



## SUPPLEMENTAL CONTRACTORS QUESTIONNAIRE

### Applicant's Instructions:

- Answer all questions. If the answer to any question is NONE, please state NONE.
- Attach a separate sheet if necessary to completely answer any question.
- QUESTIONNAIRE MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER.
- PLEASE CAREFULLY READ THE STATEMENTS AT THE END OF THIS QUESTIONNAIRE.

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THE TERM "WILL YOU" IN AN APPLICATION QUESTION MEANS UNTIL THE EXPIRATION DATE OF THE POLICY.

- Applicant: \_\_\_\_\_
- Individual  Incorporation  Partnership  LLC  Other  \_\_\_\_\_
- Years in business for yourself: \_\_\_\_\_
- Web-site/Email address: \_\_\_\_\_
- List all business names which you have used in the past or are now using in addition to that for which you are currently applying for insurance:  
\_\_\_\_\_  
\_\_\_\_\_
- Do you have operations other than contracting? Yes  No   
Covered by other insurance? Yes  No   
If "Yes" please explain: \_\_\_\_\_
- Contractor's license #: \_\_\_\_\_ States in which you do business: \_\_\_\_\_
- Has any licensing authority taken any action against you? Yes  No   
If "Yes" please explain: \_\_\_\_\_
- Have you allowed or will you allow your license to be used by any other contractor? Yes  No   
If "Yes" please explain: \_\_\_\_\_
- Estimates for next 12 months:  
Payroll: \$ \_\_\_\_\_ Sub-Contracted Costs: \_\_\_\_\_ Gross Receipts: \$ \_\_\_\_\_

11. Do you do OCIP (Wrap-up) work? Yes  No

If "Yes", what are estimated receipts for:

Work covered separately under OCIP/Wrap-up? \$ \_\_\_\_\_

Work not covered under an OCIP/Wrap-up? \$ \_\_\_\_\_

12. Prior Years History:

Yr: \_\_\_\_\_ Payroll: \$ \_\_\_\_\_ Sub-Contracted Costs: \_\_\_\_\_ Gross Receipts: \$ \_\_\_\_\_ Liability Ins. Premium: \$ \_\_\_\_\_

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13. Indicate the type and percentage of construction work performed by you:

**RESIDENTIAL**

**COMMERCIAL**

New Construction – Non-tract work \_\_\_\_\_ %

New Construction \_\_\_\_\_ %

New Construction – Tract work \_\_\_\_\_ %

Remodel/Tenant Improvement \_\_\_\_\_ %

Remodeling/Repair \_\_\_\_\_ %

14. If tract work is done, please give maximum number of homes in the entire tract? \_\_\_\_\_

15. Any work performed for a fee or with labor and/or material costs paid by others? Yes  No

If "Yes" please explain: \_\_\_\_\_

16. Using percentage of payroll (under *Direct*) and percentage of sub-contract costs (under *Subbed*), indicate the anticipated percentage of construction work you will perform over the next 12 months:

Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed
Carpentry			Grading			Roofing		
Carpentry-Framing			Insulation			Seismic Retrofitting		
Concrete-Flatwork			Maintenance			Sewer		
Concrete-Foundations			Masonry			Steel/Structural		
Demolition			Mechanical			Steel/Ornamental		
Drilling			Painting			Street/Road		
Earthquake Repair			Plastering			Supervisory Only		
Electrical			Plumbing			Water/Gas Mains		
Excavation			Other (Describe):					

17. Describe the three largest projects, including the total cost, which you have performed during the past five (5) years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. List current projects or those scheduled to commence over the next twelve months:

Location	Type of work	Start Date	Ending Date	Cost of Project
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19. Have you been involved or do you subcontract any work involving blasting operations, hazardous waste, asbestos, mold, PCB's, medical and/or industrial life support, oil fields, dams/levees or quarries, fuel tanks or pipe lines? Yes  No

If "Yes" please explain: \_\_\_\_\_

20. Have you performed or will you or *your* subcontractors perform any work below grade? Yes  No

Maximum depth: \_\_\_\_\_ % of operations: \_\_\_\_\_.

Any shoring, underpinning, cofferdam or caisson work? Yes  No

If "Yes" please explain: \_\_\_\_\_

21. Have you worked or will you or your employees work under U.S. Longshoremen's and Harbor Workers' Act or Jones Maritime Act? Yes  No

22. If you use sub-contractors, complete the following:

- a. Do you always collect certificates of insurance from sub-contractors? Yes  No
- b. What minimum General Liability limit is required? \_\_\_\_\_
- c. Do you always require sub-contractors to name you as additional insured? Yes  No
- d. Do you have a standard formal written contract with subcontractors? Yes  No
- e. If yes, does it have a hold harmless/indemnification agreement in your favor? Yes  No

23. Will any of your work involve the construction of, or be for condominiums/ townhouses? Yes  No

If yes, is the work new construction? Yes  No

Repair only for individual unit owners and homeowner associations? Yes  No

Repair only for individual unit owners only? Yes  No

24. Have you or will you ever converted apartments to condominiums? Yes  No

25. Have you or will you perform work above 30 feet in height? Yes  No

If "Yes", please explain: \_\_\_\_\_

26. During the past three years, has any insurer ever cancelled, declined or refused to issue similar insurance to you or has any finance company cancelled you for non-payment of premium? Yes  No

If "Yes", please explain: \_\_\_\_\_

27. 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? Yes  No   
*(For the purpose of this application, a claim means a receipt of a demand for money, services or arbitration.)*

If "Yes" please explain: \_\_\_\_\_

28. 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 might directly or indirectly involve the company? Yes  No

If "Yes" please explain: \_\_\_\_\_

**PLEASE CAREFULLY READ THIS STATEMENT**

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. Furthermore, the Applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Notwithstanding any of the foregoing, the Applicant understands the Company is not obligated nor under any duty to issue a policy of insurance based upon this Application. The Applicant further understands that, if a policy is issued, this Application will be incorporated into and forms a part of such policy.

\*Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Title (Owner, Officer or Partner): \_\_\_\_\_

**SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE ADMINISTRATIVE AND SERVICING MANAGER TO COMPLETE THE INSURANCE.**

\* Must be signed by the owner, executive officer or partner of the company.