

## Contractors Questionnaire and Warranty

**Notice: This application becomes part of the policy and must be signed in ink by the President or Owner of the Named Insured. Any coverage we issue is due to the reliance of the truth and accuracy of the statements in this application. This application must be completed in addition to the ACORD Applicant Information Section and the Commercial General Liability Application.**

### GENERAL INFORMATION

1. Applicant/DBA: \_\_\_\_\_

2. Years under this name: \_\_\_\_\_ Total years in the Contracting business: \_\_\_\_\_ Total years in this particular trade: \_\_\_\_\_

3. Any change in operations in the past 12 months? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

4. Applicant's website: \_\_\_\_\_

5. License State/Number:

State:	License No:	State:	License No:
State:	License No:	State:	License No:

6. Is this a new venture?  Yes  No

Do you have any prior supervisory or management experience?  Yes  No

If yes, please explain: \_\_\_\_\_

List prior work experience, role performed by you, and type of job for the past 5 years.

Year	Employer/Work Experience	Role	Type of Job

Have you had any prior losses or claims arising out of your past experience?  Yes  No

If yes, please explain: \_\_\_\_\_

7. Have you had any prior, existing or pending bankruptcy in the last 5 years?  Yes  No

8. Total percentage of your work: **(each vertical column must equal 100%)**

Commercial	%	New Construction	%	Exterior Work (Outside Structures)	%	General Contractor	%
Residential	%	Non-Structural Remodels	%	Interior Work (Inside Structures)	%	Artisan	%
Industrial	%	Structural Remodels/Additions	%			Developer	%
Public Works/Governmental	%					Construction Manager	%

9. Estimates for next 12 months:

Number of Active Owners:		Number of Employees:	
Subcontractor Costs:	\$	Total Gross Receipts:	\$
Employee Payroll by Class:	\$	Class / Trade:	
	\$	Class / Trade:	
	\$	Class / Trade:	
	\$	Class / Trade:	
	\$	Class / Trade:	

10. Prior 3 Policy Years:

Policy Year	Direct Payroll	Subcontract Costs	Gross Receipts
20 ____ - 20 ____	\$	\$	\$
20 ____ - 20 ____	\$	\$	\$
20 ____ - 20 ____	\$	\$	\$

11. Do you have operations other than contracting?  Yes  No

Are these operations covered by other insurance?  Yes  No

If yes, please describe operations: \_\_\_\_\_

\_\_\_\_\_

12. Do you carry Workers Compensation Insurance on your employees?  Yes  No

13. 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 If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**SUBCONTRACTOR INFORMATION**

14. Do you use subcontractors?  Yes  No **If "No", proceed to the "WORK PERFORMED" section.**

15. When selecting subcontractors what criteria do you use? (Check all that apply)

Cost  References  Prior Experience  Regular Use

16. Do you keep records of certificates of insurance and contractual agreements with all subcontractors for at least ten years?  Yes  No

If not, then how long do you keep records for? \_\_\_\_\_

17. Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked?  Yes  No

18. Do you obtain a certificate of insurance from your subcontractors showing they provide Workers Comp to their employees prior to starting work?  Yes  No

19. Are subcontractors required to name you as an additional insured & provide endorsement of same?  Yes  No

20. Is the additional insured coverage required to include completed operations?  Yes  No

21. Are all subcontractors required to carry at least \$1,000,000/\$2,000,000/\$1,000,000 limits through a formal contract?  Yes  No

If yes, does the contract have a hold harmless/indemnification agreement in your favor?  Yes  No

If yes, has the contract been reviewed by an attorney in the past 3 years?  Yes  No

22. Have the procedures in items 15 through 21 above been followed for at least the 3 years prior to this policy's effective date?  Yes  No

**WORK PERFORMED**

23. Do you do any EIFS (exterior insulation and finish system) work or installation?  Yes  No

24. Roofing Operations being done by your employees? If yes, attach the Roofing Questionnaire CSL 7009  Yes  No

25. Do you perform Tree Pruning, Dusting, Spraying, Repairing, Trimming Or Fumigating?  Yes  No

If yes, attach the Contractor Supplemental – Lawn Service | Tree Service and Felling | Landscape Gardening | Snow Removal CSL 7038

26. Have you, or will you, work as a construction manager on a fee basis and/or supervise subcontractors whose payments are run through another entity?  Yes  No If yes, what percentage of operations? \_\_\_\_\_% (**Note:** if accepted all such work will be excluded from coverage)

27. Please check any work that you have or will perform, supervise or subcontract. If you do not plan on performing such work or never have in the past, please check "No".

a) Alarm installation/repairs/monitoring	<input type="checkbox"/> Yes	<input type="checkbox"/> No	o) Playground equipment installation or repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Asbestos or lead abatement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	p) Process piping	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Blasting operations or Hazardous or unusual work activity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	q) Pier/shore work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Boiler installation or repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No	r) Rental of equipment to others	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Concrete tilt-up construction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	s) Retaining Walls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) Dam or levee work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	t) Road/highway/bridge/overpass construction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) Demolition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	u) Roofing – installation or repair work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h) Elevator or escalator work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	v) Seismic retrofitting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i) Environmental Cleanup	<input type="checkbox"/> Yes	<input type="checkbox"/> No	w) Swimming pool construction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j) Foundation Repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No	x) Traffic signals/control work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k) Gas line or pump work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	y) Underground tank removal, repair or installation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l) Industrial machinery repair or installation (millwright work)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	z) Underpinning/caisson work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
m) LPG work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	aa) Use of cranes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
n) Medical or industrial life support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	bb) Use CPVC	<input type="checkbox"/> Yes	<input type="checkbox"/> No

28. If you answered "Yes" to any of the above operations in question 27 – please explain below. Please indicate as to whether such work was subbed (S) or direct (D) along with your response. If any retaining wall work – please indicate the max height of such work as well. If CPVC is used, provide the percentage of work that involves CPVC.

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29. Are you involved in development, new construction or structural renovation (including site preparation) on any of the following:

Condos (10 units or less)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Townhouses (over 26 units)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Condos (11 - 26 units)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tracts (Single Family, 10 units or less)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Condos (over 26 units)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tracts (Single Family, 11 - 26 units)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Townhouses (10 units or less)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tracts (Single Family, over 26 units)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Townhouses (11 - 26 units)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

30. Our policy does not cover your work involving the development, construction or structural renovation of condominiums, town homes or tract homes with greater than ten (10) homes. This exclusion applies whether work is by an insured, anyone to whom an insured owes an indemnity obligation or any other person or entity. Do you want coverage for multi-family residential contracting operations to be covered by this insurance?  Yes  No

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

Maximum depth: \_\_\_\_\_ % of Operations: \_\_\_\_\_

32. Describe any significant projects (accounting for more than 10% of total revenue any one year) which you have performed during the past five (5) years: \_\_\_\_\_

33. Have you built or will you build on hillsides, terraces, landfills, or subsidence areas?  Yes  No

If yes, please explain including max degree of slope: \_\_\_\_\_

34. Have you built or will you build/construct buildings or other structures in excess of four (4) stories?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**SAFETY**

35. Indicate the type of security used on a project:  Fencing  Lighting  Watchman  Other \_\_\_\_\_

36. Is there a formal safety program in place?  Yes  No

If yes, are they in full compliance with the state and federal OSHA regulations?  Yes  No

Are regular safety and training meetings conducted and is attendance mandatory for all employees?  Yes  No

Are all safety meetings documented (including the date of the meeting, subject discussed and names of all in attendance)?  Yes  No

**PRIOR CARRIER**

37. List expiring carrier information for the past 3 years:

Policy Year	Carrier	Limits	Deductible	Premium
Expiring		\$	\$	\$
1 <sup>st</sup> Prior Year		\$	\$	\$
2 <sup>nd</sup> Prior Year		\$	\$	\$

At any time in the last 3 years, have you been insured under: (check all that apply)

Claims Made policy  Risk Retention Group  Not Applicable

I \_\_\_\_\_ hereby attest under penalty of perjury I have had no General Liability claims in the past five (5) years. In the event claims are discovered, for the period in question, our policy premium would be 100% fully earned and subject to cancellation, reformation and/or revocation.

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date

38. 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

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

39. Is your company aware of any facts, circumstances, incidents, situations, damage or accidents (including but not limited to: faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonable 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Notice: This application becomes part of the policy and must be signed in ink by the President or Owner of the Named Insured. Please read the following statement carefully before signing. Any coverage we issue is due to the reliance of the truth and accuracy of the statements in this application.**

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: \_\_\_\_\_

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

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

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