



Insurance. Bonds. Benefits.

CONTRACTORS QUESTIONNAIRE

All questions must be answered completely.

If the answer to any question is unknown, please write UNKNOWN

If the answer to any question is NONE or Not Applicable, please write NONE or N/A.

1. Business Name: _____

Contact Name: _____ Cell: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email Address: _____

Website: _____

Named Applicant is: Individual Limited Liability Company

Partnership Joint Partnership

Year Established: _____ Corporation Other _____

Years in Business under current name: _____

List all business names which applicant has used in the past: _____

State(s) in which you do business: _____

Contractor's License No(s): _____

Federal Tax ID No.: _____ NCCI Risk ID Number: _____

2. Description of Operations: _____

3. Percentage of operations performed as:

General Contractor: _____% Subcontractor: _____%
 Owner/Builder: _____% Prime Trade Contractor: _____%
 Other (explain): _____% _____

4. Estimates for next twelve (12) months:

Direct Payroll: \$	Sub-Contract Costs: \$	Gross Receipts: \$
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Prior Years:

	Direct payroll:	Sub-Contract Costs:	Gross Receipts:
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

5. Indicate the percentage of construction activities you contract for:
 (Each column must add up to 100%)

New Construction:	%	Commercial:	%	Inside Building:	%
Remodeling:	%	Residential:	%	Outside Building:	%
Other:	%				
Total:	100%	Total:	100%	Total:	100%

6. Indicate the anticipated percentage of total construction work you will perform directly with your employees and that which will be subcontracted to others over the next twelve (12) months in the following categories:

Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed
Blasting			Grading			Sewer		
Bridge Building			Insulation			Steel/Structural		
Carpentry			Maintenance			Steel/Ornamental		
Concrete			Masonry			Street/Road		
Demolition			Mechanical			Supervisory Only		
Drilling			Painting			Construction Mgmt		
Earthquake Repair			Plastering			Water Proofing		
Electrical			Plumbing			Water/Gas Mains		
Excavation			Roofing			Other (Describe):		

Note: The total of all categories combined should equal 100%

7. Previous insurance coverage for (minimum) five (5) years:

Company	Policy Term	Premium	Deductible

8. Loss History for the past five (5) years:
 (Attach currently valued loss history prepared by carrier matching summary below)

Policy Year	Aggregate Losses	Number of Claims	Largest Single Loss	Comments/Notes

I, _____, hereby attest under penalty of perjury that the applicant has had no General Liability losses in the past five (5) years. In the event losses 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

9. 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:

10. Indicate the type of security used on project(s): Fencing Lighting Watchman
 No equipment or materials left on jobsite Other (describe) _____

11. Have you allowed or will you allow your license to be used by any other contractor?
 Yes No
 Has any licensing authority taken any action against you? Yes No
 If "Yes", describe action: _____
-
12. Have you built or will you build on hillsides, terraces, landfills, or subsidence areas?
 If "Yes", Please explain: Yes No
-
13. Have you been involved or will you or any subcontractors be involved with blasting operations or hazardous or unusual work activity? Yes No
 If "Yes", please explain: _____
-
14. Have you worked or will you work on buildings or other structures in excess of four (4) stories? If "Yes", please explain: Yes No
-
15. What are your hiring requirements for new personnel?
 Check References Physical Interview
 Written Application Testing Other: _____
16. Do you provide training for your employees? If yes, please describe: Yes No
-
17. Has your work involved or will it involve systems that provide:
 Medical and/ or industrial life support; process piping? Yes No
 Do you work on dams/ levees? Yes No
 If "Yes", please explain: _____
-

18. 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
 Removal or work on fuel tanks or pipelines? Yes No
19. Have you performed or will you or your subcontractors perform any work below grade?
 Yes No Maximum Depth: _____ Percent of operations: ____%
20. Have you worked or will you or your employees work under U.S. Longshoremen's and Harbor Works' Act or Jones Maritime Act? Yes No
21. Do you or will you have a formal safety program in place? Yes No
 If "Yes", attach copy of written program.
22. If you act as a prime contractor, are adequate records kept of certificates of insurance and contractual agreements with subcontractors? Yes No
23. Do you require subcontractors to name you as an additional insured and provide endorsement of same? Yes No Limit Required: _____
24. Do you require a written contract? Yes No
 (Provide copy of your standard subcontract)
- If "**No**", during the term of the policy to which this application is attached, do you warrant that adequate records of certificates of insurance/additional insured endorsements and contractual agreements with all subcontractors will be kept? Yes No
- If "**Yes**", do you warrant that during the term of the policy to which this application is attached you will continue to keep adequate records of certificates of insurance/additional insured endorsements and contractual agreements with subcontractors? Yes No
25. During the past five (5) years, has any insurer ever cancelled, declined or refused to issue similar insurance to any applicant? If "Yes", please explain: Yes No
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26. Has any lawsuit ever been filed, or any claim otherwise been made against you or your company or any partnership or joint venture of which you have been a member of your company's predecessors in business, or against any person, company or entities on whose behalf your company has assumed liability? If "Yes", please explain: Yes No

27. Is your company aware of any facts, circumstances, incidents, situations, damages or accidents (including by both limit 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? If "Yes", please explain: Yes No

28. a. Do you have insurance coverage for any operations other than roofing?
 Yes No If "Yes", please explain: _____

b. Are the operations described in a. (above) to be covered by this insurance?
 Yes No

c. Do you self-perform tear off work? Yes No _____%
or do you subcontract tear off? Yes No _____%

d. What safety measures are taken to avoid roof overload from concentration of debris from tear off?

29. Check any of the following equipment used in your operations:

- Scaffolding Cranes
- Hoists/Man Lifts Fork Lifts
- Pressure Spray Rigs

30. a. # of years owner(s) in business: _____
 b. Age of the owner(s) of the business: _____
 c. # of full-time Employees: _____
 d. # of part-time Employees: _____
 e. # of independent contractors: _____
31. Has or will any of your work involve the construction of, or be for, condominiums or townhouses? Yes No
 If "Yes", is the work new construction? Yes No
 Or repair only? Yes No
32. Has or will any of your work involve construction or work on apartments? Yes No
 If "Yes", what percent is new construction? _____%
 If "Yes", what percent is:
 Senior:_____% HUD:_____% Low Income:_____% Standard:_____%
33. How many tract homes will be worked in 12 months? _____
 If >0, what is the maximum number of homes in the largest tract: _____
34. Are all JOBS inspected by a foreman or the contractor at completion before leaving the job site? Yes No

IMPORTANT NOTE: If coverage is provided, it may contain special exclusions (above and beyond normal policy exclusions) including, but not limited to the following:

- a. Absolute bodily injury exclusions to applicant's employees.
- b. Assault and Battery.
- c. Broad Form Contractual (Limited and Intermediate form is provided).
- d. Medical Payments Coverage.
- e. Pollution (Absolute).
- f. Punitive Damages.
- g. Use of subs unless subs provide Certificate, prior to entering jobsite, showing evidence of liability coverage equal to applicants and Worker's Compensation Coverage.
- h. Water damage (can be deleted as respects Products-Completed Operations hazard for additional premium charge).
- i. Tract Homes (possible to include for additional premium)
- j. Condos and Townhouses (possible to include for additional premium)
- k. Mold; EIFS
- l. Known claims (Montrose)
- m. Per project aggregate
- n. Employee benefits liability
- o. Additional insured status that includes completed operations (possible to include for additional premium)
- p. Damage to your own work

Underwriting Checklist of Supplemental Information

The Following is additional information required and/or helpful to complete the underwriting process.

Required:

- Previous Year's Policies (3 years) *Roofers & General Contractors.
- Loss History (5 years) (Include narrative description of losses over \$9,900)
- Payroll Breakdown By Class
- Receipts Breakdown By Class
- Property Schedule and Values
- Equipment Schedule
- Auto Schedule
- Driver Schedule
- Current Financial Statement
- WIP (Work in Progress)
- Subcontract Agreement (If Applicable)

Helpful:

- Lease Agreement (If Applicable)
- Key Employee Resumes
- Written Business Plan
- Your advertising Brochures of your company

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 Hill & Usher, LLC and each and every carrier that receives a copy of this application, for the purposes of considering this and other information in determining whether insurance coverage may be offered, to make any investigation and inquiry in connection with the Application, as it may deem necessary. Investigation and inquiry may include, but is not limited to the following: review of credit reports and records of claims and references from third parties of interest.

The Applicant agrees to notify Hill & Usher LLC 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 the Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of Hill & Usher, LLC and each and every carrier that considers this application.

Notwithstanding any of the foregoing, the applicant understands the Company is not the 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: _____

Date: _____

Title (Officer, Partner): _____

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

Payroll Breakdown

State	Location*	Class	Description	Number of Employees	Estimated Annual Payroll
		8810	Clerical		\$
		8742	Outside Sales		\$
		5606	Executive Supervisors		\$
		8227	Permanent Yard Employees		\$
					\$
					\$
					\$
					\$
					\$
					\$

* If you have more than one location, note each location

Receipts Breakdown

State	Location*	Class	Description	Estimated Receipts
				\$
				\$
				\$
				\$
				\$

* If you have more than one location, note each location

Auto Schedule

Veh. #	Year	Make	Model	Description	VIN	Garage Location (zip code)	Cost New	Gross Vehicle Weight	Personal Use?	Radius of Operations *
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										

* Radius of Operations: <15, 15-50, 50-200, or >200

Driver Schedule

Driver #	Last Name of Driver	Middle Initial	First Name of Driver	Date of Birth	License Number	License State
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Equipment Schedule

Equip. #	Description	Make	Type	Year	Serial Number	Value	Date Purchased
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

STATEMENT OF EXPOSURES – PROPERTY

DATE: _____

Description and Address of Properties (Examples: Main Office, Warehouse, Workshop, etc.)			
Value of Buildings			
Business Personal Property (Value of Furniture, Fixtures & Equipment)			
Computer Equipment Values			
Value of Stock	Indoors _____ Outdoors _____ Fenced <input type="checkbox"/> Yes <input type="checkbox"/> No	Indoors _____ Outdoors _____ Fenced <input type="checkbox"/> Yes <input type="checkbox"/> No	Indoors _____ Outdoors _____ Fenced <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Income Extra Expense	Annual _____ Rents _____ _____ Revenues _____	Annual _____ Rents _____ _____ Revenues _____	Annual _____ Rents _____ _____ Revenues _____
Area (Footprint Size of Building)			
Central Station Alarm	Burglar: <input type="checkbox"/> Yes <input type="checkbox"/> No Fire: <input type="checkbox"/> Yes <input type="checkbox"/> No Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Burglar: <input type="checkbox"/> Yes <input type="checkbox"/> No Fire: <input type="checkbox"/> Yes <input type="checkbox"/> No Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Burglar: <input type="checkbox"/> Yes <input type="checkbox"/> No Fire: <input type="checkbox"/> Yes <input type="checkbox"/> No Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No
Alarm Company Name			
Construction of Building			
Number of Stories			
Year Built			
Building Improvements (Year Completed and % of Building Updated)	_____ Wiring Year _____% _____ Roofing Year _____% _____ Plumbing Year _____% _____ Heating and Air Conditioning Year _____% _____ Other _____%	_____ Wiring Year _____% _____ Roofing Year _____% _____ Plumbing Year _____% _____ Heating and Air Conditioning Year _____% _____ Other _____%	_____ Wiring Year _____% _____ Roofing Year _____% _____ Plumbing Year _____% _____ Heating and Air Conditioning Year _____% _____ Other _____%
Titled Owner/Lessor and Address			