

CONTRACTORS QUESTIONNAIRE

ALL QUESTIONS MUST BE ANSWERED

(Attach additional paper if necessary)

1. Applicant:

A. Years in business under current name:

B. Describe your operations:

C. Do you currently have, or have you had in the past, a controlling interest in any other similar operations whether active, *inactive* or *dissolved*? Yes No
If yes, please describe:

D. Have you ever declared bankruptcy under this name or any other similar entity in which you have had a controlling interest? Yes No
If yes, please provide the name of each entity, and the date and jurisdiction of bankruptcy:

2. Contractor's license number: States in which you do business:

A. New York State Applicants: Any work in the five boroughs of New York? Yes No

B. All Applicants: Do you do any work in Colorado? Yes No

3. List all other business names & licenses applicant has used in the past 10 years:

A. Describe the operations:

4. Does applicant currently own/operate any other business? Yes No

If yes, please provide the name of the business and percentage of ownership:
Describe the operations:

5. Percentage of current operations: General Contractor % Subcontractor % Construction Mgr: %

6. Do you use Subcontractors? Yes No If yes, please complete the following:

A. Percentage of subcontracted work: %

B. Annual subcontracting cost (including all of subs' labor and materials: \$

C. Describe all activities that are subcontracted. If you are a general contractor, describe the activities you do yourself:

D. Are there any circumstances when you do work for a general contractor that you use a subcontractor? If yes, please describe:

7. Do you collect certificates of insurance from **all** subcontractors? Yes No

A. What limits of coverage are required from these subcontractors? \$

B. Do you require all subcontractors to name you as an Additional Insured, including for Completed Operations, and is this part of the written contract? Yes No

C. Do you require all subcontractors to defend, indemnify and hold you harmless from their activities and is this part of the written contract? Yes No

D. Who reviews and maintains the certificates?

E. How long are they kept?

8. Estimates for next 12 months:

Payroll \$ Sub-Contract Cost \$ Gross Receipts: \$

5 Years Prior History if Applicable: 1st Year Gross Receipts: \$
2nd Year Gross Receipts: \$
3rd Year Gross Receipts: \$
4th Year Gross Receipts: \$
5th Year Gross Receipts: \$

9. Indicate the percentage of construction work performed by you: **(MUST TOTAL 100%)**

<u>RESIDENTIAL</u>	<u>%</u>	<u>COMMERCIAL</u>	<u>%</u>
New Construction	%	New Construction	%
Remodeling/Repair	%	Remodeling/Repair	%
Other	%		

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

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

12. List current projects currently underway or planned for the next year, including values:

13. How many new homes will you build from the ground up in the next year?

14. Have you ever built a home from the ground up? Yes No
 A. How long ago? B. How many?

15. What type of Additional Insured Endorsements are you required to produce?
 A. Ongoing Operations only Yes No
 B. Ongoing Operations including Completed Operations Yes No
 C. If yes, do you wish coverage for this exposure: Yes No

16. Do you anticipate needing Waivers of Subrogation in the next year? Yes No

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
A. Has any other licensing authority taken any action against you? Yes No
18. Have you built or will you build on hillsides, terraces, landfills or areas with recent subsidence activity? Yes No
If yes, please explain:
Our policy is not intended to provide coverage for this exposure. Do you wish coverage: Yes No
19. Do you use scaffolding? Yes No
If yes, please explain:
20. Have you been involved or will you be involved with blasting operations or any other hazardous work activity? Yes No
If yes, please explain, include if work is done by sub-contractors or if done by you:
21. Do you perform synthetic stucco work (EIFS)? Yes No
Are you interested in coverage for EIFS work? If so, please complete the separate application. Yes No
22. Do any of your subcontractors perform EIFS work? Yes No
Do you verify that coverage for this exposure is in place and not excluded? Yes No
23. Have you built/demolished or will you build/demolish buildings or other structures in excess of four (4) stories? Yes No
If yes, please explain:
24. Do you perform work above two stories in height? (other than interior remodel) Yes No
If yes, what percentage? % Maximum Height?
Please describe:
25. Do you perform any work at Airports? Yes No
If yes, please explain:
26. Do you own, rent or subcontract any cranes? Yes No
If yes, please explain:
27. Have you been involved or will you or your subcontractors be involved in any removal of asbestos, PCB's or other hazardous materials? Yes No
28. Removal or work on fuel tanks or pipelines? Yes No
29. If you are a roofing contractor, subcontractor or performing roofing work, do you use (please also answer if you hire subcontractors to complete this work):
- | | | | |
|-------------------------|---|-----|----|
| Hot Tar | % | Yes | No |
| Torch Down | | Yes | No |
| Modified Bitumen (HOT) | | Yes | No |
| Modified Bitumen (COLD) | | Yes | No |
| Hot Air Welding | % | Yes | No |
| Other: | | | |
30. Do you perform any Mold Remediation Work? Yes No
31. Do any of your subcontractors perform Mold Remediation Work? Yes No
A. If yes, is coverage in place? Yes No

B. Name of Carrier?		
32. Have you performed or will you or your subcontractors perform any work below grade: Maximum Depth: inches % of operations:	Yes	No
33. Any shoring, underpinning, cofferdam or caisson work? If yes, please explain:	Yes	No
34. 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
35. Do you have a formal safety program in place?	Yes	No
36. Will your upcoming work involve construction of or involvement with condominiums or townhouses? A. If yes, is the work new construction? B. Repair or Remodel only? C. Is the work done for Homeowners Associations (not individual unit owners?)	Yes Yes Yes Yes	No No No No
37. Have you ever worked in new condominiums/townhouses? If yes, how long ago?	Yes	No
38. Will your upcoming work involve the construction of or involvement with apartments? A. If yes, is the work new construction? How many units in the entire Project? B. Repair or Remodel only?	Yes Yes Yes	No No No
39. Have you ever worked in new Apartments? If yes, how long ago? How many units in the entire building?	Yes	No
40. Will your upcoming work involve the construction of or involvement with new Duplexes, Triplexes, Fourplexes or Patio Homes? If Yes, what is the maximum number in any development? Are the units individually owned and titled?	Yes Yes	No No
41. Have you ever worked in new Duplexes, Triplexes, Fourplexes or Patio Homes? If yes, how long ago? Maximum number in any development?	Yes	No
42. Will your upcoming work involve construction in any new home tracts? If yes, maximum number of homes in ENTIRE TRACT DEVELOPMENT	Yes	No
43. Have you ever worked in new tract developments? If yes, how long ago? How many units in the entire development?	Yes	No
44. Any current Wrap-Up/OCIP/CCIP Projects? A. Name of Carrier?	Yes	No
45. Have you ever worked in new assisted living facilities? If yes, how long ago? How many units in the entire building? Does it involve any individual unit ownership?	Yes Yes	No No
46. Have you or will you ever convert apartments to condominiums?	Yes	No

47. Any other exposures/operations not otherwise covered by this questionnaire? Yes No
If yes, please explain:

48. Have there been any losses, claims or suits against you in the past eight years? Yes No
If yes, please describe:

a. Are there any claims or legal actions pending against any active, inactive or dissolved entities in which you have had a controlling interest? Yes No

If yes, please describe:

b. After inquiry, do you have knowledge of any pre-existing act, omission, event, condition or damage to any person or property that might reasonably be expected to give rise to any future claim or legal action against any person or entity identified in the application? Yes No

If yes, please describe:

c. Have you been accused of faulty construction in the past 8 years? Yes No

If yes, please describe:

d. Have you been accused of breaching a contract in the past 8 years? Yes No

If yes, please describe:

e. Have you filed any Mechanic's Liens in the past 8 years? Yes No

If yes, please describe:

Signature of Applicant:* _____

Name & Title:

Date:

*Must be owner, executive officer or partner of the company