

# CONTRACTORS QUESTIONNAIRE

**ALL QUESTIONS MUST BE ANSWERED** (Attach additional paper if necessary)

1. Applicant: \_\_\_\_\_
  - A. Years in business under current name: \_\_\_\_\_
  - B. Describe your Operations: \_\_\_\_\_
  - C. Do you have any other operations active or inactive? Yes  No   
If yes, please explain: \_\_\_\_\_
2. Contractor's license number: \_\_\_\_\_ States in which you do business: \_\_\_\_\_
  - A. New York State Applicants: Any work in the five boroughs of New York? Yes  No
3. List all other business names & licenses active or inactive applicant has used in the past 10 years:  
\_\_\_\_\_
  - A. What were the operations? \_\_\_\_\_
4. Does applicant currently own/operate any other business? Yes  No   
If yes, need name and percentage of ownership: \_\_\_\_\_  
What are the operations? \_\_\_\_\_
5. Percentage of current operations: General Contractor \_\_\_\_% Subcontractor \_\_\_\_% Constr. Mgr: \_\_\_\_%
6. Do you use Subcontractors? Yes  No  If yes, please complete the following:
  - A. Percentage of subcontracted work: \_\_\_\_\_%
  - B. Annual subcontracting cost (including all of subs' labor and materials: \$ \_\_\_\_\_
7. Do you collect certificates from all subcontractors? Yes  No 
  - A. What limit is required from these subcontractors? \$ \_\_\_\_\_
8. Estimates for next 12 months:  
Payroll \$ \_\_\_\_\_ Sub-Contract Cost \$ \_\_\_\_\_ Gross Receipts: \$ \_\_\_\_\_  
  
4 Years Prior History if Applicable:

	1 <sup>st</sup> Year	Gross Receipts: \$ _____
	2 <sup>nd</sup> Year	Gross Receipts: \$ _____
	3 <sup>rd</sup> Year	Gross Receipts: \$ _____
	4 <sup>th</sup> Year	Gross Receipts: \$ _____
9. Indicate the percentage of construction work performed by you: **(MUST TOTAL 100%)**

<b><u>RESIDENTIAL</u></b> _____%	<b><u>COMMERCIAL</u></b> _____%
New Construction _____%	New Construction _____%
Remodeling/Repair _____%	Remodeling/Repair _____%
Other _____%	_____%

10. 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	Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed
Airport Runways			Excavation			Roofing		
Blasting			HVAC			Seismic/Retrofitting		
Bridge Building			Grading			Sewer		
Carpentry			Insulation			Steel/Structural		
Concrete			Maintenance			Steel/Ornamental		
Demolition			Masonry			Street/Road		
Drilling			Mechanical			Supervisory Only		
Drywall			Painting			Traffic Signals		
Earthquake			Plastering			Water/Gas Mains		
Electrical			Plumbing			Other:		

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

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

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13. How many new homes will you build from the ground up in the next year? \_\_\_\_\_

14. Have you ever built a home from the ground up? Yes  No

A. How long ago? \_\_\_\_\_ B. How many? \_\_\_\_\_

15. How many additional insured endorsements do you anticipate needing in the next year? \_\_\_\_\_

16. How many Waivers of Subrogation do you anticipate needing in the next year? \_\_\_\_\_

17. 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

A. Has any other licensing authority taken any action against you? Yes  No

18. Have you built or will you build on hillsides, terraces, landfills or Subsidence areas? Yes  No

If yes, please explain: \_\_\_\_\_

19. Do you use scaffolding? Yes  No

If yes, please explain: \_\_\_\_\_

20. Have you been involved or will you be involved with blasting operations or any other hazardous work activity? Yes  No

If yes, please explain: \_\_\_\_\_

21. Do you perform synthetic stucco work (EIFS)? Yes  No
22. Do any of your subcontractors perform EIFS work? Yes  No
23. 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: \_\_\_\_\_
24. Do you perform work above two stories in height? (other than interior remodel) Yes  No   
If yes, what percentage? \_\_\_\_\_% Maximum Height? \_\_\_\_\_  
Please describe: \_\_\_\_\_
25. Do you perform any work at Airports? Yes  No   
If yes, please explain: \_\_\_\_\_
26. Do you own, rent or subcontract any cranes? Yes  No   
If yes, please explain: \_\_\_\_\_
27. 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
28. Removal or work on fuel tanks or pipelines? Yes  No
29. If you are a roofing contractor, subcontractor or performing roofing work, do you use:
- |                         |        |  |
|-------------------------|--------|--|
| Hot Tar                 | _____% | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Torch Down              |        | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Modified Bitumen (HOT)  |        | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Modified Bitumen (COLD) |        | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Hot Air Welding         | _____% | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other:                  | _____  |  |
30. Do you perform any Mold Remediation Work? Yes  No
31. Do any of your subcontractors perform Mold Remediation Work? Yes  No   
A. If yes, is coverage in place? Yes  No   
B. Name of Carrier? \_\_\_\_\_
32. Have you performed or will you or your subcontractors perform any work below grade: Yes  No   
Maximum Depth: \_\_\_\_\_% % of operations: \_\_\_\_\_
33. Any shoring, underpinning, cofferdam or caisson work? Yes  No   
If yes, please explain: \_\_\_\_\_
34. 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
35. Do you have a formal safety program in place? Yes  No



**DEFINITIONS:**

**EIFS** -Exterior Insulation Finishing Systems – multi layered exterior wall systems (which resemble stucco in appearance) that are used on both commercial buildings and residential homes.

**GENERAL CONTRACTOR** – A contractor who subcontracts work to others in excess of 50% of total receipts, exercises primary control of the job site, and is named in the construction documents as the general contractor of record.

**RESIDENTIAL CONTRACTOR** – Single or multi unit-family housing, including apartments, condominiums and townhouses, planned unit developments and tract housing or similar planned communities.

**SUBSIDENCE** – Any movement of the land or earth including landslides, mudflow, earth sinking, rising and shifting, collapse or movement of fill, earth settling, slipping, falling away, caving in, eroding or tilting and earthquake.

**TORCH APPLIED ROOFING (MODIFIED BITUMEN)** – This process which is also called torch welding, involves a modified bitumen installed on a roofing deck by means of a torch. A membrane is laid on the roof, heated by a torch and allowed to cool so that the material solidifies in place. The asphalt component in the membrane serves as an adhesive between the surface material and roof substrate.

**HOT AIR WELDING** – Hot Air Welding is a system utilizing a heating source (either electric or propane flame) attached to a hose, which blows hot air onto the membrane.

**TRACT HOUSING** – Developments where the houses are similar in price, physical characteristics, lot size and square footage; numerous houses of similar or complementary design constructed on a given expense of land, by a single builder.

**WRAP-UP (OCIP)** – A policy providing coverage(s) for all interests in a major construction project. Also know as an OCIP (Owner Controlled Insurance Program) or a CCIP (Contractor Controlled Insurance Program).

**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 five 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:\* \_\_\_\_\_

Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_

\*Must be owner, executive officer or partner of the company