



Rainier Insurance Company®

CONTRACTOR'S QUESTIONNAIRE

APPLICANTS NAME _____ CCB # _____

YRS IN BUSINESS UNDER THIS NAME _____ OTHER BUSINESS NAMES USED _____

OF ACTIVE PARTNERS / CORP. OFFICERS _____ STATES LICENSED IN _____

OF EMPLOYEES _____ FT _____ PT PERCENTAGE OF OPERATIONS AS: COMMERCIAL _____ RESIDENTIAL _____

TYPE OF CONSTRUCTION WORK PERFORMED BY INSURED (List ALL Work Performed):

	PAYROLL \$	% OF OPS.		PAYROLL \$	% OF OPS.		PAYROLL \$	% OF OPS.
AIR COND. / HEATING (HVAC)	_____	_____	FENCE ERECTION	_____	_____	PLUMBING - COMMERCIAL	_____	_____
ALARM INSTALLATION	_____	_____	FLOORING (COMP.)	_____	_____	PRESSURE WASHING	_____	_____
CARPENTRY	_____	_____	FRAMING	_____	_____	ROOFING - RESIDENTIAL	_____	_____
CARPET CLEANING	_____	_____	GRADING OF LAND	_____	_____	ROOFING - COMMERCIAL	_____	_____
CARPET INSTALLERS	_____	_____	GUTTER CLEANING	_____	_____	SEPTIC TANK SYSTEMS	_____	_____
CHIMNEY CLEANING	_____	_____	INSULATION	_____	_____	SHEET METAL WORK	_____	_____
CONCRETE CONSTRUCTION	_____	_____	JANITORIAL	_____	_____	SIDING INSTALLATION	_____	_____
DEBRIS REMOVAL	_____	_____	LANDSCAPING	_____	_____	STREET / ROAD	_____	_____
DRIVEWAY / ROAD PAVING	_____	_____	LAWN CARE	_____	_____	TILE, STONE MOSAIC (INSIDE ONLY)	_____	_____
DRYWALL	_____	_____	MASONRY	_____	_____	TREE PRUNING OR REMOVAL	_____	_____
ELEC. APPARATUS INSTALL.	_____	_____	MECHANICAL	_____	_____	WATER MAINS	_____	_____
ELECTRICAL WIRING	_____	_____	PAINTING - EXT.	_____	_____	WINDOW CLEANING	_____	_____
EXCAVATION	_____	_____	PAINTING - INT.	_____	_____	WOODSTOVE INSTALL.	_____	_____
EXTERMINATING	_____	_____	PLUMBING - RES.	_____	_____			

OTHER(S) (DESCRIBE): _____

LOSS HISTORY: ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR FIVE YEARS

CHECK HERE IF NONE SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	OPEN/ CLOSED
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

INDICATE PAYROLL AND % OF OPERATIONS FOR WORK PERFORMED IN:

	PAYROLL \$	% OF OPS.		PAYROLL \$	% OF OPS.		PAYROLL \$	% OF OPS.
NEW CONSTRUCTION	_____	_____	REMODELING	_____	_____	REPAIR	_____	_____
COMMERCIAL	_____	_____	INDUSTRIAL	_____	_____	RESIDENTIAL	_____	_____
PERCENTAGE OF WORK	1 - 2 STORIES	_____ %	3 - 4 STORIES	_____ %	5 - 10 STORIES	_____ %	10 + STORIES	_____ %
ROOFING:	HOT TAR	_____ %	TORCHDOWN	_____ %	4+ STORIES	_____ %	N/A	_____ %

WHAT SAFETY PROCEDURES ARE IN PLACE: _____

LIST SUBCONTRACTORS USED BY THE INSURED AND COSTS	TOTAL SUB-CONTRACTOR COSTS:	\$	%
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %

ANNUAL COST OF FEES PAID TO EMPLOYMENT AGENCIES FOR TEMPORARY PERSONNEL PROVIDED TO THE INSURED: \$ _____

ANNUAL GROSS RECEIPTS: \$ _____

ANY PAST, PRESENT OR FUTURE OPERATIONS INVOLVING:

YOUR OPERATIONS SUBS

	Yes	No	Yes	No
GENERAL CONTRACTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASBESTOS ABATEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEAD REMOVAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCB's or HAZARDOUS MATERIALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PILE DRIVING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLASTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHORING or UNDERPINNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEMOLITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EIFS OR SYNTHETIC STUCCO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRACT HOUSING (FIVE OR MORE HOUSES IN ONE DEVELOPMENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Rainier Insurance Company®

CONTRACTOR'S QUESTIONNAIRE

ANY PAST, PRESENT OR FUTURE OPERATIONS INVOLVING:

YOUR OPERATIONS

SUBS

	Yes	No	Yes	No
EXPOSURE TO RADIOACTIVE / NUCLEAR MATERIALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STORING, TREATING, DISCHARGING, APPLYING, DISPOSING OR TRANSPORTING OF HAZARDOUS MATERIAL ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPERATIONS SOLD, ACQUIRED OR DISCONTINUED IN LAST 5 YEARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROJECTS IN STATES OTHER THAN WASHINGTON, OREGON OR IDAHO.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORK DONE IN CONDOS, TOWNHOMES, APARTMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HILLSLIDES, TERRACES, LANDFILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STRUCTURAL ALTERATIONS CONTEMPLATED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE EXPLAIN ALL 'YES' ANSWERS _____

	Yes	No
ANY LOSSES, CLAIMS OR LITIGATION INVOLVING CONSTRUCTION DEFECTS	<input type="checkbox"/>	<input type="checkbox"/>
ANY OPERATIONS OTHER THAN CONTRACTING	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE ANSWER THE FOLLOWING QUESTIONS IF YOU USE SUB-CONTRACTORS

Yes No

ARE YOU NAMED AS ADDITIONAL INSURED ON ALL SUBCONTRACTORS POLICIES	<input type="checkbox"/>	<input type="checkbox"/>
EXPLAIN HOW YOU VERIFY ADDITIONAL INSURED STATUS _____		

DO YOU REQUIRE CERTIFICATES OF INSURANCE FROM SUBS REQUIRING PROOF OF GENERAL LIABILITY INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>
MINIMUM GENERAL LIABILITY LIMITS REQUIRED _____		

DO YOU REQUIRE CERTIFICATES OF INSURANCE FROM SUBS REQUIRING PROOF OF WORKERS COMPENSATION INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>
ARE WRITTEN CONTRACTS, INCLUDING A HOLD HARMLESS AGREEMENT IN YOUR FAVOR, REQUIRED OF SUB-CONTRACTORS ...	<input type="checkbox"/>	<input type="checkbox"/>
IS A SUPERVISOR ASSIGNED FOR EACH ONGOING PROJECT	<input type="checkbox"/>	<input type="checkbox"/>
IF YES, HOW OFTEN IS THE SUPERVISOR AT THE SITE (Daily, Weekly, etc.) _____		

PLEASE EXPLAIN ALL 'YES' ANSWERS _____

PLEASE PROVIDE A LIST OF YOUR FIVE LARGEST JOBS

TYPE OF WORK PERFORMED	DATE COMPLETED	JOB COST	PROJECT DURATION	ACTED AS GC?
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

CONTRACTOR HAS PROVIDED TRUTHFUL INFORMATION REGARDING PAST, CURRENT AND FUTURE OPERATIONS AND STANDS BY ALL REPRESENTATIONS MADE

AGENT HAS PRESENTED ALL KNOWN INFORMATION REGARDING THE APPLICANT WHICH IS MATERIAL TO THE UNDERWRITING DECISION PROCESS

SIGNATURE OF INSURED _____

SIGNATURE OF AGENT _____

DATE _____

DATE _____

COVERAGE IS NOT BOUND UNTIL ACCEPTED BY THE COMPANY
 COVERAGE FOR GENERAL CONTRACTORS WILL NOT BE GRANTED WITHOUT THE SIGNATURE
 OF THE GENERAL CONTRACTOR OR OFFICER OF COMPANY