

## CONTRACTOR'S QUESTIONNAIRE

- NAMED INSURED: \_\_\_\_\_
- INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORP \_\_\_\_\_  
 JOINT VENTURE \_\_\_\_\_ OTHER \_\_\_\_\_
- APPLICANT IS: **RESIDENTIAL:** \_\_\_\_\_ %                      **COMMERCIAL:** \_\_\_\_\_ %  
                     New Construction \_\_\_\_\_ %                      New Construction \_\_\_\_\_ %  
                     Remodeling \_\_\_\_\_ %                                      Remodeling \_\_\_\_\_ %  
                     Other \_\_\_\_\_ %  
  - Tract housing: \_\_\_\_\_ %                      % new                      % remodel
  - Condo \_\_\_\_\_ %                                      % new                      % remodel
  - Town home \_\_\_\_\_ %                                      % new                      % remodel
  - Custom home \_\_\_\_\_ %                                      % new                      % remodel
- NUMBER OF YEARS IN BUSINESS: \_\_\_\_\_ WEBSITE: \_\_\_\_\_
- LIST SUBSIDIARIES **NOT** COVERED: \_\_\_\_\_  
 \_\_\_\_\_
- AREA OF OPERATIONS: \_\_\_\_\_
- DESCRIBE **ALL** OPERATIONS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- TYPE OF CONSTRUCTION PERFORMED ( IF APPLICABLE)

Using percentage of payroll (under Direct) and percentage of contract costs (under Subbed), indicate the anticipated percentage of construction work you will perform over the next 12 months:

Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed
Airport Runways			Excavation			Roofing		
Blasting			HVAC			Seismic/Retrofitting		
Bridge Building			Grading			Sewer		
Carpentry			Insulation			Steel/Structural		
Concrete			Maintenance			Steel/Ornamental		
Demolition			Masonry			Street. Road		
Drilling			Mechanical			Supervisory Only		
Drywall			Painting			Traffic Signals		
Earthquake			Plastering			Water/Gas Mains		
Electrical			Plumbing			Other:		

• DOES THE INSURED HAVE **ANY** OPERATIONS OUTSIDE THE REALM OF “CONTRACTING” AND IF SO, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• DOES THE INSURED CURRENTLY OR IN THE PAST, BUILD ON HILLSIDES,SLOPES,LANDFILLS OF OR IN SUBSIDENCE AREAS? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• ANY SOIL COMPACTION TESTS PERFORMED? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, DETAILS ON FIRM PROVIDING SERVICE: \_\_\_\_\_  
\_\_\_\_\_

• LIST BY PERCENTAGE ALL SUB-CONTRACTORS USED BY APPLICANT:  
% \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_  
% \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_  
% \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_

• ARE CERTIFICATES OF INSURANCE OBTAINED FROM ALL SUB-CONTRACTORS? YES \_\_\_\_\_ NO \_\_\_\_\_ AT WHAT MINIMUM LIMITS? \_\_\_\_\_

• DOES THE APPLICANT OBTAIN A WRITTEN CONTRACT FROM ALL SUBCONTRCATORS WHICH INCLUDES A **HOLD HARMLESS** CLAUSE *IN FAVOR OF THE APPLICANT*?  
YES \_\_\_\_\_ NO \_\_\_\_\_

• IS THE APPLICANT NAMED AS AN ADDITIONAL INSURED ON **ALL** SUBCONTRACTOR’S POLICIES?  
YES \_\_\_\_\_ NO \_\_\_\_\_

• ANY PAST OR PRESENT **ASBESTOS** REMOVAL WORK PERFORMED? YES \_\_\_ NO \_\_\_  
IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• DOES APPLICANT PERFORM ANY WORK AT **AIRPORTS**? YES \_\_\_ NO \_\_\_  
IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ANY WORK PERFORMED OVER **3 STORIES** IN HEIGHT FROM GRADE?

YES\_\_\_ NO\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

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- DOES APPLICANT PERFORM ANY WORK **BELOW** GRADE? YES\_\_\_ NO\_\_\_  
IF YES, EXPLAIN TYPE OF WORK AND DETAILS OF WORK: \_\_\_\_\_

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- DOES APPLICANT LEASE **CRANES OR MOBILE EQUIPMENT** FROM OTHERS?  
YES\_\_\_ NO\_\_\_ IF YES, FREQUENCY \_\_\_\_\_

OPERATORS PROVIDED YES\_\_\_ NO\_\_\_ TYPE OF EQT: \_\_\_\_\_

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- DOES APPLICANT LEASE **CRANES OR MOBILE EQUIPMENT** TO OTHERS?  
YES\_\_\_ NO\_\_\_ IF YES, FREQUENCY \_\_\_\_\_

OPERATORS PROVIDED YES\_\_\_ NO\_\_\_ TYPE OF EQT: \_\_\_\_\_

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- DOES APPLICANT USE HELICOPTERS TO INSTALL MACHINERY OR EQUIPMENT?  
YES\_\_\_ NO\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

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- ANY EXPOSURE, PAST/PRESENT OR ANTICIPATED IN THE FUTURE WITH **EIIF WORK**?  
YES\_\_\_ NO\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

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- WHAT ARE :

- TOTAL ANNUAL RECEIPTS \_\_\_\_\_
- TOTAL SUB CONTRACTED COST \_\_\_\_\_
- TOTAL DIRECT PAYROLL \_\_\_\_\_

- ANY EMPLOYEES WORKING UNDER:

- USL&H LONGSHOREMANS & HARBORWORKERS ACT? YES\_\_\_ NO\_\_\_
- JONES MARITIME ACT? YES\_\_\_ NO\_\_\_
- FEDERAL EMPLOYMENT LIABILITY ACT? YES\_\_\_ NO\_\_\_

IF YES, HOW MANY AND WHAT IS THE PAYROLL? \_\_\_\_\_

- PLEASE LIST THE LAST 5 JOBS COMPLETED AND THE CURRENT WORK IN PROGRESS, INCLUDING DOLLAR VALUE OF EACH JOB!!!!  
USE A SEPARATE SHEET FOR THIS AND BE SPECIFIC!!!!

**IF BOUND, WE REQUIRE THIS SECTION TO BE COMPLETED BY THE BROKER ON EACH ACCOUNT! THIS MUST BE DONE PRIOR TO OR AT BINDING!**

**RESIDENT OR NON-RESIDENT SURPLUS LINES LICENSEE INFORMATION FOR APPLICANT'S STATE OF DOMICILE:**

*Surplus license state* \_\_\_\_\_

*Surplus license #* \_\_\_\_\_

*Surplus license expiration date* \_\_\_\_\_

*Surplus licensee name* \_\_\_\_\_

*Affiliation with producer ( e.g., owner, executive officer, employee)* \_\_\_\_\_

\_\_\_\_\_

*Surplus lines agency name (if entity license)* \_\_\_\_\_

\_\_\_\_\_