



CGL - Comprehensive General Liability

Report Status: (Choose one value) Productive Non-Productive (Complete NPS section) Pending

Survey Date: _____

Special Attention / Idiosyncrasies: _____ Yes (describe) No

Name / Title of Person Interviewed: _____ Business name: _____

E-mail address for primary contact: _____

Length of Ownership / Years in Business: _____

Risk is active as General Contractor (%): _____ Risk is active as Sub-Contractor (%): _____

Work performed: (Choose all that apply)

- Air-craft / Water-craft service Hazardous Material Remediation / Mitigation (Asbestos / Lead / Mold / UST)
 Bridge Building / Repair HVAC
 Carpentry - Finishing Information Technology / Computer Equipment Installation / Service / Repair
 Carpentry - Rough / Framing Insulation Plumbing - General
 Concrete - Flatwork / Paving Janitorial / Cleaning Roofing - Flat(Tar & Felt / Rubber)
 Concrete - Walls / Footings Landscaping - Design / Construction / Removal Roofing - Pitched(Shingle / Metal)
 Demolition / Wrecking Landscaping - Lawn care only Sewer / Septic
 Drywall / Plastering Machinery Equipment Installation / Service / Repair Siding
 Electrical - High Voltage Management Consultant Snow / Ice Removal
 Electrical - Low Voltage Manufacturers Rep Steel - Ornamental
 Elevated Specialty Installation / Repair (e.g. storage tanks - towers - etc.) Steel - Structural
 Excavation - Below Grade / Trenching Masonry Street / Road Construction
 Excavation - Grading only OFF - Site Automotive Service / Repair Supervisory ONLY
 General Maintenance Painting Welding Contractor
 Glass Installation / Service Plumbing - Pressure Vessel(Boilers) Other(describe)

Work Category - Commercial / Industrial (%): _____ Class of Work - Repair (%): _____

Work Category - Residential (%): _____ Class of Work - Other (%): _____

Work Category - Other (%): _____ Location of Work - Interior (%): _____

Class of Work - New Construction (%): _____ Location of Work - Exterior (%): _____

Class of Work - Remodeling (%): _____ Location of Work - Underground / Below Grade (%): _____

Class of Work - Demolition (%): _____

Describe work performed and length of experience for each (i.e. What is the overall scope of this business):

Potential Pollution exposure to Soil, Water, Air, etc. (Choose one value): No Yes (describe)

Contractual or Hold Harmless agreements entered into by insured: (Choose one value) Yes No

Insured's business office / shop & operations headquartered: (Choose one value) Other (describe)

- Business Address Personal Residence Personal Residence with Outbuilding Storage

Hazardous / Uncontrolled Exposures at insured's business office / shop: (Choose one value)

- Customer / Public potential injury exposure including Life Safety Code requirements (describe)
 No Customer / Public exposure at Operation Headquarters No Hazardous / Uncontrolled exposures

If Excavation - Below Grade / Trenching - Maximum Depth ('): _____

If Hazardous Material Remediation / Mitigation - Training: (Choose all that apply)

- N/A OJT / No Formal Training Technical Seminars Trade School

If Hazardous Material Remediation / Mitigation - Industrial Hygienist utilized: (Choose one value)

- N/A Yes - Contracted Yes - On Staff No

If Hazardous Material Remediation / Mitigation - Methods used: _____

If Hazardous Material Remediation / Mitigation - Containment area under negative pressure while working: (Choose one value)

- N/A Yes No

If Hazardous Material Remediation / Mitigation - Methods of disposal of material: _____

If Demolition / Wrecking - Methods used: _____

Out of State Operations: (Choose one value) No Yes (describe)

Radius of Operations (miles): _____

Subcontractor Exposure: (Choose one value) Yes No

If Subcontractor Exposure - Insurance Requirements:

- Certificates of General Liability insurance required from all subs N/A Yes No
Certificates of Workers Compensation insurance required from all subs N/A Yes No

Hold Harmless agreements required from all subs N/A Yes No
Subs liability limits required to be equal or greater than insured's N/A Yes No
Subs insurance certificates endorse risk as additional named insured N/A Yes No
Casual / Seasonal labor: (Choose one value) No Yes (describe)

of Full-time employees: _____ # of Part-time employees: _____

Training Methods: (Choose all that apply)

Formal Education On-the-Job Training Other (describe) None

Licensing Required: (Choose one value)

Yes No

Types of machinery / equipment present:

Brakes Hand Tools Nail Guns Saws
 Compressors Heavy Equipment Office Equipment Scaffolding
 Drills Industrial Trucks Planers Shears
 Grinders Ladders Plumbing Welders
 Other (describe) Material Handling Sanders None

If Machinery / Equipment - On Job-Site overnight: (Choose one value)

N/A Yes No

If Machinery / Equipment on Job-Site overnight - Methods used in Securing against theft / unauthorized use: (Choose all that apply)

N/A Fenced Stored in building Other (describe)
 Disabled (e.g. battery removed) Lock Box Suspended in air
 Doors locked Locking mechanism None

If Machinery / Equipment - Regular Preventative Maintenance: (Choose one value)

N/A Yes No

If Machinery / Equipment - Any motorized equipment travel on roads (e.g. Backhoe, Gradall, Loader, Skidsteer, Tractor-Mowing etc.):

Yes (describe) No

Flammables stored or handled:

No Yes (describe)

Explosive Materials stored or handled:

No Yes (describe)

Toxic / Reactive Chemicals stored or handled:

No Yes (describe)

Radiation Exposure:

No Yes (describe)

Scaffolding / Ladders used: (Choose one value)

No Yes (describe)

If Scaffolding / Ladders Exposure - Maximum height / elevation of working exposure: _____

Are you utilizing a drone:

Yes (describe) No

Rent or Hire equipment / vehicles from others:

Yes Yes with Operators No

Rent or Loan equipment / vehicles to others:

Yes Yes with Operators No

Narrative:

Job-Site Survey

Job-Site surveyed: (Choose one value)

Yes No (describe)

If Job-Site surveyed - Job-Site Operations (i.e. What is the overall scope of THIS jobsite?):

If Job-Site surveyed - Job-Site location (Full address): _____

If Job-Site surveyed - Category of job-site: (Choose one value)

N/A Commercial Industrial Residential

If Job-Site surveyed - Insured acting as: (Choose one value)

N/A General Contractor Subcontractor

If Job-Site surveyed - # of employees at job-site: _____

If Job-Site surveyed - Insured or insured's representative at job-site: (Choose all that apply)

N/A Employee Only Foreman Insured Manager Other (describe)

If Job-Site surveyed - Describe work performed at time of visit (i.e. What specifically were they doing during your visit?):

If Job-Site surveyed - Job-Site protected from Public exposure: (Choose one value)

N/A Yes (describe) No

Losses

Losses: (Choose one value)

No Yes (describe)

Based upon the survey we consider the risk: (Choose one value)

Satisfactory - No deficiencies observed Satisfactory with Recommendation Compliance Unsatisfactory (describe)