require of design consultants?

**SERVICES/PROJECT INFORMATION**

7. Is the company a General Contractor?  Y  N | Is the company a Specialty Contractor?  Y  N

8. What is the company's primary SIC code? | What is the company's primary NAICS code?

9. Describe the nature of operations or attach a copy of the company's current brochure:

10. Please indicate the approximate percentage of total construction values for past 12 months by project type.

|                                       |   |                                       |   |                                     |   |
|---------------------------------------|---|---------------------------------------|---|-------------------------------------|---|
| Airport Facilities (except terminals) | % | Hotels/Motels                         | % | Petro/Chemical                      | % |
| Airport Terminals                     | % | Houses/Residential                    | % | Potable Water Systems               | % |
| Amusement Rides                       | % | Industrial Waste Treatment            | % | Real Estate Development             | % |
| Apartments/Dormitories                | % | Jails/Justice                         | % | Recreation/Sports                   | % |
| Assisted Living Facilities            | % | Landfills/Solid Waste Facilities      | % | Roads/Highways                      | % |
| Bridges                               | % | Libraries                             | % | Schools/Colleges                    | % |
| Churches/Religious                    | % | Manufacturing/Industrial              | % | Shopping Centers/Retail/Restaurants | % |
| Condos/Co-ops                         | % | Mass Transit                          | % | Storm Water Systems                 | % |
| Convention Centers/Arenas/Stadiums    | % | Multi-family Residential excl. Condos | % | Tunnels                             | % |
| Dams                                  | % | Nuclear/Atomic                        | % | Warehouses                          | % |
| Environmental Remediation             | % | Office Buildings/Banks                | % | Water/Sewer Pipelines               | % |
| Harbors/Piers/Ports                   | % | Parking Structures                    | % | Water/Wastewater Treatment          | % |
| Hospitals/Health Care                 | % | Parks/Playgrounds/ Pools              | % | Utilities (Gas, Electric, Steam)    | % |
| Other (specify)                       | % | Other (specify)                       | % | Other (specify)                     | % |

**INSURANCE INFORMATION**

11. Does the company carry professional liability insurance?  Y  N | Retro Date

Carrier, limits of liability, SIR, premium, effective and expiration dates:

12. Please provide the firm's G/L and Umbrella carrier, limits of liability, and policy effective/expiration dates:

Please provide the firm's GL loss ratio for the past five years:

Please provide current WC modifier:

13. Does the company currently carry CPL insurance?  Y  N | Retro Date

Carrier, limits of liability, SIR, premium, effective and expiration dates:

**POLLUTION EXPOSURE INFORMATION**

**If yes, provide details including the percentages of these services on a separate sheet.**

**14.** Does the company perform any work or services related to asbestos, mold remediation pollution or pollutants?  Y  N

**15.** Has your company performed or subcontracted to others in the past 12 months (or expect to perform or subcontract in the next 12 months) services in connection with:

Industrial piping/processes  Y  N      Underground storage tanks  Y  N

Air emission control systems  Y  N      Solid waste sites  Y  N

Hazardous/toxic disposal sites  Y  N      Landfills  Y  N

Superfund sites  Y  N      Permitting/monitoring related to hazardous waste  Y  N

Lead evaluation/abatement  Y  N      Generation, transportation, storage or disposal of or arrange for the transportation, storage or disposal of pollutants  Y  N

Emergency response/cleanup  Y  N

**CLAIMS INFORMATION**

**16.** Is any firm principal, partner, officer, director, or member aware of any claim or circumstances that could give rise to a professional liability, pollution or environment claim?  Y  N

**17.** Has the firm ever been involved in a professional liability, pollution or environmental claim?  Y  N

**BUSINESS INFORMATION**

**18.** Is the firm involved in real estate development?  Y  N

**19.** Is the firm involved in the manufacture, sale or distribution of a product?  Y  N

**20.** Does any company member have an ownership interest in a project for which services are rendered?  Y  N

**21.** Has the company or any predecessor ever declared bankruptcy?  Y  N

**If the answer is "yes" to any question between 14-21, please provide details below.**