

New York Pre-Construction Questionnaire

Name of Applicant _____

Address _____

City _____ State _____ Zip _____

Address of Project _____

City _____ State _____ Zip _____

Section I – Project Information

Start date _____	Completion date _____	Occupancy upon completion _____
No. of stories _____	Square footage _____	Construction type _____
	Yes No	
New ground-up construction?	<input type="checkbox"/> <input type="checkbox"/>	Addition or renovation? <input type="checkbox"/> <input type="checkbox"/>
Will the building be gutted?	<input type="checkbox"/> <input type="checkbox"/>	Will the building be occupied during the renovation? <input type="checkbox"/> <input type="checkbox"/>
Is the roof being repaired?	<input type="checkbox"/> <input type="checkbox"/>	Is the roof being replaced? <input type="checkbox"/> <input type="checkbox"/>
Work being completed from elevated surfaces?	<input type="checkbox"/> <input type="checkbox"/>	
If occupied during renovation, describe precautions taken to safeguard tenants or workers:		
Total cost of the project \$ _____	Deductible \$ _____	
Value of existing building \$ _____	Building value upon completion \$ _____	
Describe how the project will be funded and indicate whether it is fully funded:		
List adjacent exposures and occupancies:		
	Yes	No
Is the construction site fenced?	<input type="checkbox"/>	<input type="checkbox"/>
Is there an operational central station alarm?	<input type="checkbox"/>	<input type="checkbox"/>
Is there lighting in and around the construction site?	<input type="checkbox"/>	<input type="checkbox"/>
Is a watchman service on premises during non-working hours?	<input type="checkbox"/>	<input type="checkbox"/>
Are there fire extinguishers on the job site?	<input type="checkbox"/>	<input type="checkbox"/>
Does the insured or general contractor use safety belts or laynards?	<input type="checkbox"/>	<input type="checkbox"/>

Section I – Project Information Continued

	Yes	No
Does the insured or general contractor use nets or fall arresting devices?	<input type="checkbox"/>	<input type="checkbox"/>
Will the insured act as their own general contractor?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please describe the work being performed:		
Any self-performed work (<i>not acting as the general contractor</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please describe the work:		
Will the insured use volunteers for this project?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please describe their duties:		

Section II – General Contractor Information

	Yes	No
General contractor _____ License number _____		
Will the named insured be acting as their own general contractor?	<input type="checkbox"/>	<input type="checkbox"/>
Has the contractor engaged in this type of work before?	<input type="checkbox"/>	<input type="checkbox"/>
Does the contractor have any judgments or suits pending?	<input type="checkbox"/>	<input type="checkbox"/>
Has the contractor been cited for any OSHA violations within the last 4 years?	<input type="checkbox"/>	<input type="checkbox"/>
Does the contractor carry full insurance with limits equal to insured's limits?	<input type="checkbox"/>	<input type="checkbox"/>
Does the contractor submit COI's confirming coverage?	<input type="checkbox"/>	<input type="checkbox"/>
Has the contractor had any loss greater than \$25,000 on a project in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please attach additional details.		
Does the contractor have a written safety program in place in compliance with OSHA 29 CFR/1910?	<input type="checkbox"/>	<input type="checkbox"/>
Has the contractor ever been involved in a Labor Law claim?	<input type="checkbox"/>	<input type="checkbox"/>
Has the sub-contractor ever been involved in a Labor Law claim?	<input type="checkbox"/>	<input type="checkbox"/>
Are all subcontractors on the project licensed?	<input type="checkbox"/>	<input type="checkbox"/>
Are all subcontractors on the project fully insured?	<input type="checkbox"/>	<input type="checkbox"/>
Will the insured be named as an additional insured on the contractor's policy(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Is the waiver/hold harmless in the construction contract in the applicant's or property owners/property manager favor?	<input type="checkbox"/>	<input type="checkbox"/>
Will your organization use volunteer workers?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , indicate number of volunteers and describe duties?		
Are volunteers covered by WC?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization check for Workers' Compensation coverage of each worker, including those who participate in the project on-site and off-site? (<i>includes the GC and all subcontractors</i>)	<input type="checkbox"/>	<input type="checkbox"/>

Section II – General Contractor Information *Continued*

Yes No

Are there any architects or engineers involved in this project?

If yes, who are they and do they have their own GL and professional coverage?

Name(s) and Address:

Will the insured be named as an additional insured on the architects or engineers policy?

Signature _____

Date _____

Name _____

Title _____