



## CONSTRUCTION MANAGERS & CONSULTANTS QUESTIONNAIRE

**Applicant Name:** \_\_\_\_\_

**Website address:** www. \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Years in business under current name:** \_\_\_\_\_yrs

**Years of experience as a consultant:** \_\_\_\_\_yrs

1. Estimated gross payroll: \$ \_\_\_\_\_

2. Estimated gross sales for the policy term: \$ \_\_\_\_\_

3. Estimated Construction value of all projects in which you will be involved with during the policy term: \$ \_\_\_\_\_

4. Are your sales based upon a fee (circle one)? **YES / NO**

a. If “**YES**”, what percentage is your fee based on the project values?

b. If “**NO**”, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Describe your five (5) largest projects over the past five years, **including job location, job description, your sales, construction value of the project, term of the project:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. List current projects currently underway or planned for the next year, **including job location, job description, your sales, construction value of the project, term of the project:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. What percentage of your work is at the project sites vs. within an office? \_\_\_\_\_ %
8. Do you carry Professional Liability Coverage (circle one)? **YES / NO**
- a. If “yes”, provide carrier, limits of liability and effective dates of coverage.

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9. Please provide details on any liability claims made against you in the past five (5) years, including professional liability: \_\_\_\_\_

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10. Are there General Contractors on all projects you work on (circle one)? **YES / NO**
11. Are you responsible for or involved with project site safety? **YES / NO**
12. Are you named as Additional Insured by any contractors? **YES / NO**
13. Are you named as an Additional Insured on the Owner’s/Client’s policies? **YES / NO**
14. Do you require a waiver of subrogation endorsement from contractors? **YES / NO**
15. Do you require a waiver of subrogation endorsement from owners/clients? **YES / NO**
16. Do you sign a contract with your client? **YES / NO**
17. Do you use your own contract or the clients? **OWN / CLIENTS**
- a. Does the contract contain indemnification and “hold harmless” language in your favor? **YES / NO**
- b. Provide a copy of your contract.
18. Do you sign contracts or work orders with contractors? **YES / NO**
- a. If “yes,” is it signed in your name?
19. Do you sign contracts or work orders on behalf of your client? **YES / NO**
- a. If “yes,” do you have permission from your clients to sign contracts or work orders on their behalf? **YES / NO**

**THE FOLLOWING SECTION IS ABOUT YOUR INVOLVEMENT WITH CONTRACTORS**

1. Are you responsible for hiring and/or firing contractors (GCs and/or subcontractors)? **YES / NO**
2. Do you exercise control over any contractor activities or direct their activities in any way? **YES / NO**
3. Do all contractors at the projects you work on understand that you are only there to observe their work and that you cannot instruct them on how they should perform their work? **YES / NO**

**For projects where you directly contract with contractors, please provide the following:**

4. What are the estimated contracting costs during the policy term? \$ \_\_\_\_\_
5. What amount of your sales is applicable where you directly contract with contractors? \_\_\_\_\_
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6. Please explain in what situations you directly contract with contractors instead of acting as an owner's rep. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you use subcontracts when directly contracting with contractors (circle one)? **YES / NO**
- a. Does the contract contain indemnification and "hold harmless" language in your favor? **YES / NO**
  - b. Does the contract require Additional Insured language in your favor?
  - c. **YES / NO**
  - d. Do you collect certificates of insurance? **YES / NO**
  - e. How long are records kept? \_\_\_\_\_
  - f. **Please provide a copy.**

**Inspection contact name:** \_\_\_\_\_

**Inspection contact email:** \_\_\_\_\_

**Inspection contact phone number:** \_\_\_\_\_

**WARRANTY:** The purpose of this Construction Managers and Consultants Questionnaire is to elicit material information regarding the risk the Applicant is seeking to have underwritten and insured. Information contained herein is specifically relied upon in the determination of entering into an insurance contract. Material misstatements or errors made on this Construction Managers and Consultants Questionnaire, or omissions of material information from any responses, may provide a basis for the rescission of any insurance policy issued to the Applicant at any time during the term of the policy. The undersigned, therefore, warrants that the information contained herein or provided herewith is true, correct and accurate in all material respects and does not omit to state a material fact necessary in order to make the statements made, in the light of the circumstances under which they were made, not misleading.

**Printed Name of Applicant:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Title of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_