MontRidge
Insurance Services

# CONSTRUCTION INSURANCE CHECKLIST

A Practical Self-Assessment for General Contractors, Specialty Contractors & Construction Business Owners

Developed by Montridge Insurance Services
Estimated Completion Time: Approximately 5 Minutes

This checklist was developed by Montridge Insurance Services to help construction companies identify common insurance and risk management topics that may deserve additional review before they become costly claims, project delays, or contractual disputes.

Whether your company performs commercial construction, tenant improvements, concrete work, grading, electrical, plumbing, HVAC, excavation, roofing, framing, or specialty trades, this checklist provides a practical starting point for reviewing your insurance and risk management program.

## HOW TO USE THIS CHECKLIST

- Simply check Yes, No, or Not Sure for each statement below.
- There are no right or wrong answers.
- If you answer "No" or "Not Sure" to several questions, it may be a good time to review your insurance program, contracts, or risk management procedures with your insurance advisor.

## SECTION 1 – BUSINESS OPERATIONS

| | | | |
|---|---|---|---|
| Our insurance program reflects the construction work we perform today. | ☐ Yes | ☐ No | ☐ Not Sure |
| We notify our insurance advisor before expanding into new trades or project types. | ☐ Yes | ☐ No | ☐ Not Sure |
| We understand the operational risks associated with our construction projects. | ☐ Yes | ☐ No | ☐ Not Sure |
| We review our insurance and risk management program annually as our business grows. | ☐ Yes | ☐ No | ☐ Not Sure |

## SECTION 2 – CONTRACTS & RISK MANAGEMENT

| | | | |
|---|---|---|---|
| We review insurance requirements before signing construction contracts. | ☐ Yes | ☐ No | ☐ Not Sure |
| We understand the insurance obligations outlined in our contracts. | ☐ Yes | ☐ No | ☐ Not Sure |
| We verify subcontractor insurance before work begins. | ☐ Yes | ☐ No | ☐ Not Sure |
| Certificates of Insurance are reviewed before project mobilization. | ☐ Yes | ☐ No | ☐ Not Sure |

## SECTION 3 – PROJECT RISK & JOBSITE MANAGEMENT

| | | | |
|---|---|---|---|
| We review project-specific insurance requirements before construction begins. | ☐ Yes | ☐ No | ☐ Not Sure |
| We understand how delays, change orders, or subcontractor issues can affect our contractual responsibilities. | ☐ Yes | ☐ No | ☐ Not Sure |
| We evaluate our insurance program whenever we take on larger or more complex projects. | ☐ Yes | ☐ No | ☐ Not Sure |
| We discuss project risks with our leadership team before mobilizing to major jobsites. | ☐ Yes | ☐ No | ☐ Not Sure |

## SECTION 4 – CLAIMS & LOSS PREVENTION

| | | | |
|---|---|---|---|
| Employees know how to report incidents promptly. | ☐ Yes | ☐ No | ☐ Not Sure |
| We investigate accidents and near misses to improve future projects. | ☐ Yes | ☐ No | ☐ Not Sure |
| We maintain written safety procedures appropriate for our construction operations. | ☐ Yes | ☐ No | ☐ Not Sure |
| Risk management is discussed regularly as part of project planning and field operations. | ☐ Yes | ☐ No | ☐ Not Sure |

## NEXT STEPS

This checklist is intended to help identify topics that may deserve additional review.

There is no score and no passing grade.

If you answered "No" or "Not Sure" to several questions, consider reviewing your insurance program, construction contracts, and operational risk management practices with your insurance advisor.

Construction projects often involve changing jobsite conditions, multiple subcontractors, complex contracts, and evolving risks. Regular reviews can help identify potential gaps before they result in costly claims, project delays, or contractual disputes.

## WOULD YOU LIKE TO SPEAK WITH A COMMERCIAL RISK ADVISOR?

If you would like assistance reviewing your insurance program or discussing any of the topics covered in this checklist, please complete the information below.

**Please select one:**

- ☐ I would like to schedule a Complimentary Commercial Risk Assessment.
- ☐ I would like a representative from Montridge Insurance Services to contact me.
- ☐ Please send me future Commercial Risk Management resources, checklists, and educational updates.

## CONTACT INFORMATION

Name

Company

Title

Email Address

Phone Number

### Preferred Contact Method

- ☐ Phone
- ☐ Email
- ☐ Either

### Additional Comments

## IMPORTANT DISCLOSURE

This checklist is provided by Montridge Insurance Services for general educational purposes only.

It is not an insurance policy, insurance application, legal opinion, engineering report, or guarantee of insurance coverage. Completing this checklist does not create insurance coverage or identify every potential exposure your organization may face.

Insurance coverage depends on many factors, including policy terms and conditions, endorsements, exclusions, contractual obligations, applicable laws, and the specific facts of each claim.

This checklist should not be relied upon as legal, insurance, tax, or risk management advice. We encourage you to consult with your insurance advisor and legal counsel regarding your organization's specific insurance, contractual, and operational needs.