



# 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/SYNTHETIC 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: \_\_\_\_\_

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials ("this Application"), are true and complete and do not misrepresent, misstate or omit any material facts.

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SIGNATURE OF APPLICANT	TITLE	DATE
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PRINTED NAME OF APPLICANT

**SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER, THE BROKER OR THE AGENT TO COMPLETE THE INSURANCE.**

Please note the following documents **must also** be attached to this application:

- Resumes for principals and key employees if you have been in business under the current name for fewer than three years.
- Statement of qualifications, brochure or other advertising material.
- Copies of OSHA citations and related correspondence.
- Owned equipment schedule.