

Construction Supplemental Application

Named Insured: _____

Agency: _____

Insureds Website: _____ Effective Date: _____

Applicant's Signature: _____ Date: _____

GENERAL INFORMATION

1. Type of contracting operation: _____

Select and complete sub-industries that apply	
<input type="checkbox"/> Concrete Contractor	<input type="checkbox"/> Street and Road Contractor
<input type="checkbox"/> Electrical Contractor	<input type="checkbox"/> Underground Contractor
<input type="checkbox"/> Mechanical Contractor	<input type="checkbox"/> N/A

2. Years experience in this type of operation: _____

3. Years in business under this business name and same management: _____

4. Has the applicant changed names in the last 5 years or operated other business entities? ☐ Yes ☐ No

If Yes, please explain: _____

5. Has the applicant discontinued performing any types of work/operations in the last 10 years? ☐ Yes ☐ No

If Yes, please explain: _____

6. Provide payroll and receipt data:

Annual Payroll	Prior Year Payroll	2nd Year Prior Payroll
Annual Receipts	Prior Year Receipts	2nd Year Prior Receipts

WORK PROFILE

% of your work that is:

New Construction ____ % Renovation/Remodeling ____ % Maintenance/Service/Repair ____ %

% of your work that is:

Interior ____ % Exterior ____ %

PROJECT DELIVERY METHODS USED			
Contract Method		Revenue	
Design-Bid-Build (D-B-B)	Contractor responsible for building to owner-provided plans and specifications	% or \$	
Design-Build	Contractor as Project lead; A&E partners with/reports to GC	% or \$	
	A/E is project lead; GC supports A&E lead	% or \$	
Construction Management–Agency	Professional consultant–CM Agent provides guidance to the Owner while the Owner contracts with trades directly (multi-prime) or with a separate general contractor. May or may not engage in operational oversight.	% or \$	
Construction Management At-Risk (CMAR)	CM at Risk involves: <ul style="list-style-type: none"> Preconstruction phase: consultancy guidance to the owner Construction phase: responsibility shifts to acting as the project GC 	% or \$	
Wrap Ups (CIPS)	Active wrap project sponsor	% or \$	
Wrap Ups (CIPS)	Wrap participation as ENROLLED contractor	% or \$	
Other (P3, IDP)		% or \$	
All contract types should total 100%			100% or Total \$

CONSTRUCTION PROJECTS

Building		Non-Building	
Commercial Building	%	Surface Transportation (i.e. Road/Bridge/Rail)	%
Industrial Building	%	Utility–under or above ground (i.e. Water/Sewer/Gas/Other)	%
Institutional Building*	%	Energy Related (i.e. Wind/Solar/Other)	%
Residential Building*	%	Other (i.e. Grading/Levee/Dam)	%
Total	100%	Total	100%

* Complete table below if applicant works on residential building projects

Residential Building Projects Breakout	
Tract Housing (housing developments, single family, townhouse)	%
Spec Home	%
Apartments	%
Condos	%
Dormitories	%
Military Barracks	%
Retirement Communities (Assisted/Independent/Nursing Homes)	%
Total	100%

7. # Full time employees: _____ # Seasonal/Temp employees: _____ #
8. Turnover and average annual workforce counts. Check the turnover rate most applicable to the applicant's employees.

WORKFORCE			
Core Labor		Field Supervision	
Average size of workforce _____	> 15% Turnover _____	Average size of workforce _____	> 15% Turnover _____
	0-10% _____		0-10% _____

9. As part of the hiring practices, does the applicant perform:

- | | | |
|--|------------------------------|-----------------------------|
| a. Pre hire/Post hire physical examinations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Pre hire/Post hire drug & alcohol screenings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Use an Employee Leasing Company? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are all hires subject to background checks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

10. Employee training provided?

- | | | |
|---------------------------------------|------------------------------|-----------------------------|
| a. At hire? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Annually? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Specific to project? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Continuing education requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

APPLICANT'S OPERATIONS

1. Do you or your subs have any elevated operations (performing work above 6 feet)?

☐ Yes ☐ No

- a. If Yes, what is the maximum height? _____
- b. Do you have a written 6' fall protection program in place? ☐ Yes ☐ No
- c. Who is required to comply with 6' fall protection? ☐ Your Employees ☐ Subcontractors ☐ Site Visitors
- d. Do you allow employees or subcontractors exemptions from 6' fall protection for steel erection, scaffolding use, or work on rooftops? ☐ Yes ☐ No
- e. What type of fall prevention/protection devices do you use?
- | | | | | | |
|--|---|--|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Controlled Access Zones | <input type="checkbox"/> Controlled Decking Zones | <input type="checkbox"/> Guardrails | <input type="checkbox"/> Handrails | <input type="checkbox"/> Hole Covers | <input type="checkbox"/> Ladder Cages |
| <input type="checkbox"/> Parapet Walls | <input type="checkbox"/> Personal Fall Arrest Systems | <input type="checkbox"/> Positioning Devices | <input type="checkbox"/> Safety Nets | | |
- f. Which of the following do you work from? ☐ Ladders ☐ Scaffolding ☐ Aerial Lifts ☐ Other: _____
- Is the above equipment rented? ☐ Yes ☐ No

2. Does the applicant rent cranes?

☐ Yes ☐ No

- a. To others ☐ or from others ☐
- b. With operators ☐ or without operators ☐

3. Other than cranes does the applicant ☐ rent or ☐ lend construction equipment **to others** with or without operators?

☐ Yes ☐ No

If Yes, please attach a copy of the rental agreement.

4. Does the applicant allow other contractors at the jobsite to use their scaffolding?

☐ Yes ☐ No

If Yes, explain what risk transfer is used: _____

5. Do you perform work below grade level (i.e. Moving dirt or working below grade level)?

☐ Yes ☐ No

If Yes, do you contact "[Call 811 Before You Dig](#)" to mark utilities before digging?

☐ Yes ☐ No

If Yes, do you record the locate ticket, wait for required "wait period" and renew the locate ticket *before it expires*?

☐ Yes ☐ No

- a. Do you have trained competent persons oversee all excavation work? ☐ Yes ☐ No
- b. If more than 6' do you provide fall protection/barriers for excavation? ☐ Yes ☐ No

Do you utilize any of the following:

☐ Shoring ☐ Engineered design systems ☐ Benching or Shoring ☐ Trench boxes

6. Project site security:

- a. Is job site secured? ☐ Yes ☐ No
Locked? ☐ Yes ☐ No Fenced? ☐ Yes ☐ No
- b. Is job site security provided at night? ☐ Yes ☐ No
- c. Security services are subcontracted? ☐ Yes ☐ No
- d. Are security services armed? ☐ Yes ☐ No

7. Are pre-construction job site hazard analysis performed?

☐ Yes ☐ No

- a. All jobs? ☐ Yes ☐ No
- b. Based on size & complexity? ☐ Yes ☐ No

8. Does the company have a written Safety Program?

☐ Yes ☐ No

If No, would you be willing to work with us to develop a program?

☐ Yes ☐ No

If Yes, does the program include:

- a. Regular safety meetings? ☐ Yes ☐ No
- b. Prior to start of work each day, discussions held with all workers? ☐ Yes ☐ No
- c. New employee orientation policy and training? ☐ Yes ☐ No
- d. Supervisor training (Competent Person)? ☐ Yes ☐ No
- e. Written job safety procedures? ☐ Yes ☐ No
- f. Fall protection policy and training? ☐ Yes ☐ No
- g. Mobile equipment procedures and training? ☐ Yes ☐ No
- h. Material handling/lifting training? ☐ Yes ☐ No
- i. Providing required PPE (personal protective equipment) with training on proper use? ☐ Yes ☐ No
- j. Do you have procedures in place to handle pandemic or other communicable diseases (i.e. COVID)? ☐ Yes ☐ No

AUTO FLEET SAFETY PROGRAM

1. Does your company have a written fleet safety program?

☐ Yes ☐ No

If yes:

- a. MVR's reviewed upon hire? ☐ Yes ☐ No
- b. MVR's reviewed at least annually? ☐ Yes ☐ No
- c. Guidelines established for MVR acceptability? ☐ Yes ☐ No
- d. Written load securement practices and training provided? ☐ Yes ☐ No
- e. Driver training/coaching provided periodically? ☐ Yes ☐ No
- f. Are any telematic products used? ☐ Yes ☐ No

If Yes, identify the vendor _____

- g. Vehicle safety policies, including distracted driving policy? ☐ Yes ☐ No
- h. Guidelines for personal auto used in business of insured? ☐ Yes ☐ No
- i. Guideline for personal use of insured vehicle? ☐ Yes ☐ No

2. Any DOT regulated vehicles? ☐ Yes ☐ No
- If Yes:
- a. Written drug and alcohol testing program in place? ☐ Yes ☐ No
 - b. Is safety management system (SMS) reviewed periodically? ☐ Yes ☐ No
 - c. Proper licensing for vehicles driven? ☐ Yes ☐ No

CONTRACTING INFORMATION (if applicable please reply to the following questions)

CONSTRUCTION SUBCONTRACTS

1. Does the applicant hire subcontractors? ☐ Yes ☐ No
- If Yes, does the applicant use a written contract all the time? ☐ Yes ☐ No

IF YES, ATTACH A COPY OF THE CONTRACT

Which of the following does the applicant's contract require?

- a. Subcontractor will provide INDEMNIFICATION & HOLD HARMLESS? ☐ Yes ☐ No
 - b. Does the Indemnification clause have saving language "to the fullest extent permitted by law"? ☐ Yes ☐ No
 - c. Does Indemnification have a separate DEFENSE obligation requirement? ☐ Yes ☐ No
 - d. Subcontractor is required to add YOU an Additional Insured (AI) for *Premises/Operations AND Completed Operations*? ☐ Yes ☐ No
 - e. Is the AI required to be carried into the umbrella? ☐ Yes ☐ No
 - f. Provides both PRIMARY & NONCONTRIBUTORY status on AI position? ☐ Yes ☐ No
 - g. Require carrier to be ADMITTED in the state of work AND have an AM Best rating of A- or better? ☐ Yes ☐ No
 - h. Specify *minimum* limits subcontractors must carry (including UMBRELLA) ☐ Yes ☐ No
 - i. The contract has been reviewed within the past 3 years by an attorney with contract law experience
Legal counsel has reviewed contract language within last 3 years for all states where work is performed? ☐ Yes ☐ No
 - j. Require *Completed Operation* coverage be carried for AI endorsement for a specified period after job is completed? ☐ Yes ☐ No
 - k. Have a designated person with responsibility for maintaining oversight of all contracts, including management of the evidence of continuing insurance throughout the duration of the project(s)? ☐ Yes ☐ No
 - l. Receive copies of AI endorsements with COIs annually? ☐ Yes ☐ No
 - m. How long does the applicant maintain records of contracts and job records? _____
2. Annual cost (cost includes labor and materials): _____
3. Percentage of work subbed out _____%
4. List type of trade contracted:

Work type subcontracted	Cost or % of total costs

CONTRACTS THE ACCOUNT ENTERS WHEN ACTING AS A SUB-CONTRACTOR

- 1. Owner or assigned individual reviews all contracts for acceptability of indemnity and insurance requirement provisions? ☐ Yes ☐ No
- 2. As a sub-contractor, unacceptable indemnity or insurance requirements are altered to be favorable? ☐ Yes ☐ No

QUALITY CONTROL/CONSTRUCTION DEFECT

1. Does the applicant have a formal and documented quality control program? ☐ Yes ☐ No
2. Does the applicant retain all job files *for at least the statute of repose time period* for each state where you do work? ☐ Yes ☐ No
3. Within the past 10 years does the applicant have knowledge of any pre-existing act, omission, event, condition or damage to any person or property that may potentially give rise to any future claim or legal action? ☐ Yes ☐ No
If Yes, please explain: _____
4. Within the past 10 years has the applicant been named in any claims and/or litigation regarding faulty or defective construction or workmanship? ☐ Yes ☐ No
If Yes, please explain: _____
5. Quality Control Program:
 - a. Certificate of Insurance (COI) is obtained from all suppliers? ☐ Yes ☐ No
 - b. Foreign made materials to be installed are imported directly by the contractor ? ☐ Yes ☐ No
 - c. 'Completed projects' records include photographs, documentation, and sign off by the customer(s) ? ☐ Yes ☐ No

UNMANNED AIRCRAFT USE (AKA DRONES)

1. Does the applicant use or operate drones in the course of their business operations? ☐ Yes ☐ No
2. Is aircraft liability coverage carried for all drones in the applicant's operations? ☐ Yes ☐ No

The following questions only apply if you answered Yes to the above

3. Are all drone operators/pilots formally trained and approved operators? ☐ Yes ☐ No
4. Dimensions and weight of each drone used: _____
5. Make and Model numbers of all drones used: _____
6. What is the business purpose of the drone(s) used: _____

POLLUTION

1. Have you had any pollution-related losses or events in the last 5 years? ☐ Yes ☐ No
If Yes, please explain: _____
2. Are you aware of any circumstance you have been involved that could result in a pollution-related claim? ☐ Yes ☐ No
If Yes, please explain: _____
3. In the past 5 years, have you been cited or fined for any contracting activities? ☐ Yes ☐ No
If Yes, please explain: _____
4. Do you handle, transport, store on site, or deliver fuel or other pollutants? ☐ Yes ☐ No
5. If stand alone policy is in place, please provide the following information:
Carrier (current): _____
Limits: _____ Expiring Premium: _____ Retention: _____
Effective Date: _____ Retroactive Date: _____

JOB LISTING

Please list the last 10 jobs the applicant has worked on during the last year, or attach a copy of jobs completed in the last 12 months.

Job Description	Location (city, state)	Duration of Job	Cost

- List all states the applicant has performed work in the last 10 years: _____

- List all states the applicant expects to perform work this year: _____

- Average size of jobs (cost): _____
- On average, how many jobs are ongoing at the same time? _____
- How many jobs were completed during the last 12 months? _____
- Radius work is performed from base locations:
< 50 Miles: _____% 50-200 Miles: _____% > 200 Miles: _____% Total = 100%
- On average, number of job sites attended by a core worker: _____
- Do job sites involve work near or on roadways or walkways? ☐ Yes ☐ No
- Hours of operation:
Day work: _____% Night work: _____% 7 days per week: _____% 24 hour: _____% Total 100%

WORK PERFORMED

Does the applicant perform or has the applicant ever performed, directly or through a subcontractor, any of the following work.

	Self Performed	Subbed	Explain
Airport Work	<input type="checkbox"/>	<input type="checkbox"/>	
Amusement Park Construction	<input type="checkbox"/>	<input type="checkbox"/>	
Architectural or Engineering Design Work	<input type="checkbox"/>	<input type="checkbox"/>	
Asbestos Removal or Remediation	<input type="checkbox"/>	<input type="checkbox"/>	
Automatic Sprinklers/Fire Suppression	<input type="checkbox"/>	<input type="checkbox"/>	
Blasting/ Work with Flammables or Explosives	<input type="checkbox"/>	<input type="checkbox"/>	
Boiler/High Pressure Systems Work	<input type="checkbox"/>	<input type="checkbox"/>	
Bridge Work	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical or petrochemical sites	<input type="checkbox"/>	<input type="checkbox"/>	
Construction or Project Manager	<input type="checkbox"/>	<input type="checkbox"/>	
Dam/Cofferdam/Levee Construction	<input type="checkbox"/>	<input type="checkbox"/>	
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	
Disaster Response	<input type="checkbox"/>	<input type="checkbox"/>	
Design – Build Work	<input type="checkbox"/>	<input type="checkbox"/>	
EFIS/Stucco Work	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental/Pollution/Mold Remediation	<input type="checkbox"/>	<input type="checkbox"/>	
Escalator or Elevator	<input type="checkbox"/>	<input type="checkbox"/>	
Fire/Burglar Alarms (installation or monitoring)	<input type="checkbox"/>	<input type="checkbox"/>	
Fire/Water Damage Restoration	<input type="checkbox"/>	<input type="checkbox"/>	
Fireproofing	<input type="checkbox"/>	<input type="checkbox"/>	
Foundation repairs	<input type="checkbox"/>	<input type="checkbox"/>	
Gas Mains/Piping/LPG Work/Flammables	<input type="checkbox"/>	<input type="checkbox"/>	
Gas/Oil (O&G) field related work (incl. routine tasks done for O&G sites)	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous Waste Removal	<input type="checkbox"/>	<input type="checkbox"/>	
High Voltage/Power line/Transformers	<input type="checkbox"/>	<input type="checkbox"/>	
Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	
Landfill/Water Disposal Work	<input type="checkbox"/>	<input type="checkbox"/>	
Lead Abatement	<input type="checkbox"/>	<input type="checkbox"/>	
Millwright, Equipment Moving or Rigging Work	<input type="checkbox"/>	<input type="checkbox"/>	
Pesticide/Herbicide Application	<input type="checkbox"/>	<input type="checkbox"/>	
Pile Driving	<input type="checkbox"/>	<input type="checkbox"/>	
Power Generator Sites	<input type="checkbox"/>	<input type="checkbox"/>	
Railroad Construction	<input type="checkbox"/>	<input type="checkbox"/>	
Roofing	<input type="checkbox"/>	<input type="checkbox"/>	
Snowplowing/Sanding	<input type="checkbox"/>	<input type="checkbox"/>	
Solar Panel Installation	<input type="checkbox"/>	<input type="checkbox"/>	
Structural moving	<input type="checkbox"/>	<input type="checkbox"/>	
Subway or Tunnel Construction	<input type="checkbox"/>	<input type="checkbox"/>	
Traffic Signal Work	<input type="checkbox"/>	<input type="checkbox"/>	
Transporting or disposing of hazardous waste	<input type="checkbox"/>	<input type="checkbox"/>	
Above/Underground Storage Tank (painting, removal or installation)	<input type="checkbox"/>	<input type="checkbox"/>	
Waterproofing	<input type="checkbox"/>	<input type="checkbox"/>	

Concrete Construction

Contractors Name: _____

Number of Professional Engineers on Staff: _____

Concrete construction self-performed operation estimates for typical year (each highlighted section should total 100%)

Construction Activity	%	Comments	Construction Activity	%	Comments
Client/Project Type			Material Type		
Flat Work			Ultrahigh strength concrete (UHPC)	%	
• Parking/curb/sidewalk	%		Light weight Concrete?	%	
• Building slabs	%		Shotcrete or gunite work	%	
• Upper floor decking on steel pan	%		Rebar/Reinforcement	%	
• Road	%		• Rebar	%	
• Railroad right-of-way	%		• Post-tensioned	%	
Load bearing—Buildings			Reinforcement self performed	%	
• Foundations	%		Reinforcement subcontracted	%	
• Structural Labs	%		Operation Type		
• Vertical walls/columns	%		Tilt-slab work	%	
Load bearing—Other than Buildings			Precast (cast on site)	%	
• Infrastructure/water & wastewater	%		Precast (cast off site)	%	
• Transportation infrastructure	%		Accelerated Building techniques (ABC)	%	
• Silos, tanks, vaults	%		Modular Construction (panels/structures)	%	
• Wind power	%		Stamped concrete	%	
• Hydro power	%		Concrete pumping self-performed?	%	
Vertical—not load bearing			Concrete demo self-performed?	%	
• Walls, retaining walls, median barriers, etc.	%		Redi-Mix	%	
			Concrete cutting	%	
• Other	%		Excavation and soil support preparation?	%	
Work Zone Traffic Controls			Drainage installation	%	
• Self performed	%		Soil stabilization work	%	
• Subcontracted	%		Crane operations w/owned cranes	%	
• Perform for others	%		Crane operations - rental	%	
			Mobile batch plant?	%	

Location					
Where Work Performed		Road Work		Hours of Operation	
Urban	%	Interstate	%	Daylight only	%
Suburban	%	Primary Artery	%	Night work	%
Rural	%	Local Roads	%	Weekends or 24/7	%
		Rural Roads	%		

Revenue (all sources to add to 100%)					
Private	%	Public (Government)	%	Public (Private Partnership)	%

Electrical Construction

Electrical Construction self-performed operation estimates for typical year (unshaded to total to 100% by category)

Project Type	New %	Rehab %	Other Contractor Features		%	
Electrical Source			Typical job duration		Job Location	
Low Voltage < 100V	%	%	• Multiple jobs per day	%	Commercial (office retail)	%
Std Voltage < 600V	%	%	• ≥ One day	%	Institutional	%
High Voltage > 600V	%	%	Typical size of job (revenue)	\$	Industrial	%
Extremely High Voltage > 35KV	%	%			Highway, Street, Road	%
Nature of Construction			Typical work heights		Processing; e.g. Petrochem	%
Alarm wiring (no activation)	%	%	• Ground level	%	Off-site fabrication	%
Alarm activation	%	%	• Less than 10'	%	Railroad	%
• Fire Smoke Heat	%	%	• Greater than 10'	%	Residential	%
• Security System	%	%	Environmental condition worked		Transportation Centers	%
• Hospital Patient Services	%	%	• Confined Spaces	%	Radius of operation	
Appliance or accessories	%	%	• Explosive dust, gas, fumes, or liquids	%	Local (50 miles or less)	%
Building Wiring	%	%	• Hot/Energized	%	Inter-mediate (50 to 100)	%
Cable	%	%	• Wet Environments	%	Long Distance (> 100)	%
Electrical Apparatus			• Underground	%	Roadway Related Work	
Generator installation	%	%	Equipment Used	Yes/No	Limited Access Highways	%
• 24kW or less	%	%	Aerial Lifts (MEWPs)	<input type="checkbox"/> Yes <input type="checkbox"/> No	State Highways	%
• > 24KV	%	%	Bucket Trucks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary Roadways	%
• Vehicle charging stations	%	%	Directional Drilling Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rural Roadways	%
Low voltage wiring systems	%	%	Rented Cranes with operator	<input type="checkbox"/> Yes <input type="checkbox"/> No	Urban Roadways	%
Outdoor sign	%	%	Scaffolding	<input type="checkbox"/> Yes <input type="checkbox"/> No	Railroad Row	%
Outdoor wiring	%	%	Self-operated cranes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bridge or Tunnel	%
Solar Panel	%	%	Do you provide design services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hours of Operation	
• Roof top	%	%	If YES, give % below:		Daylight only	%
• Ground	%	%	• Inhouse	%	Nightwork	%
• Solar Farm	%	%	• Outsourced	%	Weekends or 24/7	%
Substation work	%	%				
Telephone	%	%				

Revenue (all sources to add to 100%)					
Private	%	Public (Government)	%	Public (Private Partnership)	%

Mechanical Construction

Contractors Name: _____

Number of Professional: Plumbers and Gasfitters Master _____ Journeymen _____ Apprentices _____
Electricians Master _____ Journeymen _____ Apprentices _____
Boiler Master _____ Journeymen _____ Apprentices _____

Mechanical Construction self-performed operation estimates for typical year (unshaded to total to 100% by category)

Project Type	New %	Rehab %	Other Contractor Features		%	Customer/Occupancy Type	%
Electrical Source			Nature of Service con't	New	Rehab	Bio-technology	%
Low Voltage < 100V	%	%	Tank or vessel install/repair	%	%	Commercial (office or retail)	%
Std Voltage < 600V	%	%	• Non-pressurized	%	%	Institutional (schools, church)	%
High Voltage > 600V	%	%	• Pressurized	%	%	Industrial and Manufacturing	%
Extremely High Voltage > 35KV	%	%	Typical job duration			Processing; Petrochem	%
Nature of Service			• Less than a day			Processing; NOT Petrochem	%
Air conditioning	%	%	• 1 or more days			Residential (single family)	%
Boiler Installation/Service			• Ongoing at a Facility(s)			Residential (multifamily)	%
• Low Pressure	%	%	Typical size of job (revenue)			Technology	%
• High Pressure/Processing	%	%				Transportation Centers	%
• Heating	%	%	Typical work heights			Radius of operation	
Cooling Tower or Chiller	%	%	• Below Ground level			Local (50 miles or less)	%
Heating—install or service			• Ground level			Inter-mediate (50 to 100)	%
• Household type	%	%	• < 10' Above grade			Long Distance (> 100)	%
• Commercial	%	%	• > 10' Above grade			Hours of Operation	
Generator installation			Modularization (e.g. built system)			Daytime (day light hours)	%
• 14kW or less	%	%	Built offsite			Night work	%
• 14kW to 100kW	%	%	Built on jobsite			Weekends	%
• Greater than 100kW	%	%	Environmental condition worked			24/7	%
Geothermal systems			• Confined Spaces			<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Mechanical	%	%	• Explosive (e.g. dust, gas, fumes)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Ground Loop	%	%	• Hot/Energized			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Millwright	%	%	• Wet Environments			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plumbing—install or service			• Occupied and active facility			<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Household	%	%	• Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Commercial	%	%	Equipment Deployed			Yes/No	
• Industrial	%	%	• Aerial Lifts			<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Process Piping	%	%	• Bucket Trucks			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Refrigeration			• Rented Cranes with operator			<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Commercial (Retail)	%	%	• Scaffolding			<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Industrial—NOT Ammonia	%	%	• Self-operated cranes			<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Industrial—Ammonia	%	%	Do you provide design services?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			If YES, give % below:				
			• Inhouse			%	
Sheet metal fabrication	%	%	• Outsourced			%	
Steam pipe/boiler insulation	%	%	Inspection Services			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Revenue (all sources to add to 100%)					
Private	%	Public (Government)	%	Public (Private Partnership)	%

Street and Road construction

Contractors Name: _____

Number of Civil Engineers on Staff: _____ Number of Professional Engineers on Staff: _____

Street and Road construction self-performed operations

WORK PROFILE					
Radius of Operations		Roadway work types		Hours of Operation	
< 50 miles	%	Interstate/Highway	%	Daylight only	%
50 to 100 miles	%	Urban Roads	%	Night work	%
>100 miles	%	Suburban Roads	%	Weekends	%
		Rural Roads	%	24/7	%

Construction Activity	Yes	No	If Yes, explain	Miscellaneous	Yes	No	If Yes, explain
Client/Project Type				Operation Type			
Airport Public (roads/parking)	<input type="checkbox"/>	<input type="checkbox"/>		Guardrail installation	<input type="checkbox"/>	<input type="checkbox"/>	
Airport (within the security fence)	<input type="checkbox"/>	<input type="checkbox"/>		Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	
Public Street/Road	<input type="checkbox"/>	<input type="checkbox"/>		Line painting/Crosswalk/Reflector installation	<input type="checkbox"/>	<input type="checkbox"/>	
Private Street/Road	<input type="checkbox"/>	<input type="checkbox"/>		Milling/recycling	<input type="checkbox"/>	<input type="checkbox"/>	
Bridges	<input type="checkbox"/>	<input type="checkbox"/>		Patching/pot hole repair	<input type="checkbox"/>	<input type="checkbox"/>	
Parking Lots	<input type="checkbox"/>	<input type="checkbox"/>		Paving/repaving	<input type="checkbox"/>	<input type="checkbox"/>	
Recreational (tennis court, basketball court, etc)	<input type="checkbox"/>	<input type="checkbox"/>		Permanent traffic control device installation	<input type="checkbox"/>	<input type="checkbox"/>	
Transit facilities (Bus, train ferry, etc)	<input type="checkbox"/>	<input type="checkbox"/>		Road base work	<input type="checkbox"/>	<input type="checkbox"/>	
Material Type				Sidewalk/Curbing	<input type="checkbox"/>	<input type="checkbox"/>	
Asphalt		%		Soil stabilization	<input type="checkbox"/>	<input type="checkbox"/>	
Concrete (Cast-in-place)		%		Temporary traffic control device	<input type="checkbox"/>	<input type="checkbox"/>	
Concrete (Precast)		%		Utility work--Storm Drainage	<input type="checkbox"/>	<input type="checkbox"/>	
				Utility work for traffic controls	<input type="checkbox"/>	<input type="checkbox"/>	
Bridge/Elevated HWY Label				Who Does Work Zone Traffic Control			
Interstate or Heavy Trafficked		%		Self Performed		%	
Over Navigable Waterway		%		Subcontracted to others		%	
Railroad Bridges		%		Perform for others		%	

Revenue (all sources to add to 100%)					
Private	%	Public (Government)	%	Public (Private Partnership)	%

Underground Utility construction

Contractors Name: _____

Number of Civil Engineers on Staff: _____ Number of Professional Engineers on Staff: _____

Underground Utility construction

Construction	New %	Reconstruct %	Miscellaneous	Self-Performed	Subcontracted	Location	%
Electrical Source			Asphalt paving, patching, or repair	<input type="checkbox"/>	<input type="checkbox"/>	Newly established right-of-way	%
Low Voltage < 100V	%	%	Blasting	<input type="checkbox"/>	<input type="checkbox"/>	Adding to existing right-of-way	%
Std Voltage < 600V	%	%	Concrete	<input type="checkbox"/>	<input type="checkbox"/>	Rural	%
High Voltage > 600V	%	%	Concrete structure	<input type="checkbox"/>	<input type="checkbox"/>	Suburban	%
Extremely High Voltage > 35KV	%	%	Culvert, curb, sidewalk	<input type="checkbox"/>	<input type="checkbox"/>	Urban	%
			Drilling	<input type="checkbox"/>	<input type="checkbox"/>	Wetland	%
Gas System			Energize electric line	<input type="checkbox"/>	<input type="checkbox"/>	Radius of Operations	
• Upstream system	%	%	Gas line connections	<input type="checkbox"/>	<input type="checkbox"/>	Local (50 miles or less)	%
• Transmission Lines	%	%	Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	Intermediate (50 to 100 miles)	%
• Local gas distribution	%	%	Pipe inspection	<input type="checkbox"/>	<input type="checkbox"/>	Long Distance (above 100 miles)	%
Sewer			Soil Stabilization	<input type="checkbox"/>	<input type="checkbox"/>	Work performed near Roadway	
• Gravity	%	%	Traffic control device placement	<input type="checkbox"/>	<input type="checkbox"/>	Limited Access Highway	%
• Pressurized	%	%	Transmission Pipeline	<input type="checkbox"/>	<input type="checkbox"/>	State Highway	%
Storm drain	%	%	Open Trench depth > 8'	<input type="checkbox"/>	<input type="checkbox"/>	Secondary	%
Water system	%	%	Work Zone Traffic Control			Rural	%
			Self-perform		%	Railroad right-of-way	%
Conduit			Subcontracted		%		
Total underground work	%	%	Perform for others		%	Work performed in roadway	
Utility Locate	Yes/No		Method Utilized			Lane work w/arrow board/cones/signs only	%
• Call 811 & wait required time	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	Directional Drilling		%	Work behind concrete or metal barriers only	%
• Renew ticket before expiring	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	Cut/Cover		%	Hours of Operation	
• Verify marks w/ radar, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	Hand digging		%	Day time (day light hours)	%
• Pot Holing by shovel	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	Micro trenching		%	Night Work	%
• Pot Holing w/Vacuum	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	Pipe Burst		%	Weekends	%
			Potholing		%	24/7	%
			Relining		%		

Revenue (all sources to add to 100%)			
Private	%	Public (Government)	%
		Public (Private Partnership)	%