



CONTRACTORS QUESTIONNAIRE

Please print this application and fax it to us at (219)864.8940

1. Applicant: _____

Years in business under current name: _____

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

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

3. Percentage of Operations: General Contractor _____% Subcontractor _____% Construction Mgr: _____%

4. Do you use Subcontractors? YES NO If yes, please complete tthe following:

a. Percentage of subcontracted work _____%

b. Annual subcontracting cost (including all of sub's labor and materials: \$ _____

c. List the trades of the subcontractors you use and give the percentage of the work that they perform:

_____% _____% _____% _____%

_____% _____% _____% _____%

5. Do you collect certificates from all subcontractors. YES NO What Limit? _____

6. Estimates for the next 12 months:

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

Prior Years:

1st Year Payroll: \$ _____ Sub-Contract Cost: \$ _____ Gross Receipts: \$ _____

2nd Year Payroll: \$ _____ Sub-Contract Cost: \$ _____ Gross Receipts: \$ _____

3rd Year Payroll: \$ _____ Sub-Contract Cost: \$ _____ Gross Receipts: \$ _____

7. Indicate the percentage of construction work performed by you:

RESIDENTIAL _____%

COMMERCIAL _____%

New Construction _____%

New Construction _____%

Remodeling _____%

Remodeling _____%

Other _____%

(TOTALS MUST EQUAL 100%)

8. 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	% Direct	% Subbed
Blasting	_____	_____
Bridge Building	_____	_____
Carpentry	_____	_____
Concrete	_____	_____
Demolition <input type="checkbox"/>	_____	_____
Drilling <input type="checkbox"/>	_____	_____ <input type="checkbox"/>
Earthquake <input type="checkbox"/>	_____	_____ <input type="checkbox"/>
Electrical <input type="checkbox"/>	_____	_____
Excavation <input type="checkbox"/>	_____	_____
Grading <input type="checkbox"/>	_____	_____
Insulation <input type="checkbox"/>	_____	_____
Maintenance <input type="checkbox"/>	_____	_____
Masonry <input type="checkbox"/>	_____	_____
Mechanical <input type="checkbox"/>	_____	_____
Painting <input type="checkbox"/>	_____	_____
Plastering <input type="checkbox"/>	_____	_____
Plumbing <input type="checkbox"/>	_____	_____
Roofing <input type="checkbox"/>	_____	_____
Sesmic/Retrofitting <input type="checkbox"/>	_____	_____
Sewer <input type="checkbox"/>	_____	_____
Steel/Structural <input type="checkbox"/>	_____	_____
Steel/Ornamental <input type="checkbox"/>	_____	_____
Steel/Road <input type="checkbox"/>	_____	_____
Supervisory only <input type="checkbox"/>	_____	_____
Water/Gas Mains <input type="checkbox"/>	_____	_____

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

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

11. How many new homes will you build as a general contractor in the next year? _____

What is the greatest number of new homes you have built in any one-year? _____

If Yes, how long ago? _____

12. How many additional insured endorsements do you anticipate needing in the next year? _____

13. 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

Has any other licensing authority taken any action against you? YES NO

14. Have you built or will you build on hillsides, terraces, landfills or Subsidence areas? YES NO

If yes, please explain:

15. Have you been involved or will you be involved with blasting operations or any other hazardous work activity? YES NO

If yes please explain: _____

16. Do you perform or sub contract stucco/synthetic work (EIFS)? YES NO

17. 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: _____

18. Do you perform work above two stories in height? (other than interior remodel)

If yes, what percentage? _____% Maximum Height? _____%

Please describe: _____

19. 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

Remove or work on fuel tanks or pipelines? YES NO

20. If you are a roofing contractor or perform roofing work, what percentages of operations are:

Hot Tar _____% Torch Down _____% Foam _____% Excess 4 Stores _____%

Modified Bitumen _____% Other _____% Explain: _____

21. Will you or your subcontractors perform any Mold Remediation Work? YES NO

If yes, is coverage in place? YES NO

Name of Insured? _____

22. Have you performed or will you or your subcontractors perform any work below grade: YES NO

Maximum Depth: _____% % of operations: _____

Any shoring, underpinning, cofferdam or caisson work? YES NO

If yes, please explain: _____

23. Have you worked or will you or your employees work under U.S. Longshoremen's and Harbor Works Act or Jones Maritime Act?

24. Do you have operations other than contracting?

Covered by other Insurance?

If yes, please explain: _____

23. 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

24. Do you have operations other than contracting? YES NO

Covered by other Insurance? YES NO

If yes, please explain: _____

25. Are these operations to be covered by this insurance? YES NO

26. Do you have a formal safety program in place? YES NO

27. Has or will any work involve the construction of, or be for, condominiums, townhouses or apartments? YES NO
 If yes, is the work new construction? YES NO
 Repair only? YES NO

28. Will you be working in any new tracts? YES NO
 (If yes, maximum number of homes in **ENTIRE** tract: _____)

29. Have you ever worked in a new condominiums/townhouses or new tracts? YES NO
 If yes, how long ago? _____

30. Have you or will you ever convert apartments to condominiums? YES NO

31. Any unusual exposures/operations not otherwise covered by this questionnaire? YES NO
 If yes, please explain: _____

32a. Have there been any losses, claims or suits against you in the past five years? YES NO

b. Are there any claims or legal actions pending against any of the entities named on the application? YES NO

c. Do any of the entities named in the application 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 such entity? YES NO

d. Have you been accused of faulty construction the past 5 years? YES NO

e. Have you been accused of breaching a contract in the past 5 years? YES NO

WARRANTY: The purpose of the Supplemental Questionnaire is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore warrants that the information contained herein (consisting of four pages) is true and accurate to the best of his knowledge, information and belief. The Supplemental Questionnaire, and the application to which it is appended, shall be the basis of any insurance policy that may be issued and will be part of such policy.

Signature of Applicant: _____ Date: _____

Name & Title: _____