

Breckenridge Design Professionals Business Questionnaire

Business Name: _____ **Website:** _____

PLEASE CONFIRM BELOW THAT PROFESSIONAL LIABILITY COVERAGE IS IN PLACE. Required for Program eligibility.

PL Carrier _____ Limits _____ Eff Date _____

1. Does applicant have more than one name for your business or multiple names? Yes No
If yes, provide a description of operations and ownership detail for each entity on an attachment.

2. What is applicant website address: _____

3. Number of years in business: _____ Current Number of Employees: _____

4. Does applicant provide project or construction management services? Yes No

A. If yes, what percentage of your receipts are from project/construction management? _____

B. Are Construction Management services a covered professional service under your Professional Liability coverage? Yes No

C. Are CM/PM services limited to Contract Admin; Estimating/Budgeting/Permitting and Scheduling? Yes No

If no, please describe other Services: _____

5. Does the applicant hold an active general or specialty contractor's license? Yes No

A. If Yes, describe purpose: _____

6. Does applicant perform any of the following:

A. Foreign Projects B. Own a Drone? C. Own Watercraft?

If yes, please explain: _____

7. Does the firm provide any of the following services directly or contractually accept responsibility for any services listed below (check those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Fabrication/Demolition | <input type="checkbox"/> Hiring/Supervision of contractors |
| <input type="checkbox"/> Design/Build Services | <input type="checkbox"/> Drilling | <input type="checkbox"/> Construction job site safety |
| <input type="checkbox"/> Construction Quality | <input type="checkbox"/> Construction Inspection | <input type="checkbox"/> Resident Engineering Inspection |

a. What percentage of firm revenue is associated with inspection services? _____

b. Do contracts ever require or grant authority for firm to intervene or stop work? _____

c. Do any of the firm's contracts require firm to certify the work or others, and/or report on construction defects?

d. Does the firms Professional Liability policy have a construction means and methods exclusion? _____

AUTO EXPOSURE QUESTIONS – FOR BUSINESS AUTO POLICIES or HIRED/NON-OWNED LIABILITY ON BOP POLICY

1. What is your annual cost to short term hire, lease or rent autos \$ _____
2. Do you purchase liability coverage from the leasing or rental company? Yes No
If yes, indicate Liability Limits purchased _____
3. Do employees ever rent, hire or lease autos in their own name while on business? Yes No
4. What is the maximum distance these autos are driven on business? _____
5. How many individuals regularly use their personal autos for company business? _____
6. For what purpose are these autos used (sales, service, delivery, errands etc.)? _____
7. How often are these autos used in your business? Daily Weekly Monthly
8. What minimum personal auto liability limits do you require of employees, volunteers or officers who regularly use their personal autos for your business?
 Not required Statutory \$ _____ Other \$ _____
9. Do you verify no “business use” exclusion to be on the employees’ personal auto policy? Yes No
10. Are MVRS ordered and evaluated on employees that any company cars or use their own personal autos for company business?
Yes No If no, please explain: _____
11. How do you control the use of cell phone devices while driving? _____
12. How many operators are less than 21 years of age? _____ Over 65 years of age? _____

Signature: _____

Print Name: _____

Title of Person Completing Form: _____

Date: _____