

CONTRACTORS QUESTIONNAIRE

Applicant Instructions: Answer all questions. If the answer to any question is NONE, please state NONE. Owner, partner or officer must sign and date this questionnaire.

1. Applicant _____

Years in business under current name: _____

List all business names Applicant has used in the past (if none, so state): _____

2. Contractor's License #: _____ States in which you do business: _____

3. Percentage of Operations as a General Contractor: _____ % Subcontractor: _____ % Owner/Builder: _____ %

4. Number of active owners:

Upcoming and prior years payroll, subcontracted work cost and gross receipts			
Year	Direct Field Payroll(Excl Owners)	Subcontracted work	Gross Receipts
Upcoming			
Current			
1 st Prior			
2 nd Prior			
3 rd Prior			

5. Indicate the percentage of construction work performed in the following categories:

New Construction		Commercial		Inside Building	
Remodeling*		Industrial		Outside Building	
Repair		Residential			
Total	100%	Total	100%	Total	100%

*Provide complete description of type of remodeling/renovation work (gut & rebuild, TIB, room additions, etc.)

6. Show estimated upcoming direct payroll and upcoming subcontracted cost for each category (000s):

Type of Work	Direct Payroll	Sub Cost	Type of Work	Direct Payroll	Sub Cost	Type of Work	Direct Payroll	Sub Cost
Alarm System work	\$	\$	Environmental Work	\$	\$	Playground Eq	\$	\$
Boilers	\$	\$	Excavation	\$	\$	Plumbing	\$	\$
Bridge or Overpass	\$	\$	Gas/LPG Work	\$	\$	Roofing	\$	\$
Carpentry	\$	\$	Grading	\$	\$	Seismic Retrofit	\$	\$
Concrete	\$	\$	Guard Rail Work	\$	\$	Sewer	\$	\$
Debris Removal	\$	\$	Insulation	\$	\$	Steel/Structural	\$	\$
Demolition	\$	\$	Landscaping	\$	\$	Steel/Artistic	\$	\$
Drywall/Wallboard	\$	\$	Maintenance	\$	\$	Street/Road	\$	\$
Drilling	\$	\$	Masonry	\$	\$	Supervisory	\$	\$
Earthquake Repair	\$	\$	Mechanical/HVAC	\$	\$	Swimming Pools	\$	\$
EIFS work	\$	\$	Painting	\$	\$	Traffic Signal	\$	\$
Electrical	\$	\$	Parking Lot Paving	\$	\$	Water/Sewer Mains	\$	\$
Elevator/Escalator	\$	\$	Plastering/stucco	\$	\$		\$	\$
Other (Describe)							\$	\$

CONTRACTORS QUESTIONNAIRE

7. Describe the largest projects completed in the last three years. (use separate sheet if necessary)

Client	Project/Job Description	Amount

List four largest projects underway or scheduled to start within the next twelve months:

Client	Project/Job Description	Amount

7 a. Average dollar value of completed projects \$ _____

8. Do you specialize in any part of the construction of the following types of buildings: Yes No

- Nursing Homes
- Condominiums
- Hotels/Motels
- Day Care Centers
- Apartments
- Hospitals
- Multi-family Habitational

If yes, explain _____

9. Do you allow another contractor to use your license? Yes No

If so, please explain _____

10. Do you use cranes in any of your activities? Yes No

If yes, are tower cranes used? Yes No

Length of the boom _____ Age of the crane: _____ OSHA Certified Inspection date: _____

11. Do you rent or loan machinery or equipment to others? Yes No

If so, please explain _____

12. Are you involved in any of the following operations:

- a. Removal of Asbestos, Lead, PCB's Mold, Hazardous Materials Yes No
- b. Dam/Levee Construction Yes No
- c. Blasting Yes No
- d. Shoring or Under-pining Yes No
- e. Pile driving Yes No
- f. Caisson or Cofferdam work Yes No
- g. Tank removal or replacement Yes No

13. Are your subcontractors involved in the removal of asbestos, lead, PCB's, mold or other hazardous materials?

Yes No

If so, please explain _____

14. Has any licensing authority, city, state or federal including OSHA, taken action against you? Yes No

If so, please explain _____

15. Do you build on hillsides, terraces, landfills, or subsidence areas? Yes No

If so, please explain _____

16. Do you do any exterior work above 3 stories? Yes No

CONTRACTORS QUESTIONNAIRE

If so, please explain _____

17. Does your work involve life support systems or process piping? Yes No

If so, please explain _____

18. Do you draw any plans or blueprints used in your construction work? Yes No

If yes, do you carry Professional Liability, Errors and Omissions Insurance? Yes No

19. Do you employ architects or engineers? Yes No

If so, please explain _____

20. If your work involves roofing, how much is hot tar? _____ % Over 4 Stories? _____ % Foam? _____ %

21. Does your work include working below grade? Yes No

If so, maximum depth: _____ Percent of operations: _____ %

22. Do you have any current or prior projects involving the use of EIFS aka synthetic stucco? Yes No

If so, please explain _____

23. Do you work at airports, refineries, chemical plants, railroads, military bases, or public utilities? Yes No

If so, please explain _____

24. Are your employees subject to U.S.L&HW, FELA, Jones Act or similar Federal Acts? Yes No

If so, please explain _____

25. Do you have operations other than contracting? Yes No

If so, please explain _____

26. Do you require certificates of insurance and contractual agreements with subcontractors? Yes No

If so, what limit of liability do you require? _____

27. Do you work on habitational structures, such as condominiums, apartments, dwellings, etc.? Yes No

	New Const	Repair/Remodel
Condominiums & Townhouses	%	%
Single Family Dwellings	%	%
Apartments	%	%
Other (Describe) _____	%	%

28. How many additional insureds do you expect in the coming year? _____

29. Do you participate in wrap-ups or Owner Controlled Insurance Programs (OCIPs)? Yes No

If so, explain _____

30. Do you own real estate development property or are you a real estate developer? Yes No

31. Are you a construction manager? Yes No

32. Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has assumed liability? For the purposes of this application only, a claim means a receipt of a demand for money, services or arbitration. Yes No

If so, please explain _____

CONTRACTORS QUESTIONNAIRE

33. Is your company aware of any facts, circumstances, incidents, situations, damages or accidents (including but not limited to: faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which directly or indirectly involve the company? Yes No

If so, please explain _____

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE OR SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD AND SUBJECT TO FINES AND/OR IMPRISONMENT. ANY CHANGES IN YOUR OPERATION MUST BE REPORTED TO YOUR AGENT.

Date: _____

Signature of Applicant: _____ Title _____ Date _____

Signature of Producing Agent: _____ Date _____

Agent Name and Address: _____

NOTE: Applicant's Signature is REQUIRED.