

CONTRACTOR'S SURVEY REPORT

INSURED:
LOCATION:

FILE#:
POLICY#:

OPERATIONS

Date: **5/9/07** Contact: **JAMES SMITH PRESIDENT**

Insured Is: General Contractor: **75%** SubContractor **25%**

Partnership Sole Proprietor Corporation

% of Work Performed in Each of the following Categories:

New Construction: 10%	Commercial: <input type="checkbox"/> %
Remodeling: 20%	Industrial: <input type="checkbox"/> %
Demolition: <input type="checkbox"/> %	Residential: <input type="checkbox"/> %
Repair: 70%	Institutional: <input type="checkbox"/> %
Other: <input type="checkbox"/> % Specify: <input type="checkbox"/>	Other: <input type="checkbox"/> % Specify: <input type="checkbox"/>
Inside Building: <input type="checkbox"/> %	Outside Building: 100%

Work Performed by Insured Employees (Please Comment on Entries With ** in Narrative):

- | | | | |
|------------------------------------------------|--------------------------------------|-----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Excavating | <input type="checkbox"/> Steel (Ornamental) | <input type="checkbox"/> **Wrecking/Demolition |
| <input type="checkbox"/> Insulation | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Street/Road | <input type="checkbox"/> **Blasting |
| <input type="checkbox"/> Grading of Land | <input type="checkbox"/> Masonry | <input type="checkbox"/> **Roofing | <input type="checkbox"/> **Bridge Building |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Mechanical | <input type="checkbox"/> **Sewer | <input type="checkbox"/> **Asbestos Removal |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Painting | <input type="checkbox"/> **Steel (Structural) | |
| <input checked="" type="checkbox"/> Electrical | <input type="checkbox"/> Plastering | <input type="checkbox"/> **Supervisor Only | |

Radius of Operations from Main Location: **75 MILES**

Any Casual/Day Labor? YES NO

Does Insured Use Any Subcontractors? YES NO

Are Certificates of Insurance Obtained from Subcontractors? YES NO

Amount Paid to Subcontractors: **<\$10,000** Estimated Annual Gross Receipts: **\$750,000**

Years in This Trade: **28** Years Operating This Business: **10**

Employee Payroll (Net of Officers, **NOT AVAILABLE**

Partners, Owners):
Number of Full Time Employees **8** Number of Part Time Employees **1**

Description of Operations:

SEE NARRATIVE

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GENERAL

- | | | | |
|--------------------------------------------------|---------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------|
| Out of State Operations: | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | Installation Burglar/Fire Alarms: | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| Other Locations: | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | Any Exposures to the Following | |
| Subsidiary of Another Entity? | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | Flammables/Explosives: | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| Any Non-Contracting Exposures: | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | Toxic/Reactive Chemicals: | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| Equipment Leases to/from Others: | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | Radiation: | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| LONG TERM (Over 1 Year) <input type="checkbox"/> | | Aircraft Used in Business: | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| SHORT TERM <input type="checkbox"/> | | Work Below Grade Level: | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| Leased with Operators: | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | Max. Depth: 30" | |
| Height Exposures (Over 2 Stories): | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | Snow Plowing | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| Max Height: <input type="text"/> | | Marine or Dock Work: | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| Scaffolding/Ladders: | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | |

If "YES" is answered to any of the Questions Above, You Must Comment in Narrative

EQUIPMENT

Major Machinery & Equipment Listing:

ROLLER, BUCKET TRUCKS, BACKHOE, RIDER TRENCH CUTTER

Properly Grounded and/or Safeguarded: YES NO

If NO, Please Explain:

PROPERTY

Insured Operates From:

- | | |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Single Family Dwelling | <input type="checkbox"/> Single Family Dwelling/Off Premises Shop/Storage |
| <input type="checkbox"/> Single Family Dwelling with Garage Storage | <input checked="" type="checkbox"/> Other SINGLE COMMERCIAL BUILDING |

Comments & Brief Description: