

### Artisan Contractor's Supplemental Questionnaire

1. Applicant Name \_\_\_\_\_
2. City / State \_\_\_\_\_ Agent \_\_\_\_\_
3. Years in Business \_\_\_\_\_ Operated under any other name in past 5 years:  Yes  No
4. Applicant operates in the following states: \_\_\_\_\_
5. Applicant operates as a (check all that apply):
 

a. Developer	<input type="checkbox"/> Yes	% of Work _____	<input type="checkbox"/> No	Contractor's License Number: _____
b. General Contractor	<input type="checkbox"/> Yes	% of Work _____	<input type="checkbox"/> No	_____
c. Subcontractor	<input type="checkbox"/> Yes	% of Work _____	<input type="checkbox"/> No	License Expiration Date: _____
d. Construction Manager	<input type="checkbox"/> Yes	% of Work _____	<input type="checkbox"/> No	_____
e. Construction Consultant	<input type="checkbox"/> Yes	% of Work _____	<input type="checkbox"/> No	_____
6. Describe area(s) of specialization: \_\_\_\_\_
7. Number of Owners: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Employee Payroll (excl. owner): \$ \_\_\_\_\_
8. Does the applicant's operations include:
 

a. (1) Residential remodeling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commercial tenants improvements and betterments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Commercial remodeling or rehabilitation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Demolition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. If the answer to any of the above is YES, then do you:		
(1) Do additions to buildings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do 100% interior only work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Does the applicant subcontract work to others?  Yes  No  
If answered Yes:
  - a. Percentage of work subcontracted to others \_\_\_\_\_ Subcontractor costs \_\_\_\_\_
  - b. Type of work subcontracted \_\_\_\_\_
  - c. Does applicant receive insurance certificates from all subcontractors?  Yes  No
  - d. Minimum CGL limits required of subcontractors: \$ \_\_\_\_\_ occurrence \$ \_\_\_\_\_ aggregate
  - e. Does the applicant have written agreements with all subcontractors?  Yes  No
  - f. Does the agreement include a hold harmless clause in applicants favor?  Yes  No
  - g. Is the subcontractor required to name the applicant as an additional insured?  Yes  No
9. Receipts and Payroll History
 

	Gross Receipts	Gross Payroll	Subcontract Cost
a. Estimated for next 12 months	\$ _____	\$ _____	\$ _____
b. Past 12 months	\$ _____	\$ _____	\$ _____
c. Second prior year	\$ _____	\$ _____	\$ _____

**Contractor's Supplemental Questionnaire – continued**

10. Project History – Largest projects in last 5 years

	<u>Project Name</u>	<u>Description of Work Performed</u>	<u>Contract Cost</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

11. Has the applicant built, currently building or will build on hillsides, hilltops, slopes or landfill subsidence areas?  
 Yes ⇒ Details including maximum degree of slope \_\_\_\_\_  
 No

12. Has the applicant built, currently building or will build buildings or structures in excess of 3 stories?  
 Yes ⇒ Details including maximum height built \_\_\_\_\_  
 No

13. Does any of the applicant's past, present or future planned projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning or other heavy structural engineering techniques?  
 Yes ⇒ Details of project(s) \_\_\_\_\_  
 No

13. Does the applicant perform work below ground level?  
 Yes ⇒ Details including maximum depth \_\_\_\_\_  
 No

14. Does the applicant's work involve the construction of condominiums, townhouses or apartments?  
 Yes ⇒ Details of all work performed \_\_\_\_\_  
 No

15. During the past 5 years has any similar coverage been cancelled or non-renewed?     Yes                     No  
 If yes, please provide details \_\_\_\_\_

16. Has applicant ever had a lawsuit filed against them or been named in any lawsuit?     Yes                     No  
 If yes, please provide details \_\_\_\_\_

17. Is the applicant aware of any incident or circumstance, whether valid or not, that might give rise to any claim or lawsuit, including but not limited to faulty/defective workmanship, product failure, construction defect or dispute, property damage or injury to an employed subcontractor?                     Yes                     No  
 If yes, please provide details \_\_\_\_\_

**Information contained herein is relied upon in determination of insurability. The undersigned therefore warrants that the information contained herein is true and accurate to the best of his or her knowledge, information and belief.**

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_