



602-843-3670 Phone 1-866-886-6990-Fax

### CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

Note: throughout this questionnaire the words “you” and “your” include all entities seeking coverage.

1. Applicant: \_\_\_\_\_

2. How many years of experience do you have in the contracting business? \_\_\_\_\_  
 Years in business of entities seeking coverage? \_\_\_\_\_ License # \_\_\_\_\_

3. Expiration date of current or most recent General Liability insurance policy \_\_\_\_\_  
 Note: if above policy was canceled prior to expiration, enter the cancellation date.

4. What percentage of your work is: (each line must add to 100%)

Residential/habitational %	Commercial %	Industrial %	Public works/ government %	Total = 100%
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New Construction %	Structural remodel/additions %	Non-structural remodels %	Total = 100%
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Interior work (inside structures) %	Exterior work (outside structures) %	Total = 100%
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General contractor %	Construction manager %	Developer / spec builder %	Artisan contractor %	Total = 100%
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5. Do you use subcontractors? Yes  No  If yes, complete the following
- a. Percentage of your work subcontracted out \_\_\_\_\_% Annual costs \$ \_\_\_\_\_  
 Note: costs to include both costs of subcontracted labor and materials.
  - b. List the trades of the subcontractors you use and give the percentage of your work they perform:  
 \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %  
 \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %
  - c. Do you always collect certificates of insurance from subcontractors? Yes  No   
 What minimum General Liability limit is required? \_\_\_\_\_
  - d. Do you always require subcontractors to name you as an additional insured? Yes  No
  - e. Do you have a standard formal written contract with subcontractors? Yes  No   
 If yes, does it have a hold harmless / indemnification agreement in your favor? Yes  No   
 Note: you may be required to provide a copy of an executed subcontract to bind coverage.
  - f. Have the procedures listed above been followed for at least the past 3 years? Yes  No
  - g. How long do you maintain records of the above documents? \_\_\_\_\_

6. Do you have any prior or planned jobs covered under “wrap-up” or OCIP policies? Yes  No   
 Please explain \_\_\_\_\_

7. States in which you operate: \_\_\_\_\_

8. Gross receipts for the next 12 months and last 4 years

Next 12 months:      \$ \_\_\_\_\_                      Last 12 months:      \$ \_\_\_\_\_  
2<sup>nd</sup> year prior              \$ \_\_\_\_\_                      3<sup>rd</sup> year prior              \$ \_\_\_\_\_  
4<sup>th</sup> year prior              \$ \_\_\_\_\_

9. Number of owners, officers, and partners active at job sites or performing supervisory duties: \_\_\_\_\_ x \$33,600 = \$ \_\_\_\_\_  
Payroll of employees other than owners, officers, partners & clerical \$ \_\_\_\_\_  
Cost of leased, temporary, staffing service, casual labor (if not included above) \$ \_\_\_\_\_  
Total Payroll (sum of above three lines) \$ \_\_\_\_\_

10. Describe your three largest projects currently underway or planned for the next year, including values:

Start date	End date	Value	Description

11. Describe your four largest projects over the past five years, including values:

Year Completed	Value	Description

12. Dollar value of average job completed (including all materials, labor & equipment) \$ \_\_\_\_\_

13. a. How many new homes will you build as a general contractor in the next year? \_\_\_\_\_  
b. What is the greatest number of new homes you have built in any one year? \_\_\_\_\_

14. How many additional insured endorsements do you anticipate needing in the next year? \_\_\_\_\_

15. Do any prior operations differ substantially in nature from current operations?      Yes  No   
Please explain \_\_\_\_\_

16. a. Are you a licensed architect or engineer?      Yes  No   
b. Do you have any operations other than contracting?      Yes  No   
c. In the past 3 years have you owned, operated or controlled any businesses not listed on the application?      Yes  No

Description \_\_\_\_\_

17. Do you own vacant land, real estate development property, or model homes? Yes  No   
Description \_\_\_\_\_

18. **Note: the following question applies to work done in any capacity, including general contractor, developer, artisan, remodeling contractor, site work contractor, supplier, etc.**  
Have you performed, or will you perform work involving, related to, or about the premises of:

		Remodel/ repairs	New construction
a.	Condominiums, townhouses or lofts	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Apartments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c.	Tracts, Planned Unit Developments, or any other development, premises or project with more than 10 homes or lots, built or planned, including all phases	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d.	Assisted living facilities, retirement homes, military housing, student housing, or any other multi unit facility intended for permanent habitational occupancy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Description \_\_\_\_\_

19. Have you ever performed work on hillsides, hill tops, slopes, landfill, or other subsidence areas, or do you plan to in the future (other than non-structural work)? Yes  No   
Maximum degree of slope? \_\_\_\_\_ Description \_\_\_\_\_

20. Have or will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques? Yes  No   
Description \_\_\_\_\_  
If retaining walls have been or will be built, maximum height \_\_\_\_\_ ft.

21. Do you or have you performed repairs of fire damage, water damage, or mold damage? Yes  No   
Percentage of operations? \_\_\_\_\_% Describe \_\_\_\_\_

22. Do you perform work above two stories in height (other than interior remodeling)? Yes  No   
If so, what percentage? \_\_\_\_\_% Maximum height \_\_\_\_\_ ft  
Description \_\_\_\_\_

23. Do you perform any work below ground level? Yes  No   
If so, what percentage? \_\_\_\_\_% Maximum depth \_\_\_\_\_ ft  
Description \_\_\_\_\_

24. Have you or will you perform work related to the following: gas stations, refineries, chemical plants, airports, public utilities, railroads, or hospitals? Yes  No   
Description \_\_\_\_\_

25. a. Have you or will you work as a construction manager for a fee? Yes  No   
b. Have you or will you supervise contractors paid by a different entity? Yes  No   
Description \_\_\_\_\_

26. In the past 3 years have you been fired or replaced on a job in progress? Yes  No

27. Note: the following questions apply regardless of whether you were at fault for a claim or incident, and regardless of whether the claim or incident was covered by insurance. "Legal actions" includes lawsuits, mediation, and arbitration. Explain any "yes" answers below:
- a. Have there been losses, claims or legal actions against you in the past 5 years? Yes  No
  - b. Are there any claims or legal actions pending against you? Yes  No
  - c. Do you have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against any entity named in the application? Yes  No
  - d. Have you been accused of faulty construction in the past 5 years? Yes  No
  - e. Have you been accused of breaching a contract in the past 5 years? Yes  No
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28. Have you filed for bankruptcy in the past 5 years? Yes  No

29. For each of the following activities check:  
 Yes: if you have or will perform, supervise, or subcontract that activity  
 No: if you have never performed, supervised, or subcontracted that activity and have no plans to do so.

	Yes	No		Yes	No
a. demolition	<input type="checkbox"/>	<input type="checkbox"/>	l. process piping	<input type="checkbox"/>	<input type="checkbox"/>
b. concrete tilt-up construction	<input type="checkbox"/>	<input type="checkbox"/>	m. swimming pool construction	<input type="checkbox"/>	<input type="checkbox"/>
c. LPG work	<input type="checkbox"/>	<input type="checkbox"/>	n. road/highway/bridge/overpass construction	<input type="checkbox"/>	<input type="checkbox"/>
d. seismic retrofitting	<input type="checkbox"/>	<input type="checkbox"/>	o. underground tank removal, repair, or installation	<input type="checkbox"/>	<input type="checkbox"/>
e. elevator or escalator work	<input type="checkbox"/>	<input type="checkbox"/>	p. work on gas lines or pumps	<input type="checkbox"/>	<input type="checkbox"/>
f. boiler installation/repair	<input type="checkbox"/>	<input type="checkbox"/>	q. asbestos or lead abatement	<input type="checkbox"/>	<input type="checkbox"/>
g. industrial machinery repair or installation (millwright work)	<input type="checkbox"/>	<input type="checkbox"/>	r. environmental cleanup	<input type="checkbox"/>	<input type="checkbox"/>
h. use of cranes	<input type="checkbox"/>	<input type="checkbox"/>	s. dam or levee work	<input type="checkbox"/>	<input type="checkbox"/>
i. rental of equipment to others	<input type="checkbox"/>	<input type="checkbox"/>	t. traffic signals/controls work	<input type="checkbox"/>	<input type="checkbox"/>
j. EIFS work (exterior finish insulation system or similar products).	<input type="checkbox"/>	<input type="checkbox"/>	u. alarm installation/repairs/monitoring	<input type="checkbox"/>	<input type="checkbox"/>
k. playground equipment install/repair	<input type="checkbox"/>	<input type="checkbox"/>	v. roofing – installation or repairs	<input type="checkbox"/>	<input type="checkbox"/>

Explain any "yes" answers below and state whether performed by insured or subcontracted:

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**WARNING:** California law requires complete and truthful information by an applicant for insurance. That includes providing any information that would be material to your business organization, even if not specifically asked for on this application. Your failure to provide truthful answers and all material information can result in the insurance company electing to rescind your policy. This means they will not be responsible for any claims which are presented. To avoid such a situation, answer all of the foregoing questions truthfully and completely. **I Have Read And Understood All Of The Questions Asked And Have Provided All Information Required.**

Signature of Applicant\* \_\_\_\_\_ Date \_\_\_\_\_

Name and Title\* \_\_\_\_\_

\* Must be owner, executive officer, or partner