



# AGC *Risk Profiler*

## **Appropriate Use of This Form**

The **AGC *Risk Profiler*** is intended to help construction contractors identify their risks of either loss or liability. Once they have taken that step, contractors can better assess their insurance and other risk management programs. Many contractors will find it particularly useful to complete this form in conjunction with their insurance brokers. Some contractors may even need their brokers to help them determine the best way to answer several of these questions. Most contractors will also need insurance professionals to help them interpret the information that the form collects. Ideally, the form will stimulate discussion and dialogue between construction contractors and insurance professionals, and enhance their typically joint efforts to determine appropriate ways for such contractors to manage the risks that inhere in their work.

## **Required Software**

With only the Adobe Acrobat Reader (version 6.0 or higher), which remains a free download from the web site for Adobe Systems, Inc. ([www.adobe.com](http://www.adobe.com)), construction contractors and other users can download, save, read and/or print the electronic version of the **AGC *Risk Profiler***. Users can also enter information into this form. They cannot, however, save their entries. To make full use of the electronic version of this form, users will need to purchase the full version of Adobe Acrobat (version 6.0 or higher) from Adobe Systems, Inc.

## **Important Notice and Disclaimer**

While broad, the **AGC *Risk Profiler*** is not exhaustive. It does not cover all facts or circumstances that may expose a construction contractor or other user to a risk of loss or liability. Nor does it purport to prescribe any particular course of action. This form is no substitute for competent legal, insurance or other professional advice. The Associated General Contractors of America (AGC) strongly encourages individual contractors and other users to consult competent professionals on appropriate ways to manage the risks that inhere in their activities. In making this form available, AGC is not undertaking to perform any service on behalf of any party, or for the protection of any party.

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## A. Your Company

### 1. Contact Information for Home Office

Name of Company

Name and Title of Contact Person

Address

Telephone Number

Fax Number

E-Mail Address

Web Site

If Incorporated, State of Incorporation

### 2. Street Addresses for All Area, Regional or Other Permanent Offices

a.

b.

c.

d.

### 3. Type of Organization

Sole Proprietorship

Subchapter S Corporation

Joint Venture

General Partnership

Subchapter C Corporation

Employee Stock Ownership Plan

Limited Partnership

Limited Liability Company

Other

### 4. Type of Contractor

a. Please check all of the following that apply to you:

Construction Manager

Specialty

General Contractor

Asbestos, Mold or Other

Lath and Plaster

Building

Remediation

Masonry

Design-Build

Concrete

Mechanical

Residential

Drywall

Painting

Highway/Heavy

Electrical

Roofing

Industrial (Including Refinery)

Excavation/Dirt

Steel Erection

Utility

Framing

Other: \_\_\_\_\_

Glazing

b. If you checked "Construction Manager," how much and what percentage of your total revenue do you derive from the following:

Construction Management At Risk? \$ \_\_\_\_\_ %

Construction Management Agency? \$ \_\_\_\_\_ %



c. Please identify all of the construction trades that you employ:

a. _____	d. _____	g. _____
b. _____	e. _____	h. _____
c. _____	f. _____	i. _____

**5. Years in Business and Association Membership**

a. How many years have you been in business?	_____ years	
b. Are you a member of Associated General Contractors of America, Construction Financial Management Association or any other association?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. If your answer is "yes," then please identify the association:		

**6. Ownership**

a. Are you a subsidiary of, or controlled by, another company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. If your answer is "yes," then:		
What is the name of your parent or otherwise controlling company?	_____	
What percentage of your company does your parent or otherwise controlling company own?	_____	%
If applicable, what is the date on which you were acquired?	_____	
c. Please provide any other details of your ownership:		
<input type="checkbox"/> <a href="#">Click here to add additional information.</a>		

**7. Total Payroll and Revenue Over the Last Five Years**

Fiscal Year	Payroll	Revenue
a.	\$ _____	\$ _____
b.	\$ _____	\$ _____
c.	\$ _____	\$ _____
d.	\$ _____	\$ _____
e.	\$ _____	\$ _____



### 8. Average Payroll and Revenue for Domestic Operations Over the Last Three Years (by State)

State	Average Annual Payroll	% of Average Annual Payroll	Average Annual Revenue	% of Average Annual Revenue
a.	\$	%	\$	%
b.	\$	%	\$	%
c.	\$	%	\$	%
d.	\$	%	\$	%
Total for Domestic Operations	\$	%	\$	%

[Click here to add additional information.](#)

### 9. Operations Outside the United States (Including Canada and Mexico) in the Last Three Years

a. Have you performed any work outside the United States (including Canada and Mexico) in the last three years?  Yes  No

b. If your answer is "yes," please provide the following information on such work:

Country	Operations/Projects	Average Annual Payroll (US\$)	Average Annual Revenue (US\$)	Ongoing
a.		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

[Click here to add additional information.](#)

### 10. Operations Outside the United States (Including Canada and Mexico) for the United States Government

Are you currently performing, or preparing to perform, any work outside the United States (including Canada and Mexico) for the United States Government?  Yes  No

### 11. Subcontracting

a. What percentage of your average annual volume do you subcontract to other construction contractors? %

b. What is the dollar amount of the work that you subcontract to other firms in an average year? \$

c. What operations do you typically subcontract to other firms?



## B. Affiliates

### 12. Contact Information for Any Affiliated Entities Active in the Last Three Years (Including Any Joint Ventures That Are Currently Active)

a. Name of Company

Name and Title of Contact Person	
Address	
Telephone Number	Fax Number
E-Mail Address	Web Site
If Incorporated, State of Incorporation	

b. Name of Company

Name and Title of Contact Person	
Address	
Telephone Number	Fax Number
E-Mail Address	Web Site
If Incorporated, State of Incorporation	

c. Name of Company

Name and Title of Contact Person	
Address	
Telephone Number	Fax Number
E-Mail Address	Web Site
If Incorporated, State of Incorporation	

d. Name of Company

Name and Title of Contact Person	
Address	
Telephone Number	Fax Number
E-Mail Address	Web Site
If Incorporated, State of Incorporation	

[Click here to add additional information.](#)



**13. Average Payroll, Revenue and Workforce for Affiliated Entities  
(Listed in Response to Question 12)**

Name	Average Annual Payroll	Average Annual Revenue	Average Annual Fees for Professional Services	Average Annual Number of Employees
a.	\$	\$	\$	
b.	\$	\$	\$	
c.	\$	\$	\$	
d.	\$	\$	\$	
Total	\$	\$	\$	

*Click here to add additional information.*

**14. Nature of Work That Affiliated Entities (Listed in Response to Question 13) Self-Perform**

Name	Nature of Work Performed
a.	
b.	
c.	
d.	

*Click here to add additional information.*

**15. All Past Joint Ventures Since Your Inception**

Name of Joint Venture and Type of Work Performed	Ownership Interest	Total Revenue	Date of Termination
a.			
Type of Work: _____ State: _____	%	\$	
b.			
Type of Work: _____ State: _____	%	\$	
c.			
Type of Work: _____ State: _____	%	\$	
d.			
Type of Work: _____ State: _____	%	\$	

*Click here to add additional information.*



## 16. All Entities Sold, Spun-Off or Discontinued Since Your Inception

Name of Entity and Type of Work Performed	Date of Termination or Dissolution	Bankruptcy
a.		<input type="checkbox"/> Yes
Type of Work:		<input type="checkbox"/> No
b.		<input type="checkbox"/> Yes
Type of Work:		<input type="checkbox"/> No
c.		<input type="checkbox"/> Yes
Type of Work:		<input type="checkbox"/> No
d.		<input type="checkbox"/> Yes
Type of Work:		<input type="checkbox"/> No

[Click here to add additional information.](#)

## 17. Residual Risk Management Strategy for Each Entity Sold, Spun-Off or Discontinued Since Your Inception

Please provide a brief description of your strategy for managing the residual risk of liability for the operations or other activities of each entity you have sold, spun-off or discontinued since your inception (and therefore listed in response to the immediately preceding question).

## 18. Acquisitions

a. Are you currently seeking to acquire other operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have you acquired any other operations in the past five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. If your answer is "yes," then:		
Did you assume any liabilities of the acquired operation(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please provide a full description of the acquired operation(s):		

[Click here to add additional information.](#)



## C. Automobiles, Trucks and Other Equipment

### 19. On-Road Vehicles

a. Please provide the following information on your on-road vehicles:

Type of Vehicle	Number of Vehicles Owned	Number of Vehicles Rented or Leased	Radius of Operations
Private Passenger Cars			
Buses and Vans			
Light Trucks			
Medium Trucks			
Heavy Trucks			
Extra Heavy Trucks			
Heavy Tractors			
Heavy Trailers			
Extra Heavy Tractors			
Extra Heavy Trailers			
Other			
Total Vehicles			

[Click here to add additional information.](#)

b. How do you determine that your drivers are qualified to operate your vehicles? What standards do you require them to meet?

c. Are any specific groups, classes or types of drivers denied the opportunity to operate your vehicles?

Yes

No

d. If your answer is "yes," please identify or describe these groups, classes or types of drivers:



e. If you own your vehicles:

Do you ever lease them to others?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your answer is "yes," then:			
Do you also provide drivers?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Do you have written agreements with the individuals or companies to whom you rent or lease these vehicles?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How much and what percentage of your total revenue do you derive from leasing these vehicles to others?		\$	%

Do you permit your employees to make personal use of these vehicles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your answer is "yes," do you require them to sign waivers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

f. If you lease for these vehicles from others:

Do you lease them on a regular or long term basis, or just to meet peak loads?	<input type="checkbox"/> Regularly	<input type="checkbox"/> Just Peak Loads
Do you have written agreements with the individuals or companies from whom you lease these vehicles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How much do you spend to lease these vehicles each year?	\$	

g. Do you permit your employees to use their personal vehicles to conduct any company business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. If your answer is "yes," do you require your employees to meet any minimum limits for auto insurance coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Do you provide group transportation to either your own or any other employer's employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 20. Cranes, Hoists, Derricks and Other Lifting Devices

a. In the course of performing your work, do you operate cranes, hoists, derricks or other lifting devices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

b. If your answer is "yes," please identify and describe these devices

Type of Equipment Operated	Number of Pieces You Own	Number of Pieces You Lease

[Click here to add additional information.](#)



c. If your answer is "yes," also provide the following information:

Do you operate these devices off of barges or other water-borne equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How do you determine that your operators are qualified to operate your equipment? What standards do you require them to meet?		

d. If you own these devices:

Do you ever lease them to others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If your answer is "yes," then:			
Do you also provide operators?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Do you have written agreements with the individuals or companies to whom you lease these devices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How much and what percentage of your total revenue do you derive from leasing these devices to others?	\$	%	

Do you permit your employees to make personal use of these vehicles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your answer is "yes," do you require them to sign waivers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

e. If you lease these devices from others:

Do you lease them on a regular or long term basis, or just to meet peak loads?	<input type="checkbox"/> Regularly	<input type="checkbox"/> Just Peak Loads
Do you have written agreements with the individuals or companies from whom your rent or lease these devices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who is providing the liability insurance coverage?	<input type="checkbox"/> You	<input type="checkbox"/> The Owner
If the owner is providing the liability insurance coverage, do you require the owner to meet any minimum limits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How much do you spend to lease these devices each year?	\$	
Do you already have an equipment insurance policy that covers leased devices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

f. Does the government mandate insurance coverage for any of these devices?  Yes  No



## 21. Other Non-Road Equipment

a. In the course of performing your work, do you operate other non-road equipment?  Yes  No

b. If your answer is "yes," please identify and describe this other equipment:

Type of Equipment	Number of Pieces You Own	Number of Pieces You Rent or Lease

[Click here to add additional information.](#)

c. If your answer is "yes," please also explain how you determine that your operators are qualified to operate your equipment? For example, what standards do you require them to meet?

d. If you own this equipment:

Do you ever lease it to others?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your answer is "yes," then:			
Do you also provide operators?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Do you have written agreements with the individuals or companies to whom you lease these devices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How much and what percentage of your total revenue do you derive from leasing these devices to others?	\$	%	
Do you permit your employees to make personal use of this equipment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your answer is "yes," do you require them to sign waivers?		<input type="checkbox"/> Yes	<input type="checkbox"/> No



e. If you lease this equipment from others:

Do you lease it on a regular or long term basis, or just to meet peak loads?	<input type="checkbox"/> Regularly	<input type="checkbox"/> Just Peak Loads
Do you have written agreements with the individuals or companies from whom your rent or lease this equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who is providing the liability insurance coverage?	<input type="checkbox"/> You	<input type="checkbox"/> The Owner
If the owner is providing the liability insurance coverage, do you require the owner to meet any minimum limits for such coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How much do you spend to lease this equipment each year?	\$	
Do you already have an equipment insurance policy that covers leased equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

f. Does the government mandate insurance coverage for any of these devices?  Yes  No

**22. Property of Others (Including Leased Equipment) in Your Care, Custody or Control**

a. Do you have any identifiable exposure for damage to such property or equipment, or the loss of its use?  Yes  No

b. If your answer is "yes," then:

Is your exposure substantial?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who is providing the insurance coverage for physical damage to the property or the loss of its use?	<input type="checkbox"/> You	<input type="checkbox"/> The Owner
If the owner is providing the insurance coverage, do you require the owner to meet any minimum limits for such coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you assumed any additional responsibility for the property by contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

[Click here to add additional information.](#)

**23. Watercraft (Including Barges), Floats and/or Docks**

Type of Exposure	Number of Each That You Own	Number of Each That You Charter, Rent or Lease*	Horsepower of Each
Watercraft Under 26'			
Watercraft 26' to 50'			
Watercraft Over 50'			
*			
*			
Floats			
Docks			

\* Please include any other personal watercraft that you permit your company to use.



## 24. Location and Use of Watercraft (Including Barges), Floats or Docks

Watercraft, Float or Dock	Location	Use
a.		
b.		
c.		
d.		
e.		
f.		

[Click here to add additional information.](#)

## 25. Aircraft

a. How many aircraft do you own or lease?

Type of Aircraft	Number That You Own	Number That You Charter or Lease	Number of Passenger Seats	Average Number of Passengers Per Trip
Single Engine				
Twin Engine				
Jet				
Helicopter				

b. How many licensed pilots do you employ for the purpose of flying company aircraft?

c. Do you own an aircraft hanger?  Yes  No

d. Do you rent an aircraft hanger?  Yes  No

e. If you now carry insurance for aircraft exposure, please identify your insurance carrier and the limits of your current coverage:

[Click here to add additional information.](#)

f. If you now carry insurance for your exposure for aircraft that you own, does your aviation policy provide workers compensation coverage for your flight crews?  Yes  No

g. If you charter or lease aircraft, who provides the insurance coverage?  You  The Owner

h. If the owner is providing the insurance coverage, do you require the owner to meet any minimum limits for such coverage?  Yes  No





## 28. Underground Operations

a. Do you perform any tunneling or other underground work?

Yes

No

b. If your answer is "yes," please indicate the nature and volume of this work:

Nature of Underground Work	Yes	No	Average Annual Revenue Derived from Such Work	Percentage of Total Revenue Derived from Such Work
Excavation	<input type="checkbox"/>	<input type="checkbox"/>	\$	%
Trenching	<input type="checkbox"/>	<input type="checkbox"/>	\$	%
Tunneling	<input type="checkbox"/>	<input type="checkbox"/>	\$	%
Direction Boring	<input type="checkbox"/>	<input type="checkbox"/>	\$	%
Other (Please Describe)	<input type="checkbox"/>	<input type="checkbox"/>	\$	%

c. If your answer is "yes," please also provide a narrative description of this work:

[Click here to add additional information.](#)

## 29. Work Performed Over, On or Near Navigable Waters

a. Please provide the following information on all work performed over, on or near navigable waters:

Location of Work	Approximate Payroll for Such Work	Average Annual Revenue Derived from Such Work
Work Performed on Watercraft (Including Barges), Floats or Docks, or Platforms Fixed Over Navigable Waters	\$	\$
All Other Work Performed Over or Near Navigable Waters	\$	\$

b. Please describe the nature of all work over or near navigable waters:

[Click here to add additional information.](#)



- c. If you now carry insurance for more than incidental exposure under U.S. Longshoreman and Harborworkers Compensation Act (USL&H), or for any maritime exposure under the Jones Act, please indicate the amount of your payroll that you have in each category:

USL&H	\$	Payroll
Maritime	\$	Payroll
Outer Continental Shelf	\$	Payroll

### 30. Blasting Operations

- a. Please provide a narrative description of any blasting operations, including the nature of the projects being constructed and the areas in which you perform such operations:

[Click here to add additional information.](#)

- b. Do you self-perform such operations?  Always  Sometimes  Never

- c. If you self-perform such operations, how many of your employees are involved?

- d. Please describe any permanent or onsite facilities that you have or require for the storage of explosives:

[Click here to add additional information.](#)

- e. How many blasts do you and/or your subcontractors perform each year?

- f. Do you conduct any pre-blast surveys of the areas in which you perform such operations?  Yes  No



## 31. Asbestos, Mold and Other Remediation

- a. Please provide a narrative description of any asbestos, mold or other remediation that you perform, including the nature of the materials or substances that you are removing or otherwise remediating:

[Click here to add additional information.](#)

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| b. Do you ever self-perform such work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

- c. If your answer is "yes,"

Please attach any written policies, protocols and/or procedures that you may have for performing such work.
---

Please indicate how many of your employees are involved in such work.
---

- d. If you subcontract such work to others,

Do you require your subcontractors to have any written policies, protocols or procedures for performing such work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Do you require your subcontractors to have any minimum limits of insurance coverage specifically for such work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

- |  |    |    |
|--|----|----|
| e. How much and what percentage of your total revenue do you derive specifically from the remediation of buildings?                                    | \$ | %  |
| f. How much and what percentage of your total revenue do you derive from the remediation of polluted soils or other structures (other than buildings)? | \$ | \$ |





### 35. Distribution or Sale of Building Components, Equipment Parts or Other Products

Whether or not you manufacture or fabricate any building components, equipment parts or other products, if you distribute or sell such components, parts or products to other contractors or other parties, please provide a full description of all such operations, including the size of any permanent facilities and the number of employees dedicated to such operations:

[Click here to add additional information.](#)

### 36. Heavy Demolition, Wrecking and/or Salvage

Please provide a full description of all operations that involve heavy demolition, wrecking and/or salvage:

[Click here to add additional information.](#)

## E. Real Property

### 37. Occupied Premises and Vacant Land

a. Please provide the following information on all premises that you own and occupy:

Street Address of Owned Premises	Type of Building or Other Structure	Value of Building or Other Structure
a.		\$
b.		\$
c.		\$
d.		\$

[Click here to add additional information.](#)



b. Please provide the following information on all premises that you lease and occupy:

Street Address of Leased Premises	Type of Building or Other Structure	Value of Leased Premises
a.		\$
b.		\$
c.		\$
d.		\$

[Click here to add additional information.](#)

c. Please provide the following information on all premises that you lease to others for their occupation:

Street Address of Leased Premises	Type of Building or Other Structure	Value of Leased Premises
a.		\$
b.		\$
c.		\$
d.		\$

[Click here to add additional information.](#)

### 38. Vacant Land

a. Do you own or lease vacant land to facilitate any of your operations?  Yes  No

b. If your answer is "yes," please indicate approximately how much vacant land you either own or lease for that purpose:

[Click here to add additional information.](#)



## F. Contracting Policies and Procedures

39. Contracts with "Upstream" Parties		
a. Are your contracts with either owners or other "upstream" parties normally standard form contracts (published by the Associated General Contractors of America, American Institute of Architects, Engineers Joint Contract Documents Committee or others)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Please describe your procedures for the negotiation, review, approval and administration of such contracts: <div style="background-color: #f0e6e6; height: 200px; margin-top: 10px;"></div> <div style="text-align: right; margin-top: 10px;"><input type="checkbox"/> <a href="#">Click here to add additional information.</a></div>		
c. If you are a prime or general contractor, do your contracts with the owner <u>ever</u> require you to hold the owner or its design professionals (or other agents) harmless from or against their failure to exercise their professional responsibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. If your answer is "yes," please explain how you manage or address your risk of liability under those hold-harmless agreements: <div style="background-color: #f0e6e6; height: 200px; margin-top: 10px;"></div> <div style="text-align: right; margin-top: 10px;"><input type="checkbox"/> <a href="#">Click here to add additional information.</a></div>		



## 40. Subcontracts

a. Do you require your subcontractors to sign written contracts before they start work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
<p>b. If your answer is "yes," please, Attach a copy of the standard subcontract that you tender to such "downstream" parties. Indicate which of the following clauses you normally include:</p> <p><input type="checkbox"/> limited form of indemnification (only for your subcontractor's sole negligence)</p> <p><input type="checkbox"/> intermediate form of indemnification (if you and your subcontractor are both negligent)</p> <p><input type="checkbox"/> broad form of indemnification (even for your sole negligence)</p>												
<p>c. Please indicate the minimum limits of insurance coverage that you require your subcontractors to maintain for each of the following policies:</p> <table border="1"> <tr> <td>Commercial General Liability Policy</td> <td>\$</td> </tr> <tr> <td>Automobile Liability Policy</td> <td>\$</td> </tr> <tr> <td>Employers' Liability Policy</td> <td>\$</td> </tr> <tr> <td>Umbrella/Excess Policy</td> <td>\$</td> </tr> <tr> <td>Pollution or Professional Liability Policy, or other special insurance policy (please identify):</td> <td>\$</td> </tr> </table>			Commercial General Liability Policy	\$	Automobile Liability Policy	\$	Employers' Liability Policy	\$	Umbrella/Excess Policy	\$	Pollution or Professional Liability Policy, or other special insurance policy (please identify):	\$
Commercial General Liability Policy	\$											
Automobile Liability Policy	\$											
Employers' Liability Policy	\$											
Umbrella/Excess Policy	\$											
Pollution or Professional Liability Policy, or other special insurance policy (please identify):	\$											
d. Do you require your subcontractors to carry Owners/Contractors Protective policies in your favor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
e. Do you require your subcontractors to provide valid certificates of insurance before they start work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
f. Do you obligate your subcontractors to pay all insurance premiums that may come due during the terms of their subcontracts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
g. Do you require your subcontractors to name you as an additional insured on their commercial general liability insurance policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
<p>h. If your answer is "yes," then:</p> <table border="1"> <tr> <td colspan="3">What (if any) form of endorsement do you specify?</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td>Do you expressly require your subcontractor's insurance to be considered primary?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>			What (if any) form of endorsement do you specify?						Do you expressly require your subcontractor's insurance to be considered primary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What (if any) form of endorsement do you specify?												
Do you expressly require your subcontractor's insurance to be considered primary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
<p>i. What is your policy on requiring your subcontractors to provide a waiver of subrogation? If you normally require your subcontractors to provide a waiver of subrogation, on which insurance policies do you normally require such a waiver?</p>												
j. Do you require your subcontractors to provide performance bonds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes									
<p>k. If your answer is "sometimes," then on what percentage of your "downstream" work do you normally have performance bonds?</p>			%									



## G. Miscellaneous Activities

41. Railroads			
a. Do railroad lines run through the areas where you work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
b. Do or could you be working within 50 feet of a railroad line?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
c. Do your contracts ever require you to provide railroad protective policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Please describe any exposure you may have for liability under the Federal Employees Liability Act (FELA):			

42. First-Aid and Other Medical Care			
a. Do you employ either or both of the following?			
Full-Time or Part-Time Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Full-Time or Part-Time Nurse	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. If you employ a doctor or nurse, do you require that professional to carry insurance coverage for any professional liability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. If you engage an independent contractor to provide medical services, please describe any insurance coverage that you require your independent contractor to carry for any professional liability:			
d. Do you have any first-aid or other medical facilities at any one or more of your jobsites?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
e. If your answer is "yes," please describe the nature of these facilities and the level of care they are designed to provide:			

43. Seasonal, Leased and Other Employees		
a. Do you employ any seasonal or part-time employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do you lease any employees from a professional employer organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Do you lease any employees to any other employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

44. Advertising	
a. Approximately how much do you spend on advertising each year?	\$
b. Through what media do you normally advertise?	\$



## H. Current Insurance Coverage

45. Currently Required Limits of Insurance Coverage			
Type of Insurance	Required Limits of Coverage	Self-Insured Retention or Deductible	Carrier
Workers Compensation	\$	\$	\$
Commercial General Liability	\$	\$	\$
Business Auto	\$	\$	\$
Umbrella/Excess Liability	\$	\$	\$
Equipment Floater	\$	\$	\$
Builder's Risk/Installation Floaters	\$	\$	\$
Professional Liability	\$	\$	\$
Contractor's Pollution Liability	\$	\$	\$
Aviation	\$	\$	\$
Other	\$	\$	\$

46. Wrap-Up Insurance Programs	
What percentage of your work do you perform under wrap-up insurance programs (whether owner-controlled insurance programs, contractor-controlled insurance programs, or something else)?	%

47. Workers Comp			
a. If permitted by state law, have any of your employees opted out of workers comp coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
b. Do you have any employees (such as executive officers or college interns) to whom your state's workers compensation statute does not apply?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Completed By:

Name:	_____
Title:	_____
Signature:	_____
Date:	_____

### 6c. Additional Information about Ownership

Please provide any other details of your ownership:

[Click here to go to the next question.](#)

### 8. Additional Average Payroll and Revenue Information

State	Average Annual Payroll	% of Average Annual Payroll	Average Annual Revenue	% of Average Annual Revenue
e.	\$	%	\$	%
f.	\$	%	\$	%
g.	\$	%	\$	%
h.	\$	%	\$	%
i.	\$	%	\$	%
j.	\$	%	\$	%
k.	\$	%	\$	%
l.	\$	%	\$	%
m.	\$	%	\$	%
n.	\$	%	\$	%

[Click here to go to the next question.](#)



**9. Additional Information about Operations Outside the United States in the Last Three Years**

b. Additional information on work outside the United States (including Canada and Mexico) in the last three years:

Country	Operations/Projects	Average Annual Payroll (US\$)	Average Annual Revenue (US\$)	Ongoing
e.		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
h.		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
i.		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
j.		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
k.		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
l.		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

[Click here to go to the next question.](#)

**12. Additional Contact Information for Any Affiliated Entities Active in the Last Three Years (Including Any Joint Ventures That Are Currently Active)**

e. Name of Company

Name and Title of Contact Person	
Address	
Telephone Number	Fax Number
E-Mail Address	Web Site
If Incorporated, State of Incorporation	

f. Name of Company

Name and Title of Contact Person	
Address	
Telephone Number	Fax Number
E-Mail Address	Web Site
If Incorporated, State of Incorporation	

[Click here to add additional information.](#)



**13. Additional Information on Average Payroll, Revenue and Workforce for Affiliated Entities (Listed in Response to Question 12)**

Name	Average Annual Payroll	Average Annual Revenue	Average Annual Fees for Professional Services	Average Annual Number of Employees
f.	\$	\$	\$	
g.	\$	\$	\$	
h.	\$	\$	\$	
i.	\$	\$	\$	
j.	\$	\$	\$	
k.	\$	\$	\$	
l.	\$	\$	\$	
m.	\$	\$	\$	
n.	\$	\$	\$	
o.	\$	\$	\$	

[Click here to go to the next question.](#)

**14. Additional Information on the Nature of Work (Listed in Response to Question 13) That Affiliated Entities Self-Perform**

Name	Nature of Work Performed
e.	
f.	
g.	
h.	
i.	
j.	
k.	
l.	

[Click here to go to the next question.](#)



**15. Additional Past Joint Ventures Since Your Inception**

Name of Joint Venture and Type of Work Performed		Ownership Interest	Total Revenue	Date of Termination
e.		%	\$	
Type of Work:	State:			
f.		%	\$	
Type of Work:	State:			
g.		%	\$	
Type of Work:	State:			
h.		%	\$	
Type of Work:	State:			
i.		%	\$	
Type of Work:	State:			
j.		%	\$	
Type of Work:	State:			
k.		%	\$	
Type of Work:	State:			

[Click here to go to the next question.](#)

**16. Additional Entities Sold, Spun-Off or Discontinued Since Your Inception**

Name of Entity and Type of Work Performed		Date of Termination or Dissolution	Bankruptcy
e.			<input type="checkbox"/> Yes
Type of Work:			<input type="checkbox"/> No
f.			<input type="checkbox"/> Yes
Type of Work:			<input type="checkbox"/> No
g.			<input type="checkbox"/> Yes
Type of Work:			<input type="checkbox"/> No
h.			<input type="checkbox"/> Yes
Type of Work:			<input type="checkbox"/> No
i.			<input type="checkbox"/> Yes
Type of Work:			<input type="checkbox"/> No
j.			<input type="checkbox"/> Yes
Type of Work:			<input type="checkbox"/> No

[Click here to go to the next question.](#)



## 18. Additional Information about Acquisitions in the last five years

b. Have you acquired any other operations in the past five years? If your answer is "yes," then:

Please provide a full description of the acquired operation(s):

[Click here to go to the next question.](#)

## 19. Additional On-Road Vehicles

a. Please provide the following information on your on-road vehicles:

Type of Vehicle	Number You Own	Number Rent or Lease	Radius of Operations
Private Passenger Cars			
Buses and Vans			
Light Trucks			
Medium Trucks			
Heavy Trucks			
Extra Heavy Trucks			
Heavy Tractors			
Heavy Trailers			
Extra Heavy Tractors			
Extra Heavy Trailers			
Other			
Total Vehicles			

[Click here to go to the next question.](#)





**22. Additional Information about Property of Others (Including Leased Equipment) in Your Care, Custody or Control**

[Click here to go to the next question.](#)

**24. Additional Information about Location and Use of Watercraft (Including Barges), Floats or Docks**

Watercraft, Float or Dock	Location	Use
g.		
h.		
i.		
j.		
k.		
l.		
m.		
n.		
o.		
p.		

[Click here to go to the next question.](#)



**25. Additional Information about Aircraft**

e. If you now carry insurance for aircraft exposure, please identify your insurance carrier and the limits of your current coverage:

[Click here to go to the next question.](#)

**26. Additional Information about Installation and Rigging (and Related Property Exposures)**

b. What kind of equipment do you typically handle?

[Click here to go to the next question.](#)



**27. Additional Information about Purchase of a Builder's Risk Insurance Coverage**

f. When does your builder's risk insurance policy typically cease to provide coverage?

[Click here to go to the next question.](#)

**28. Additional Information about Underground Operations**

c. If your answer is "yes," please also provide a narrative description of this work:

[Click here to go to the next question.](#)



**29. Additional Information about Work Performed Over, On or Near Navigable Waters**

b. Please describe the nature of all work over or near navigable waters:

[Click here to go to the next question.](#)

**30. Additional Information about Blasting Operations**

a. Please provide a narrative description of any blasting operations, including the nature of the projects being constructed and the areas in which you perform such operations:

[Click here to go to the next question.](#)

d. Please describe any permanent or onsite facilities that you have or require for the storage of explosives:

[Click here to go to the next question.](#)



### 31. *Additional Information about Asbestos, Mold and Other Remediation*

- a. Please provide a narrative description of any asbestos, mold or other remediation that you perform, including the nature of the materials or substances that you are removing or otherwise remediating:

[Click here to go to the next question.](#)

### 34. *Additional Information about Manufacture or Fabrication of Building Components, Equipment Parts or Other Products*

If you manufacture or fabricate any building components, equipment parts or other products, for either your own use or distribution or sale to others, please provide a full description of all such operations, including the location and size of any permanent facilities and the number of employees dedicated to such operations:

[Click here to go to the next question.](#)



**35. Additional Information about Distribution or Sale of Building Components, Equipment Parts or Other Products**

Whether or not you manufacture or fabricate any building components, equipment parts or other products, if you distribute or sell such components, parts or products to other contractors or other parties, please provide a full description of all such operations, including the size of any permanent facilities and the number of employees dedicated to such operations.

[Click here to go to the next question.](#)

**36. Additional Information about Heavy Demolition, Wrecking and/or Salvage**

Please provide a full description of all operations that involve heavy demolition, wrecking and/or salvage:

[Click here to go to the next question.](#)



### 37. Additional Information about Occupied Premises and Vacant Land

a. Please provide the following information on all premises that you own and occupy:

Street Address of Owned Premises	Type of Building or Other Structure	Value of Building or Other Structure
e.		\$
f.		\$
g.		\$
h.		\$
i.		\$
j.		\$

[Click here to go to the next question.](#)

### 37. Additional Information about Occupied Premises and Vacant Land

b. Please provide the following information on all premises that you lease and occupy:

Street Address of Leased Premises	Type of Building or Other Structure	Value of Leased Premises
e.		\$
f.		\$
g.		\$
h.		\$
i.		\$
j.		\$

[Click here to go to the next question.](#)



**37. Additional Information about Occupied Premises and Vacant Land**

c. Please provide the following information on all premises that you lease to others for their occupation:

Street Address of Leased Premises	Type of Building or Other Structure	Value of Leased Premises
e.		\$
f.		\$
g.		\$
h.		\$
i.		\$
j.		\$

[Click here to go to the next question.](#)

**38. Additional Information about Vacant Land**

b. If your answer is "yes," please indicate approximately how much vacant land you either own or lease for that purpose:

[Click here to go to the next question.](#)



**39. Additional Information about Contracts with "Upstream" Parties**

b. Please describe your procedures for the negotiation, review, approval and administration of such contracts:

[Click here to go to the next question.](#)

**39. Additional Information about Contracts with "Upstream" Parties**

d. If your answer is "yes," please explain how you manage or address your risk of liability under those hold-harmless agreements:

[Click here to go to the next question.](#)

