



CONTRACTOR 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 Partnership Corporation LLC Joint Venture Other (Specify)

1. Years in business under current name: _____ (Attach list of 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:

Year	Direct Payroll	Subcontractor Cost	Gross Sales

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

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

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

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

Type of Residential Construction		Type of Residential Structure	
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:

Type of Commercial/Industrial Construction	
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 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)	%	%

10. Yes No Have you been cited by OSHA or MSHA for violations in the past five years? If yes, please attach related correspondence.

11. Yes No Do you employ a full-time safety director? Name: _____ Phone No.: _____

12. Yes No Have you built, are you currently, or will you build on hillsides, terraces, landfills, or subsidence areas? If yes, explain:

13. Yes No 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, provide details on your fall protection plan: _____

14. Yes No Do you have operations other than construction? Covered by other insurance? Yes No If yes to either question, please explain: _____
15. Yes No Do you hire independent contractors to perform work on your behalf? If no, please disregard 16, 17, 18 and 19.
16. Yes No Do you execute written contracts including indemnification clauses in your favor with all independent contractors performing work for you? If no, please explain exceptions: _____
17. Yes No Do your written contracts with your independent contractors require the independent contractor to maintain Commercial General Liability insurance including you as an Additional Insured? If yes, minimum limits of insurance required? _____
18. Yes No Do your written contracts with your independent contractors require the independent contractor to maintain Workers Compensation insurance? If no, please explain exceptions: _____
19. Yes No Do you maintain copies of contracts and Certificates of Insurance for a minimum of ten years? If no, how long? _____
20. Yes No Do you employ temporary, volunteer or casual workers? If yes, please describe: _____
21. Yes No Do you maintain Workers Compensation insurance? If yes, please attach your current Experience Modification worksheet.
22. Yes No 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? If yes, please attach a detailed explanation.

Please note the following documents are material to completion of the questionnaire and must also 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**

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.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

TITLE

DATE

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

Ed. 08-06