



CONTRACTORS' SUPPLEMENTAL QUESTIONNAIRE

1. Named Insured:
2. Business Address:
3. Years In Business Under Current Name:
4. List all Previous Business Names:
5. Contractors License Number:
6. States In Which You Are Licensed To Do Business:
7. Percentage of Work performed as a:
 - a) General Contractor:
 - b) Sub Contractor:
8. Percentage of Work that is:
 - a) Commercial:
 - b) Residential:
 - c) Industrial:
 - d) Other (describe):
9. Percentage of Work that is:
 - a) New Construction:
 - b) Remodel/Repair:
10. If you are performing residential work on new home construction, how many new homes are worked on in a year?
11. Estimate for next 12 months:

Payroll: \$

Sub-Contract Cost: \$

Sales: \$

12. Indicate the anticipated percentage of construction work over the next 12 months to be performed by you and by sub contractors:

Direct / Subbed			Direct / Subbed			Direct / Subbed		
Blasting	%	%	Excavation	%	%	Railroad	%	%
Bridge Bldg.	%	%	Grading	%	%	Roofing	%	%
Carpentry	%	%	Insulation	%	%	SeismicRetro-Fitting	%	%
Concrete	%	%	Landscaping	%	%	Sewer	%	%
Demolition	%	%	Marine Const.	%	%	Steel (Structural)	%	%
Drilling	%	%	Masonry	%	%	Steel (Ornamental)	%	%
Earthquake Rep	%	%	Painting	%	%	Street / Road	%	%
Electrical	%	%	Plastering	%	%	Supervisory	%	%
Other	%	%	Plumbing	%	%	Water / Gas Mains		

13. Do any of your operations involve:

- a) Asbestos Removal? Yes No
- b) Pile Driving? Yes No
- c) Blasting? Yes No
- d) Shoring or Underpinning? Yes No
- e) Demolition? Yes No
- f) Railroad easement? Yes No
- g) Synthetic Stucco (EIFS)? Yes No

14. Do you now, or have you ever built on hillsides, slopes, landfills, or other terrains susceptible to subsidence?

Yes No If so, please describe:

15. Do you draw any plans or blueprints used in your construction work? Yes No

If so, please describe:

16. If you are a roofing contractor or otherwise performing roofing work, what percentage of operations is:

- a) Hot Tar? %
- b) Foam application? %
- c) Torchdown? %
- d) Excess four (4) stories? %
- e) N/A %

If so, complete Roofing Supplemental Application.

CONTROLLING THE SUBCONTRACTORS EXPOSURE

If you NEVER hire subcontractors please check here and skip to next section-Historical Premium Basis.

1. Do you always require your subcontractors to sign a hold-harmless or indemnification agreement in your favor?

Yes No

2. Do you utilize a standard contract with all your subcontractors? Yes No

3. a) Do you require your subcontractors to carry General (Public) Liability Insurance? Yes No

b) Do you require that you are named as an Additional Insured on their policies? Yes No

c) What limit of liability do you require your subcontractors to carry?

d) Do you request certificates of Insurance from subcontractors in order to verify compliance with items 3a, 3b, and 3c above? Yes No

4. Do you require your subcontractors to carry worker's compensation insurance? Yes No

HISTORICAL PREMIUM BASIS

Please complete the following chart

POLICY YEAR	GROSS RECEIPTS	PAYROLL	SUBCONTRACTED COST
Current Policy Term	\$	\$	\$
First Prior Term	\$	\$	\$
Second Prior Term	\$	\$	\$
Third Prior Term	\$	\$	\$
Fourth Prior Term	\$	\$	\$
Fifth Prior Term	\$	\$	\$

5. Please describe the five largest projects undertaken by you in the past five years:

DESCRIPTION	JOB COST	PROJECT DURATION
	\$	
	\$	
	\$	
	\$	
	\$	

6. Please describe the three largest projects planned for the upcoming year:

DESCRIPTION	EST. JOB COST	EST. PROJECT DURATION
	\$	
	\$	
	\$	
	\$	

7. What is the average dollar value of a completed project? \$

8. Please describe any types of projects that you have discontinued (i.e. no longer build):

SUPPLEMENTAL INFORMATION

1. Are you involved in any other business besides contracting? If so please describe:

2. Have you been involved in or are you aware of pending litigation concerning defective workmanship?

Yes No. If so please describe:

3. In the past ten years, present policy period or upcoming policy period, has or will any of your work involve new construction activities for multi-unit residential projects including condominiums, townhouses, tract house subdivisions or master planned residential communities? Yes No

The undersigned applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The applicant further understands that if a policy of insurance is issued, this questionnaire will be incorporated into and from a part of such policy.

Signature of applicant: _____

Title (Officer, Partner): _____

Signing this questionnaire does not bind the applicant or the insurer or the underwriting manager to provide the insurance.

**SIGNATURE REQUIRED
NEW YORK FRAUD STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant's Signature

Date

No Signature Required

ARKANSAS, LOUISIANA, RHODE ISLAND, WASHINGTON AND WEST VIRGINIA FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO FRAUD STATEMENT

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA FRAUD STATEMENT

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment, fines and denial of insurance benefits.

FLORIDA FRAUD STATEMENT

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE FRAUD STATEMENT

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

MINNESOTA FRAUD STATEMENT

A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW JERSEY FRAUD STATEMENT

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO FRAUD STATEMENT

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

OKLAHOMA FRAUD STATEMENT

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy, containing any false, incomplete or misleading information, is guilty of a felony.

OREGON FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PENNSYLVANIA FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TENNESSEE AND VIRGINIA FRAUD STATEMENT

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.