

CONTRACTOR QUESTIONNAIRE

Full Name of Applicant:

Agent's Name

Mailing Address:

Mailing Address:

Location

Proposed Effective Date:

Website

From:

12:01 A.M, Standard Time at
the address of the Applicant

To:

Applicant is:

Individual

Joint Venture

LLC

Corporation

Partnership

Other - Specify

1) Years in Business under current name:

Provide other names under which you have
conducted business:

2) States in which you will do or have done business:

3) Description of operations:

4) Percentage of operations: General Contractor % Subcontractor % Owner/Builder %

5) Direct Payroll, Subcontractor Cost and Gross Sales:

Estimates for next 12 months: Direct Payroll \$ Subcontractor Cost \$ Gross Sales \$

Actual for five prior years:

<u>Year</u>	<u>Direct Payroll</u>	<u>Subcontractor Cost</u>	<u>Gross Sales</u>

Note: When used in this questionnaire, RESIDENTIAL means single-family dwellings and multi-family dwellings (condominiums, condominium conversions, townhomes and cooperatives), but not apartments.

6) Percentage of Construction Types performed by you or on your behalf:

<u>Construction Types</u>		
Residential		%
Commercial /Industrial		%
All Types		=100%
Inside Bldgs		%
Outside Bldgs		%
All Types		=100%

7) Percentage of Residential Construction activities performed by you or on your behalf:

<u>Type of Residential Construction</u>		%	<u>Type of Residential Structure</u>		%
New Construction		%	Single-Family (Tract)		%
Structural Remodeling/Repair		%	Single-Family (Custom)		%
Other Remodeling/Repair		%	Multi-Family		%
Condo Conversion		%	All Types		=100%
All Types		=100%			

8) Percentage of Commercial/Industrial Construction activities performed by you or on your behalf:

<u>Type of Commercial/Industrial Construction</u>		%
New Construction - Except Commercial Condominiums		%
Structural Remodeling/Repair - Except Commercial Condominiums		%
Other Remodeling/Repair - Except Commercial Condominiums		%
Commercial Condominiums - New Construction, Remodeling/Repair		%
All Types		=100%

9) Percentage of construction work 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	%	%	SEISMIC RETROFITTING	%	%
BOILER	%	%	FIRE SUPPRESSION	%	%	SEWER/WATER	%	%
BRIDGE BLDG	%	%	GAS MAIN	%	%	SOLAR	%	%
CARPENTRY	%	%	GRADING	%	%	STEEL (ORNAMENTAL)	%	%
CONCRETE	%	%	HAZARDOUS MATERIAL	%	%	STEEL (STRUCTURAL)	%	%
CRANE RENTAL	%	%	HVAC	%	%	STREET/ROAD	%	%
DEMOLITION	%	%	INSULATION	%	%	STUCCO	%	%
DRILLING	%	%	MAINTENANCE	%	%	SUPERVISORY ONLY	%	%
DRYWALL	%	%	MASONRY	%	%	TANKS	%	%
EARTHQUAKE REPAIR	%	%	MECHANICAL	%	%	WATER-PROOFING	%	%
EIFS/SYNTHETIC STUCCO	%	%	PAINTING	%	%	OTHER (DESCRIBE)	%	%
ELECTRICAL	%	%	PLASTERING	%	%			
			PLUMBING	%	%			
			ROOFING	%	%			

10) Have you been cited by OSHA OR MSHA for violations in the past five years? YES NO
 If yes, please explain:

11) Do you employ a full-time safety director? YES NO
 Name: Telephone:

12) Have you built, are you currently, or will you build on hillsides, terraces, landfills or subsidence areas? YES NO
 If yes, please explain:

13) Have you performed work, are you currently, or will you perform work in excess of two (2) stories, or in excess of thirty feet in height? If yes, please explain details on your fall protection plan. YES NO

14) Do you have operations other than construction? YES NO Covered by other insurance? YES NO
If yes to either question, please explain:

15) Do you hire independent contractors to perform work on your behalf? YES NO
If no, please disregard 16, 17, 18 and 19.

16) 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:

17) 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?

18) Do your written contracts with your independent contractors require the independent contractor to maintain Workers Compensation insurance? YES NO
If no, please explain exceptions:

19) Do you maintain copies of contracts and Certificates of Insurance for a minimum of ten years? YES NO
If no, how long?

20) Do you employ temporary, volunteer or casual workers? YES NO
If yes, please describe:

21) Do you maintain Workers Compensation insurance? YES NO
If yes, please attach your current Experience Modification worksheet.

22) Are you or your company aware of any facts, circumstances, incidents, or accidents (including but not limited to faulty or defective workmanship, product failure, construction dispute, breach of contract, property damage or 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 provide detailed explanation below

Please note the following documents are material to completion of the questionnaire and must be attached:

- Five year loss summary based on company loss runs valued within 90 days of the proposed effective date.
- Five largest projects completed during the past year including details on type of work performed.
- Ongoing projects and projects scheduled for the upcoming year.
- Current Workers Compensation Experience Modification Worksheet.
- Statement of qualifications, brochure or other advertising material.
- Copies of open and closed OSHA or MSHA violations and related correspondence.

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of
Applicant or Authorized
Representative:

Title

If you prefer not to return application with an electronic signature, please print and sign.

General fill-in area for further explanation.