

**CONTRACTOR'S SUPPLEMENTAL QUESTIONNAIRE**

1. Applicant's Name: \_\_\_\_\_
2. Business Address: \_\_\_\_\_  
\_\_\_\_\_
3. Years in business under current name: \_\_\_\_\_
4. List all previous business names: \_\_\_\_\_  
\_\_\_\_\_
5. Contractors License Number: \_\_\_\_\_
6. States in which you are licensed to do business: \_\_\_\_\_
7. Percentage of work performed as a:
  - a) General Contractor: \_\_\_\_\_
  - b) Sub Contractor: \_\_\_\_\_
8. Percentage of work that is:
  - a) Commercial: \_\_\_\_\_
  - b) Residential: \_\_\_\_\_
  - c) Industrial: \_\_\_\_\_
  - d) Other (describe): \_\_\_\_\_
9. Percentage of work that is:
  - a) New Construction: \_\_\_\_\_
  - b) Remodel/Repair: \_\_\_\_\_
10. Estimate for next 12 months:  
Payroll: \$ \_\_\_\_\_ Sub-Contract Cost: \$ \_\_\_\_\_ Sales: \$ \_\_\_\_\_

Indicate the anticipated percentage of construction work over the next 12 months to be performed by you and by sub contractors:

<u>Direct/Subbed</u>	<u>Direct/Subbed</u>	<u>Direct/Subbed</u>
Blasting: _____%_____%	Excavation: _____%_____%	Seismic Retro Fitting: _____%_____%
Bridge Bldg. _____%_____%	Grading: _____%_____%	Sewer: _____%_____%
Carpentry: _____%_____%	Insulation: _____%_____%	Steel (structural): _____%_____%
Concrete: _____%_____%	Masonry: _____%_____%	Steel (ornamental): _____%_____%
Demolition: _____%_____%	Painting: _____%_____%	Street/Road: _____%_____%
Drilling: _____%_____%	Plastering: _____%_____%	Supervisory: _____%_____%
Earthquake Rep: _____%_____%	Plumbing: _____%_____%	Water/Gas/Mains: _____%_____%
Electrical: _____%_____%	Roofing: _____%_____%	Landscaping: _____%_____%

11. Do any of your operations involve:
 

Asbestos Removal? Yes___No___	Pile Driving? Yes___No___
Blasting? Yes___No___	Shoring or Underpinning? Yes___No___
Demolition? Yes___No___	Synthetic Stucco (EIFS)? Yes___No___
12. Do you now, or have you ever built on hillsides, slopes, landfills or other terrains susceptible to subsidence? Yes\_\_\_No\_\_\_ If so, please describe: \_\_\_\_\_  
\_\_\_\_\_
13. Do you draw any plans or blueprints used in your construction work? Yes\_\_\_No\_\_\_  
If so, please describe: \_\_\_\_\_  
\_\_\_\_\_
14. If you are a roofing contractor or otherwise performing roofing work, what percentage of operations is:
 

Hot Tar? _____%	Foam Application? _____%
Torchdown? _____%	Excess four (4) stories? _____%

**CONTROLLING THE SUBCONTRACTORS EXPOSURE:**

If you NEVER hire subcontractors please check here \_\_\_ and skip to the next section-Historical Premium Basis.

1. Do you always require your subcontractors to sign a hold-harmless or indemnification agreement in your favor? Yes \_\_\_ No \_\_\_
2. Do you utilize a standard contract with all your subcontractors? Yes \_\_\_ No \_\_\_
3. a) Do you require your subcontractors to carry General (Public) Liability Insurance? Yes \_\_\_ No \_\_\_  
 b) Do you require that you are named as an Additional Insured on their policies? Yes \_\_\_ No \_\_\_  
 c) What limit of liability do you require your subcontractors to carry? \$ \_\_\_\_\_  
 d) Do you request certificates of insurance from subcontractors in order to verify compliance with 3a, 3b, 3c above? Yes \_\_\_ No \_\_\_
4. Do you require your subcontractors to carry worker's compensation insurance? Yes \_\_\_ No \_\_\_

**HISTORICAL PREMIUM BASIS**

Please complete the following chart:

<u>POLICY YEAR</u>	<u>WC MOD FACTOR</u>	<u>GROSS RECEIPTS</u>	<u>PAYROLL</u>	<u>SUBCONTRACTED COST</u>
Current Policy Term	_____	_____	_____	_____
First Prior Term	_____	_____	_____	_____
Second Prior Term	_____	_____	_____	_____
Third Prior Term	_____	_____	_____	_____
Fourth Prior Term	_____	_____	_____	_____
Fifth Prior Term	_____	_____	_____	_____

1. Please describe the five largest projects undertaken by you in the past five years:
 

<u>DESCRIPTION</u>	<u>JOB COST</u>	<u>PROJECT DURATION</u>
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____
d) _____	_____	_____
e) _____	_____	_____
2. Please describe the 3 largest projects planned for the upcoming year:
 

<u>DESCRIPTION</u>	<u>EST. JOB COST</u>	<u>EST. PROJECT DURATION</u>
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____
3. What is the average dollar value of a completed project? \_\_\_\_\_
4. Please describe any types of projects that you have discontinued (i.e. no longer build): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SUPPLEMENTAL INFORMATION:**

1. Are you involved in any other business besides contracting? If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

2. Have you been involved in or are you aware of pending litigation concerning defective workmanship?  
Yes \_\_\_ No \_\_\_ If so, please  
describe: \_\_\_\_\_

3. In the past ten years, present policy period or upcoming policy period, has or will any of your work involve new construction activities for multi unit residential projects including condominiums, townhouses, tract house subdivisions or master planned residential communities? Yes \_\_\_ No \_\_\_

The undersigned applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

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

Notwithstanding any of the foregoing, the applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The applicant further understands that if a policy of insurance is issued, this questionnaire will be incorporated into and form a part of such policy.

Signature of applicant: \_\_\_\_\_

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

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

Signing this questionnaire does not bind the applicant or the insurer or the underwriting manager to provide the insurance.