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Toll-free Phone: (800) 446-7647

## GlassPro® Package Supplemental Questionnaire

Insured: \_\_\_\_\_

Address: \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ Or Owner's Social Security # \_\_\_\_\_  
 (Required)

COMPLETE ALL SECTIONS, EVEN IF COVERAGE IS NOT REQUESTED

### 1. DESCRIPTION OF OPERATIONS:

Number of Employees: Full Time; \_\_\_\_\_ (Excluding the owner) Part Time; \_\_\_\_\_  
 Number of Owners / Partners Etc. \_\_\_\_\_ / Payroll for owners \$ \_\_\_\_\_

Briefly describe the owner's day-to-day involvement (i.e. in the field, supervisory only):

\_\_\_\_\_

TYPE OF WORK PERFORMED
Describe your business operation in detail. (Included type of products sold, manufactured or fabricated, or installed?)
_____
_____

### Do you operate as (indicate the % of operations):

General Contractor \_\_\_\_\_ % ( You hire multiple classes of sub-contractors to perform work)  
 Construction Manager \_\_\_\_\_ % ( Your contract is direct with the project owner)  
 Subcontractor \_\_\_\_\_ % (You are a sub-contractor of a general contractor)

	Payroll (Include owner's payroll)	Receipts (Required)
Glass Merchant	\$ _____	\$ _____
Glass Manufacturing	\$ _____	\$ _____
Glazier	\$ _____	\$ _____
Window or Door Installation	\$ _____	\$ _____
AutoGlass Repair / Installation	\$ _____	\$ _____
Other (i.e. etching):	\$ _____	\$ _____
<b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>

Do you perform any work involving EIFS, Synthetic Stucco or Stucco?

Yes  No

### Subcontracted Work:

% of Work Subcontracted \_\_\_\_\_ % Cost of Subcontracts \$ \_\_\_\_\_  
 Type of work Subcontracted: \_\_\_\_\_

Are Certificates of Insurance obtained from Subcontractors?  Yes  No

Do your contracts with subcontractors contain indemnification and/or hold harmless wording? (If yes, please attach a copy)  Yes  No

**CURRENT COMMERCIAL INSTALLATION**

Description	New/ Custom %	Remodel/Service Repair %	Payroll	Receipts
Interior (Mirrors, Shower Enclosures)				
Custom Windows or Door Installation				
Retro-Fit/Pre-Fab. Windows or Doors				
Skylight or Atrium				
Other:				

**CURRENT RESIDENTIAL INSTALLATION**

Single Family Homes	New/ Custom %	Remodel/Service Repair %	Payroll	Receipts
Interior (Mirrors, Shower Enclosures)				
Custom Windows or Door				
Retro-Fit/Pre-Fab. Windows or Doors				
Skylight or Solarium				
Other:				
Tract Homes	New/ Custom %	Remodel/Service Repair %	Payroll	Receipts
Interior (Mirrors, Shower Enclosures)				
Custom Windows or Door Installation				
Retro-Fit/Pre-Fab. Windows or Doors				
Skylight				
Other:				
Multi-Family Housing	New/ Custom %	Remodel/Service Repair %	Payroll	Receipts
Interior (Mirrors, Shower Enclosures)				
Custom Windows or Door Installation				
Retro-Fit/Pre-Fab. Window or Door				
Skylight				
Other:				

Please describe the experience of foreman overseeing installation:

Are you insured under a WRAP or OCIP  Yes  No If yes, describe work: \_\_\_\_\_  
 Estimated receipts:\$ \_\_\_\_\_

**Have you done any work on new construction in the past 15 years for any of the following?**

If yes estimated receipts

Multi-family residential housing, including; But not limited to condominiums, townhouses Or apartments?  Yes  No \_\_\_\_\_

Single Family Housing  Yes  No \_\_\_\_\_

Tract Housing on Hillside?  Yes  No \_\_\_\_\_

Were you insured under a WRAP or OCIP(Owner Controlled Insurance Program)  Yes  No \_\_\_\_\_

**Height Exposure**

Average Height (# of Stories): \_\_\_\_\_ Percentage of Work \_\_\_\_\_ %  
 Maximum Height: \_\_\_\_\_ %

**Do you perform any of the following operations?**

- Exterior glass installation above three (3) stories requiring Scaffolding or other exterior support equipment  Yes  No
- Sealant glazing (bonding of glass with a silicone adhesive to the supporting members of a building) over three (3) stories  Yes  No
- Window or door installation exceeding 50% of gross sales  Yes  No
- Tuck pointing and sandblasting of exterior walls and chimneys  Yes  No

Do you work in any of the boroughs in New York City?  Yes  No

Do you work in Cook County, IL?  Yes  No

<b>AutoGlass Replacement, Repair &amp; Installation</b>		
	<b>Payroll</b>	<b>Receipts</b>
<b>On Site %</b>		
<b>Off-Site % (Away from premises)</b>		

**2. Equipment**

- Do you own, lease, rent, hire or borrow bucket trucks or lifts?  Yes  No
- Do you own, lease, rent, hire or borrow cranes with hooks or suction cups? **If yes**, completed Crane Supplemental Application is required.  Yes  No
- Do you rent, lease or borrow equipment from others?  Yes  No
- With Operators?  Yes  No
- Type of equipment rented/leased:
- Do you lease, rent or loan out equipment to others? If yes, please describe  Yes  No
- Do you lease, rent or loan out equipment to others with operators?  Yes  No
- Is there a leasing/rental contract:  Yes  No
- (If yes, provide a copy)
- Equipment maintenance program in place?  Yes  No
- Are trucks equipped with glass racks? If yes, how many single glass racks? \_\_\_\_\_ How many dual glass racks? \_\_\_\_\_  Yes  No

Address/location of the equipment stored?

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What type of security do you have in place?

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**3. Property**

- Do you have a showroom?  Yes  No
- What is the average number of visitors daily? \_\_\_\_\_
- Describe care and conditions of premises (include housekeeping practices):

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- Are customer allowed in storage area, work room or garage?  Yes  No
  - Is your property located within a **1000 ft.** of any of the following: Service/Utility company, public assembly area, major infrastructure or landmark (i.e. gas, electric, nuclear plant, arenas, prominent bridges, tunnels, dams Sears Tower, Alamo)  Yes  No
  - Briefly describe the area around your building (industrial, residential, off major road, type of lighting etc):
- 

**4. Automobile**

- Do you obtain MVR's for all drivers?  Yes  No
- Do you visually inspect drivers' licenses?  Yes  No
- Are road tests given to drivers?  Yes  No
- If so, when and by whom?
- Do you have drivers under the age of 21?  Yes  No
- Are employees allowed to drive company vehicles, for personal use? If yes, when? \_\_\_\_\_  Yes  No
- Do family members have use of company vehicles?  Yes  No

If yes, when & who? \_\_\_\_\_

Are there written procedures for use of company vehicles?  Yes  No

(If yes, please attach copy)

Do you have an automobile maintenance program in place?  Yes  No

If yes, please describe the program:

**3. Hired and Non-Owned (complete only when coverage is requested):**

How many employees use their personal vehicle for business operations? \_\_\_\_\_

Do you check your employees' individual personal auto insurance to make sure they carry limits of at least \$100,000/\$300,000?  Yes  No

How often do you check your employees' MVRs after hiring? \_\_\_\_\_

**4. Safety:**

Do you check references before hiring?  Yes  No

Do you have a formal hiring procedure manual?  Yes  No

Do you have a formal Training program in place?  Yes  No

Does manual include section on use of fall protection?  Yes  No

Are employees trained in use of each piece of equipment?  Yes  No

Is safety training documented?  Yes  No

Do you complete background checks on employees?  Yes  No

Are employees furnished with safety equipment?  Yes  No

Chain mail gloves, Safety shoes, Aprons, Goggles

Are employees trained in lifting?  Yes  No

Are employees certified Glaziers? # \_\_\_\_\_ and \_\_\_\_\_%

Are employees encouraged to keep certification current?  Yes  No

Any "high hazard jobs" preplanned to identify hazards and controls needed?  Yes  No

Are employees trained what to do when a vehicle or customer accident occurs?  Yes  No

Do you have any incentive based safety programs?  Yes  No

Describe your training / safety programs in place.

**Please provide a copy of any written hiring manual, safety programs or training material.**

Do you comply with all standards of any statute, ordinance, regulation or license requirements or any federal, state or local government which apply to your operations?  Yes  No

**5. Associations:**

Are you a member of any professional Glass Association?  Yes  No

Name of Association(s): \_\_\_\_\_

**6. Premium Information:**

Expiring Premium per Line of Business: \_\_\_\_\_

Target Premium per Line of Business: \_\_\_\_\_

Insured's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

ED: 07/11