

## CONTRACTOR'S SUPPLEMENTAL QUESTIONNAIRE

Note: throughout this questionnaire the words "you" and "your" include all entities seeking coverage.

1. Applicant: \_\_\_\_\_
2. How many years of experience do you have in the contracting business? \_\_\_\_\_  
Years in business of entities seeking coverage? \_\_\_\_\_
3. What percentage of your work is: (each line must add to 100%)
  - a. (Residential) \_\_\_\_\_% (Industrial) \_\_\_\_\_% (Commercial) \_\_\_\_\_% = 100%
  - b. (New Constr.) \_\_\_\_\_% (Structural remodel/additions) \_\_\_\_\_% (Non-structural remodel) \_\_\_\_\_% = 100%
4. What percentage of your work is as a  
General Contractor \_\_\_\_\_% Subcontractor \_\_\_\_\_% Contstr. Manager \_\_\_\_\_%
5. Do you use subcontractors? Yes ( ) No ( ) If yes, complete the following:
  - a. Percentage of your work subcontracted out \_\_\_\_\_% Annual costs \$ \_\_\_\_\_
  - b. List the trades of the subcontractors you use and give the percentage of work they perform:  
 \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_%  
 \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_%  
 \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_%
  - c. Do you collect certificates from all subcontractors? Yes ( ) No ( ) What limit: \_\_\_\_\_
  - d. Do you require all subcontractors to name you as an additional insured? Yes ( ) No ( )  
If yes, have you always done so? \_\_\_\_\_
  - e. Does your contract with subcontractors include a hold harmless favoring you? Yes ( ) No ( )
  - f. How long do you maintain records of the above documents? \_\_\_\_\_
6. Do you do any work outside California? Yes ( ) No ( ) Describe \_\_\_\_\_
7. Estimated gross receipts for the next 12 months and actual receipts for the last 4 years  
 Next 12 months \_\_\_\_\_ Last 12 months \_\_\_\_\_ 2<sup>nd</sup> year prior \_\_\_\_\_  
 3<sup>rd</sup> Year Prior \_\_\_\_\_ 4<sup>th</sup> Year Prior \_\_\_\_\_

8. YOUR OPERATIONS ARE:  
Column A must add up to 100%

PAYROLL FOR NEXT POLICY TERM  
Construction classes only- do NOT include Owners,  
Clerical or Sales

	A		B
<b>Residential</b>		Interior Painting	\$ _____
	New Construction _____%	Exterior Painting less than 3 stories	\$ _____
	Remodel _____%	Exterior Painting over 3 stories*	\$ _____
<b>Commercial</b>		Paperhanging	\$ _____
	New Construction _____%	Plastering or Stucco	\$ _____
	Remodel _____%	Drywall or Wallboard	\$ _____
	<b>TOTAL: 100%</b>	Other (please describe)	\$ _____
		Number of owners, officers, and partners active at job sites or performing supervisory duties	
		_____ X \$33,600=	\$ _____
		<b>TOTAL PAYROLL=</b>	\$ _____

\* Please explain type of work on reverse side.

9. Describe your four largest projects over the past five years, including values:  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_
10. Describe your two largest projects currently underway or planned for the next year, including values:  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_
11. Dollar value of average job completed (including all materials, labor, & equipment) \$ \_\_\_\_\_
12. a. How many new homes will you build as a general contractor in the next year? \_\_\_\_\_  
 b. What is the greatest number of new homes you have built in any one year? \_\_\_\_\_
13. Do any prior operations differ substantially in nature from current operations? Yes ( ) No ( )  
 Please explain \_\_\_\_\_
14. **Note: the following question applies to work done in any capacity (including general contractors, developers, artisans, remodeling contractors, site work contractors, suppliers, etc.).**  
 Have you or will you perform work involving or related to, or about the premises of:  
 a. condominiums or townhouses No ( ) Yes ( ) If yes: New Construction ( ) Repaints ( )  
 b. apartments No ( ) Yes ( ) If yes: New Construction ( ) Repaints ( ) Number of Blgs ( )  
 c. tracts, PUD's, or any other developments, premises or project with more than 7 homes built or planned No ( ) Yes ( ) If yes: New Construction ( ) Repaints ( )  
 Please describe: \_\_\_\_\_  
 \_\_\_\_\_
15. Have you ever performed work in hillsides, hill tops, slopes, landfill or other subsidence areas, or do you plan to in the future? Yes ( ) No ( ) If yes, maximum degree of slope? \_\_\_\_\_  
 Please describe \_\_\_\_\_
16. Have or will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques Yes ( ) No ( )  
 Please describe \_\_\_\_\_  
 If retaining walls have been or will be built, maximum height: \_\_\_\_\_
17. Do you perform work above two stories in height (other than interior remodeling)? Yes ( ) No ( )  
 If so, what percentage? \_\_\_\_\_% Max. height? \_\_\_\_\_ft  
 Please describe \_\_\_\_\_
18. Do you perform any work below ground level? Yes ( ) No ( )  
 If so, what percentage? \_\_\_\_\_% Max. depth? \_\_\_\_\_ft  
 Please describe \_\_\_\_\_
19. Have you or will you build, remove, repair or replace roofs? Yes ( ) No ( ) % hot tar \_\_\_\_\_  
 Describe \_\_\_\_\_
20. Have you or will you perform work for the following types of clients or industries: gas stations, refineries, chemical plants, airports, public utilities, railroads, or hospitals? Yes ( ) No ( )  
 Describe \_\_\_\_\_

21. Have you or will you work as a construction manager on a fee basis? Yes ( ) No ( )  
 Have you or will you supervise subcontractors whose payments are run through another entity?  
 Yes ( ) No ( ) Please describe \_\_\_\_\_
22. In the past 3 years have you been fired or replaced on a job in progress? Yes ( ) No ( )  
 In the past 3 years have you replaced another contractor on a job in progress? Yes ( ) No ( )  
 Describe \_\_\_\_\_
23. **Note: the following questions apply regardless of whether the applicant was at fault for a claim or incident, and regardless of whether the claim or incident was covered by insurance. Explain any "yes" answers in the space provided below.**
- a. Have there been any losses, claims or suits against you in the past 5 years? Yes ( ) No ( )
  - b. Are there any claims or legal actions pending against any of the entities named in 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 any such entity? Yes ( ) No ( )
  - d. Have you been accused of faulty construction in the past 5 years? Yes ( ) No ( )
  - e. Have you been accused of breaching a contract in the past 5 years? Yes ( ) No ( )
- \_\_\_\_\_
- \_\_\_\_\_

24. For each of the following activities, check:  
 Yes: if the activity has or will be performed, subcontracted, or supervised by applicant.  
 No: if the applicant has never and does not plan to perform, subcontract, or supervise the activity.
- |                                   | Yes | No  |                                  | Yes | No  |
|-----------------------------------|-----|-----|----------------------------------|-----|-----|
| a. Demolition                     | ( ) | ( ) | j. Process piping                | ( ) | ( ) |
| b. Concrete tilt-up construction  | ( ) | ( ) | k. Road/highway/bridge/overpass  | ( ) | ( ) |
| c. LPG work                       | ( ) | ( ) | Construction                     | ( ) | ( ) |
| d. Seismic retrofitting           | ( ) | ( ) | l. Underground tank removal,     | ( ) | ( ) |
| e. Swimming pool construction     | ( ) | ( ) | Repair, or installation          | ( ) | ( ) |
| f. Boiler installation/repair     | ( ) | ( ) | m. Work on gas lines or pumps    | ( ) | ( ) |
| g. Industrial machinery repair or | ( ) | ( ) | n. Asbestos or lead abatement    | ( ) | ( ) |
| Installation (millwright work)    | ( ) | ( ) | o. Environmental cleanup         | ( ) | ( ) |
| h. Use of cranes                  | ( ) | ( ) | p. Dam or levee work             | ( ) | ( ) |
| i. Rental of equipment to others  | ( ) | ( ) | q. Traffic signals/controls work | ( ) | ( ) |

Explain any "yes" answers and state whether performed by insured or subcontracted:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WARRANTY:** The purpose of the Supplemental Questionnaire is to assist the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of your knowledge, information and belief. This 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 a part of such policy.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_  
 Name and Title \_\_\_\_\_