



*Please visit www.allrisks.com/submit-a-risk or contact your current All Risks, Ltd. producer to submit applications.

Construction Manager/Consultant's Questionnaire

1. Name of Applicant: _____
2. Mailing Address: _____
3. Location Address: _____
4. Years of experience as a consultant _____
***If this is a new venture, we will need the Colony New Venture Questionnaire completed**
5. Estimated sales for the policy term: \$ _____;
6. Estimated gross payroll: \$ _____
7. Estimated Construction value of all projects in which you will be involved in during the policy term: \$ _____

Subcontractors:

- Are you responsible for hiring/firing all subcontractors on all jobs you are involved with: _____
- Will you exercise control over any contractor activities or direct their activities in any way: _____
- Will all contractors at the projects understand that you are present to observe their work and that you can't instruct them on how they should perform their work?: _____

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

- If you are contracting with subcontractors directly, what is the estimated subcontractor costs of such contracts for the policy term \$ _____
- What is the amount of sales related to jobs where you directly contract with subcontractors: _____
- Please explain why and when you would directly contract with subcontractors vs. acting as an 'owner's representative:

- When entering into contracts directly with subcontractors, do you signed contracts and receive hold harmless, indemnification and Additional Insured wording in your favor: _____
 - o Please provide 2 Executed contracts and certs from when you recently contracted directly with Subcontractors

8. Please list and describe the last 5 projects completed:

Job Location	Amount of your Sales	Construction value of project	Did you contract with any subcontractors directly	Term of Project

9. Please list and describe the last 5 projects currently underway:

Job Location	Estimated Amount of your Sales	Estimated Construction value of project	Did you contract with any subcontractors directly	Estimated Term of Project

10. What percentage of your work is at the project sites vs performed within the office? _____%

11. Do you carry separate Professional Liability Coverage? Yes No
 If so, please provide carrier, limits of liability and effective dates of coverage:

12. Please provide details on any liability claims made against you in the past 3 to 5 years, including professional liability:

13. Are you named as an Additional Insured on the subcontractor’s policies? Yes No

14. Are you named as an Additional Insured on the Owner’s/Client’s policies? Yes No

15. Do you require a waiver of subrogation endorsement from subcontractors? Yes No

16. Do you require a waiver of subrogation endorsement from the owner/client? Yes No

17. Do you sign a contract with your clients? Yes No

If yes, what type Yes No
 Does it contain indemnification and/ or “hold harmless” wording? Yes No
 Is the indemnification and “hold harmless” wording mutual or does it favor one party over the other?

18. Do you sign contracts or work orders with the subcontractors? Yes No
 Signed in your name? Yes No

19. Do you sign contracts or work orders on behalf of your client? Yes No
 Do you have permission from your client to sign contracts or work orders with subcontractors on their behalf? Yes No

* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* Not applicable in all states

WARRANTY

I/We warrant to the Company that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its owners, partners, directors, officers and employees.

Signature and title of Applicant:

Date

Signature of Producer:

Date: