



CONTRACTORS QUESTIONNAIRE

Applicant Name: _____
 Mailing Address: _____

 Location: _____

Agents Name: _____
 Address: _____

Proposed Effective Date:
 From: _____ To: _____
 12:01 A.M. Standard Time at the address of the Applicant

Applicant Is: Individual Corporation Partnership Joint Venture Other (Specify) _____

- Years in business under current name: _____ (Attach list of other names under which you have conducted business)
- Contractor's license # _____ States in which you will do or have done business _____
- Percentage of operations: General Contractor _____% Subcontractor _____% Owner/Builder _____%
- Direct Payroll, Subcontractor Cost and Gross Sales:

Estimates for next 12 months:

Direct Payroll: \$ _____ Subcontractor Cost \$ _____ Gross Sales \$ _____

Actual for five prior years:

YEAR	DIRECT PAYROLL	SUBCONTRACTOR COST	GROSS SALES

Note: RESIDENTIAL means single-family dwellings, multi-family dwellings, condominiums, townhomes, townhouses, apartments and cooperatives.

5. Indicate the percentage of construction work to be performed by you or on your behalf by subcontractors during the next twelve months:

Residential _____% + **Commercial/Industrial** _____% = 100%

Residential:

New Construction _____% + Remodeling _____% = 100%

Inside Building _____% + Outside Building _____% = 100%

Commercial/Industrial:

New Construction _____% + Remodeling _____% = 100%

Inside Building _____% + Outside Building _____% = 100%

6. Indicate the percentage of construction work performed by you or on your behalf by subcontractors during the past five years:

Residential:

New Construction _____% + Remodeling _____% = 100%

Inside Building _____% + Outside Building _____% = 100%

Commercial/Industrial:

New Construction _____% + Remodeling _____% = 100%

Inside Building _____% + Outside Building _____% = 100%

7. If any of your work involves, or has at any time involved, the construction of or for tract homes, custom homes, condominiums, townhomes, townhouses, duplexes, triplexes, apartments or cooperatives, please attach a detailed explanation of past, current and planned projects including whether your work was new construction or repair/remodel only.

8. Indicate the anticipated percentage of construction work over the next twelve months to be performed by you using percentage of Direct Payroll under "Direct" and percentage of Subcontractor cost under "Subbed" as the basis:

	DIRECT	SUBBED		DIRECT	SUBBED		DIRECT	SUBBED
BLASTING	%	%	EXCAVATION	%	%	PLUMBING	%	%
BOILER	%	%	FIRE SUPPRESSION	%	%	ROOFING	%	%
BRIDGE BLDG	%	%	GAS MAIN	%	%	SEISMIC RETRO-FITTING	%	%
CARPENTRY	%	%	GRADING	%	%	SEWER/WATER	%	%
CONCRETE	%	%	HAZARDOUS MATERIAL	%	%	STEEL (STRUCTURAL)	%	%
CRANE RENTAL	%	%	HVAC	%	%	STEEL (ORNAMENTAL)	%	%
DEMOLITION	%	%	INSULATION	%	%	STREET/ROAD	%	%
DRILLING	%	%	MAINTENANCE	%	%	STUCCO	%	%
DRYWALL	%	%	MASONRY	%	%	SUPERVISORY ONLY	%	%
EARTHQUAKE REPAIR	%	%	MECHANICAL	%	%	TANKS	%	%
EIFS/SYNTH-ETIC STUCCO	%	%	PAINTING	%	%	WATER-PROOFING	%	%
ELECTRICAL	%	%	PLASTERING	%	%	OTHER (DESCRIBE)	%	%

9. Have you been cited or fined by OSHA in the past five years? Yes No If yes, please attach copies of all related correspondence.

10. Do you currently furnish a performance and/or payment bond to any person or organization? Yes No

If yes, name of Surety/Insurance Company _____

11. Have you defaulted on a performance and/or payment bond in the last three years? Yes No If yes, please attach a detailed explanation.

12. Indicate the type of security used at job sites and at your premises: Fencing Lighting Watchman Canine Other

13. Have you allowed, are you currently or will you ever allow your license to be used by any other contractor for a project on which you have not worked? Yes No Has any licensing authority taken any action against you? Yes No
If yes to either question, please attach an explanation.
14. Do you operate your business from a private residence? Yes No If yes, please provide the name of your Homeowners Insurance carrier and your Liability Limits: _____
15. Have you built, are you currently or will you build on hillsides, terraces, landfills, or subsidence areas? Yes No
If yes, explain: _____
16. Have you built, are you currently, or will you construct buildings in excess of two (2) stories or any structure in excess of thirty feet in height? Yes No If yes, provide details on the work performed including whether scaffolding or aerial lifts are used: _____

17. Have you performed, are you currently or will you or your subcontractors perform any work below grade? Yes No
Maximum depth: _____ Percentage of operations: _____
18. Have you worked, are you currently or will any of your employees work under U.S. Longshore and Harbor Workers' Compensation Act or Jones Act? Yes No
19. Do you have operations other than construction? Yes No Covered by other insurance? Yes No If yes to either question, explain: _____
20. Do you execute written contracts including indemnification clauses in your favor with all independent contractors performing work for you? Yes No If no, please explain exceptions: _____
21. Do your written contracts with your independent contractors require the independent contractor to maintain Commercial General Liability insurance including you as an Additional Insured? Yes No If yes, minimum limits of insurance required? _____
If no, please explain exceptions: _____
22. Do your written contracts with your independent contractors require the independent contractor to maintain Commercial General Liability insurance that is primary to and non-contributing with your insurance? Yes No
23. Do your written contracts with your independent contractors require the independent contractor to maintain Workers Compensation insurance? Yes No If no, please explain exceptions: _____
24. Do you subscribe to a Certificate of Insurance management service or have a written procedure for obtaining and maintaining current Certificates of Insurance from your independent contractors? Yes No If yes, please provide details including the vendor name and when the service or procedure was first established _____
25. Do you maintain copies of contracts and Certificates of Insurance for a minimum of ten years? Yes No If no, how long? _____
26. Do you contractually agree to defend or indemnify or provide Additional Insured coverage for property owners, property managers or general contractors for whom you are performing work? Yes No If yes, approximately how many persons or organizations will require Additional Insured coverage during the upcoming year? _____ If yes, are your contracts reviewed by outside counsel prior to execution of the contract? Yes No
27. Are you responsible for job-site safety on your projects? Yes No
28. Do you employ a full time safety director and have a formal written safety program? Yes No
29. Is your job supervisor's remuneration dependent upon job-site safety results? Yes No If yes, what percentage? _____
30. Do you maintain Workers Compensation insurance? Yes No If yes, please attach your current Experience Modification worksheet.
31. Do you automatically provide a warranty program for your customers? Yes No If yes, please explain: _____
Is your warranty program insured? Yes No If yes, please explain: _____

32. During the past five years, has any insurer ever cancelled, declined or refused to issue similar insurance to any applicant? Yes No

If yes, explain: _____

33. Has any lawsuit ever been filed or any claim otherwise been made against your company, or any partnership, joint venture or limited liability company of which you have been a member, or your predecessor(s) in business, or against any person, company or entities on whose behalf your company has assumed liability? For the purpose of this application only, a claim means a receipt of a demand for money, services or arbitration. Yes No If yes, please attach a detailed explanation.

34. Are you or is your company aware of any facts, circumstances, incidents, situation, damages or accidents (including but not limited to faulty or defective workmanship, product failure, construction dispute, breach of contract, 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 might directly or indirectly involve the company? Yes No If yes, please attach a detailed explanation.

35. Five year loss summary

Carrier	Valuation Date	Policy Period	No. of Claims	Paid	Reserved	Total Incurred

36. Five largest projects completed during the past year:

Name/City/State	Start/End Date	Cost	Type of Project/Details on Work Performed

37. Ongoing projects and projects scheduled for the upcoming year:

Name/City/State	Start/End Date	Cost	Type of Project/Details on Work Performed

38. Will any or your work during the next twelve months be insured under a Wrap Up (or Owner-Controlled) Insurance Program?

Yes No If yes, please attach a detailed explanation.

39. Current CGL Insurance Carrier: _____ Limits: _____ Deductible/Retention: _____ Premium: _____

40. Desired Limits: _____ Deductible/Retention: _____

