



# BNC Subshield™ Subcontractor Prequalification Form

one of the most powerful risk transfer and certificate tracking systems in the industry

## General Information:

Subcontractor name:		
Address:		
City:	State:	Zip:
General Contractors name:		

## General Liability Insurance:

1. Insurance company:	
2. Insurer's NAIC number:	
3. Policy term (MM/DD/YY - MM/DD/YY):	
4. Admitted in NY State? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Coverage:	Limits:
General Aggregate:	
Products/Completed Operations Aggregate:	
Personal & Advertising Injury:	
Each Occurrence:	
Damage to Rented Premises:	
Medical Expenses:	
6. What operations is the policy insured for (e.g. roofing, plumbing, etc):	
7. Does the policy contain contractual liability coverage extending to written contracts you have with general contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Does the policy contain a subcontractor or independent contractor "warranty" provision that can <b>void or limit</b> coverage under the policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, we must receive a copy of this endorsement. Please attach when you return this document.</b>	
9. Does the policy contain any exclusions for injury to your employees and/or employees of subcontractors (section 240/241 Labor Law)? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, we must receive a copy of this endorsement. Please attach when you return this document.</b>	
10. Does the policy contain a per project aggregate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Does the policy contain blanket primary, non-contributory wording? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Does the policy contain blanket waiver of subrogation provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Does the policy provide blanket additional insured coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Does the policy extend the additional insured status to include completed operations coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Does the policy contain any exclusion or limitation for <b>new/ground up residential</b> work your company performs? (Residential work includes: single family, multiple family, townhomes, condominiums, row houses, co-ops, tract homes, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, we must receive a copy of this endorsement. Please attach when you return this document.</b>	

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**General Liability Insurance Continued:**

16. Does the policy contain any exclusion or limitation for residential renovation work your company performs?  
 Yes  No

**If yes, we must receive a copy of this endorsement. Please attach when you return this document.**

17. Does the policy have any height restriction for exterior work your company performs?  
 Yes  No

**If yes, we must receive a copy of this endorsement. Please attach when you return this document.**

18. Does the policy contain any height exclusion for interior work your company performs?  
 Yes  No

**If yes, we must receive a copy of this endorsement. Please attach when you return this document.**

19. Does the policy provide coverage for work you perform in NY City?  
 Yes  No

20. Does the policy include Hired and Non-owned Auto coverage?  
 Yes  No

**If yes, please confirm limit \_\_\_\_\_**

**Umbrella/Excess Liability Insurance:**

**Note: Umbrella/Excess policies may be follow form over certain coverage's, however, they are not typically follow form over Primary Non-Contributory wording or Waiver of Subrogation provisions. Therefore, these coverage's typically need to be endorsed onto an Umbrella/Excess policy for such coverage to exist (please see questions #8 and #9 below).**

1. Insurance company:

2. Insurer's NAIC number:

3. Policy term (MM/DD/YY - MM/DD/YY):

4. Admitted in NY State?  
 Yes  No

5. Please confirm your policy limits for the following:

Each Occurrence:

Aggregate:

6. Does the policy contain a subcontractor or independent contractor "warranty" provision that can void or limit coverage under the policy?  
 Yes  No

**If yes, we must receive a copy of this endorsement. Please attach when you return this document.**

7. Does the policy contain any exclusions for injury to your employees and/or employees of subcontractors (section 240/241 Labor Law)?  
 Yes  No

**If yes, we must receive a copy of this endorsement. Please attach when you return this document.**

8. Does the policy contain blanket primary, non-contributory wording?  
 Yes  No

9. Does the policy contain blanket waiver of subrogation provisions?  
 Yes  No

10. Does the policy provide blanket additional insured coverage?  
 Yes  No

11. Does the policy extend the additional insured status to include completed operations coverage?  
 Yes  No

12. Does the policy contain any exclusion or limitation for new/ground up residential work your company performs? (Residential work includes: single family, multiple family, townhomes, condominiums, row houses, co-ops, tract homes, etc.)  
 Yes  No

**If yes, we must receive a copy of this endorsement. Please attach when you return this document.**

13. Does the policy contain an exclusion for residential renovation work your company performs?  
 Yes  No

**If yes, we must receive a copy of this endorsement. Please attach when you return this document.**

14. Does the policy have any height restrictions for exterior work your company performs?  
 Yes  No

**If yes, we must receive a copy of this endorsement. Please attach when you return this document.**

15. Does the policy contain any height exclusions for interior work your company performs?  
 Yes  No

**If yes, we must receive a copy of this endorsement. Please attach when you return this document.**

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**Umbrella/Excess Liability Insurance Continued:**

16. Does the policy contain coverage for underlying auto?  
 Yes  No

17. Does the policy contain coverage for underlying employer liability policy?  
 Yes  No

**Auto Liability Insurance:**

1. Insurance Company:

2. Insurer's NAIC number:

3. Policy term (MM/DD/YY - MM/DD/YY):

4. Policy limit:

5. Symbol(s) vehicles insured under (e.g. 1,7,8,9, etc): \_\_\_\_\_

**Workers' Compensation Insurance:**

1. Insurance Company:

2. Insurer's NAIC number:

3. Policy Term (MM/DD/YY - MM/DD/YY):

4. Please confirm your policy limits for the following:

Each Accident:

Disease Each Employee:

Disease Policy Limit:

5. Does the policy provide coverage for NY State under section 3.A.?  
 Yes  No

**Subcontractors Insurance Representative:**

HEREBY ATTESTS THAT THE INFORMATION PROVIDED HEREIN IS TRUE, ACCURATE AND COMPLETE.

Name of Agency/Brokerage:

Address:

City:

State:

Zip:

Print Name of Agent/Broker completing this form:

Signature of Agent/Broker completing this form:

Phone:

Fax:

Email:

Title:

Date:

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