

# QSR Quaker Special Risk

Exclusively serving retail agents since 1960

## Steel Erectors

### Specialty Trade Contractors Program

Account Name		Producer Name	
Account Contact Name		Producer e-mail address	
Account web site address	Account e-mail address	Date Completed	
Proposed Eff. Date			
Form of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation <input type="checkbox"/> Subchapter "S" Corporation <input type="checkbox"/> LLC <input type="checkbox"/>			Years in business:  Date of license:

1. Please attach a list of the risk's jobs (job list) for the last two years as well as a list of the jobs committed to for the next 12 months.

2. Risk is operating as:

<input type="checkbox"/> General Contractor _____%	<input type="checkbox"/> Prime Contractor _____%	<input type="checkbox"/> Subcontractor _____%
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### ELIGIBILITY

3. Enter the percentage of operations from the following? %'s based on  Sales  Cost of Subcontractors

Residential/Habitational _____%	Commercial _____%	Industrial _____%	Institutional _____%	Total _____%
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4. Indicate percentage in the following?

New Construction _____%	Retrofit/Rehab _____%	Service _____%	Maintenance _____%	Other _____%
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5. Indicate percentage of Steel work in the following scope of operations/specialty, if applicable?  Subs  Sales

Percentages based on:

Pre-Cast Concrete	_____%
Concrete tilt-up Construction	_____%
Fences	_____%
Fire Escapes	_____%
Stairs	_____%
Ornamental Railings	_____%
Pre-Cast Concrete	_____%
Guard Rails	_____%
Overhead Doors	_____%
Light Gauge Interior Framing	_____%
Amusement Rides	_____%
Mines/Quarries	_____%
Fabrication only (no install)	_____%
Refineries	_____%
Airports	_____%
Noisewalls	_____%
Catwalks	_____%
Roof Decking	_____%
Structural over 4 stories	_____%
Tank Installation	_____%
Curtain Walls	_____%
Pre-Engineered Steel Buildings	_____%
Steel for Locks & Dams	_____%
Bridges	_____%
Stadiums	_____%
Material Handling Systems	_____%
Subway/Railway/Tunnels	_____%
Locks/Dams	_____%
Nuclear	_____%
Tank Farms	_____%

Receipts history, please provide receipts figures for the past 3 years:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please provide estimated receipts for the next 12 months: \_\_\_\_\_

Payroll: Please provide payroll estimates for the next 12 months by ISO classification:

1. Metal Erection Structural code 79655 \_\_\_\_\_
2. Metal Erection Decorative code 97650 \_\_\_\_\_
3. Metal Erection Dwellings code 97652 \_\_\_\_\_
4. Metal Erection Non Structural \_\_\_\_\_
5. Concrete code 91560 \_\_\_\_\_
6. Pre-Fabricated Building Erection code 98502 \_\_\_\_\_
7. Other code \_\_\_\_\_
8. Contractors – Subcontracted work – code 91583/91585\* \_\_\_\_\_

\*Cost of subcontractors includes BOTH labor & material

Does the insured/risk perform construction operations involving any one of the following:

Bridge or elevated highway	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Caisson or dam	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Concrete pumping operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Pre stressed structural concrete	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Subway or tunnel construction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Tilt-slab or tilt-up work in excess of 75 feet in height	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Retaining walls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Piers/wharves/docks/seawalls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Foundation repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
House/building raising	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %

6. Other Operations?  Yes  No

If yes, please describe:

- |  |  |
|--|--|
| 7. Has the risk been cited for any OSHA violations? If yes, please explain further.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7a. Any policy coverage declined, cancelled or non-renewed during the prior 3 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7b. Has the applicant ever filed personal or corporate bankruptcy?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

8. Does the insured communicate with the One-Call Service Center and the area utility owners that are not members of the One-Call	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
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Service Center prior to all scheduled excavation work?					
9. Does the insured offer 24-hour emergency repair service?					<input type="checkbox"/> Yes <input type="checkbox"/> No
9b. Any inspection services provided for code compliance?					<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Indicate the average percentage of the risk's TOTAL payroll or sales during the past 5 years for the following: Percentage based on: (Check One)					<input type="checkbox"/> Payroll <input type="checkbox"/> Subs
<b>HABITATIONAL WORK</b>					
Please complete if the risk does any Habitational work.					
Habitational Work Breakdown	% New or Major Rehab/Renovation	+	% Service or Maintenance	=	
<input type="checkbox"/> Condominium (High and Low Rise)	%	+	%		%
<input type="checkbox"/> Multi-Family Owned Developments (including townhouses)	%	+	%		%
<input type="checkbox"/> Tract Housing	%	+	%		%
<input type="checkbox"/> Triplexes and Duplexes	%	+	%		%
<input type="checkbox"/> Apartments	%	+	%		%
<input type="checkbox"/> Other	%	+	%		%
11. Does the risk have any future plans related to work involving new construction of condos, townhouses, tract homes?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe.					
12. List the states the insured worked in the last 5 years.					
14. Has the risk ever been named in claims and/or litigation regarding faulty or defective construction or workmanship?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, was risk acting as a:					<input type="checkbox"/> General Contractor <input type="checkbox"/> Sub-Contractor
What type of project?					<input type="checkbox"/> Habitational <input type="checkbox"/> Commercial
Provide detail on claim/litigation and how the issue was corrected.					
15. Does risk have knowledge of any pre-existing act, omission, event; condition or damages to any person or property that may potentially give rise to any future claim or legal action?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe.					
16. Any current or past involvement with wrap-up/OCIP?					<input type="checkbox"/> Yes <input type="checkbox"/> No

Any residential wrap-ups?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Does the risk have a quality control program? <b>Attach a copy of Table of Contents</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, is it?	<input type="checkbox"/> Informational <input type="checkbox"/> Documented
18. Does the risk retain job files?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If Yes, how long are they retained?</p> <p>Any past, present or future work in NY city boroughs of Manhattan, Brooklyn, Bronx or Queens? <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, please supply separate sheet detailing past 5 jobs &amp; open bid work in the boroughs including location, description or work, duration of job, contract amount and number of stories for any exterior work.</p> <p>Do you work as a real estate developer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Any past, present or future work on landfill areas or in subsidence areas? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Any subsidence or sinkhole related losses in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Any exterior work in excess of 4 stories? <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, what is the percentage of work over 4 stories? _____</p> <p>Any past, present or future work performed below grade? <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, what maximum depth: _____</p>	
19. List the types of work subcontracted	
Does risk obtain certificate of insurance from all subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Diary System in place to track expiration dates of certificates of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the risk named as an additional insured on all subcontractors' policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the risk require all subcontractors to carry primary limits equal to or greater than their own?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the risk use written subcontractor agreements with all subcontractors containing hold harmless/indemnify agreements in favor of the risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are subs hired subject to a formal written pre-qualification process? <b>Attach a copy of the form</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attach a copy of the subcontractor agreement the risk uses with all subcontractors.	

22. Are safety meetings held on a quarterly basis; do managers, subcontractors and employees attend, and are attendance records kept? If less than quarterly, how often?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Does the risk have an architect or engineer on staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, does the risk carry professional liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, does the risk require that the architect or engineer carry his/her own professional liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Trade association affiliation? <input type="checkbox"/> AISC <input type="checkbox"/> SEAA	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Is Hired & Non-Owned Auto coverage desired? If Yes, how many drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall, dependent upon applicable statute, be grounds for imprisonment, fines or rescission of the insurance policy.