

CONTRACTORS QUESTIONNAIRE

AL	LQUESTIONS MUST BE ANSWERED (Attach additional paper if necessary)		
1.	Applicant: A. Years in business under current name:		
	B. Describe your operations:		
	C. Do you currently have, or have you had in the past, a controlling interest in any other similar operations whether active, <i>inactive or dissolved</i>? If yes, please describe:	Yes	No
	D. Have you ever declared bankruptcy under this name or any other similar entity in which you have had a controlling interest?If yes, please provide the name of each entity, and the date and jurisdiction of bankruptcy:	Yes	No
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?B. All Applicants: Do you do any work in Colorado?	Yes Yes	No No
3.	List all other business names & licenses applicant has used in the past 10 years: A. Describe the operations:		
4.	Does applicant currently own/operate any other business?	Yes	No
	If yes, please provide the name of the business and percentage of ownership: Describe the operations:		
5.	Percentage of current operations: General Contractor% Subcontractor% Construction 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: \$		
	C. Describe all activities that are subcontracted. If you are a general contractor, describe the activities yourself:	you do	0
	D. Are there any circumstances when you do work for a general contractor that you use a subcontractor please describe:	? If y	es,
7.	Do you collect certificates of insurance from all subcontractors?	Yes	No
	A. What limits of coverage are required from these subcontractors? \$		
	B. Do you require all subcontractors to name you as an Additional Insured, including for Completed Operations, and is this part of the written contract?	Yes	No

- C. Do you require all subcontractors to defend, indemnify and hold you harmless from their activities and is this part of the written contract?
- Yes No

- D. Who reviews and maintains the certificates?
- E. How long are they kept?
- 8. Estimates for next 12 months:

Payroll \$	Sub-Cont	Sub-Contract Cost \$		ceipts: \$
5 Years Prior History in	f Applicable:	1 st Year 2 nd Year 3 rd Year 4 th Year	Gross Re Gross Re Gross Re Gross Re	cceipts: \$ cceipts: \$ cceipts: \$
9. Indicate the percentage	of construction wo	5 th Year ork preformed by you:	Gross Re (MUST TOTAL	.
RESIDENTIAL	<u>%</u>	COM	MERCIAL	<u>%</u>
New Construction	%	New Co	onstruction	%

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	%	%	Type of Work	%	%	Type of Work	%	%
	Direct	Subbed		Direct	Subbed		Direct	Subbed
Airport Runways			Excavation			Roofing		
Blasting			Fire Sprinkler			Seismic/Retrofitting		
Bridge Building			Grading			Sewer		
Carpentry			HVAC			Shower Door		
Concrete			Insulation			Steel/Structural		
Demolition			Maintenance			Steel/Ornamental		
Door/ Window			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:
- 12. List current projects currently underway or planned for the next year, including values:
- 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?					
A. How long ago?	B. How many?				
15. What type of Additional Insured Endorsements are you required to produce?					
A. Ongoing Operations only	Yes	No			
B. Ongoing Operations including Com	Yes	No			
C. If yes, do you wish coverage for this	Yes	No			
16. Do you anticipate needing Waivers of Subrogation in the next year?					

17. Have you allowed or will you allow your licen	se to be used			
by any other contractor for a project on which		Yes	No	
A. Has any other licensing authority taken an		Yes	No	
18. Have you built or will you build on hillsides, to	erraces, landfills or areas with recent			
subsidence activity?		Yes	No	
If yes, please explain:				
Our policy is <u>not</u> intended to provide coverage	e for this exposure. Do you wish coverage:	Yes	No	
19. Do you use scaffolding?		Yes	No	
If yes, please explain:				
20. Have you been involved or will you be involved	ed with blasting operations or any other			
hazardous work activity?		Yes	No	
If yes, please explain, include if work is done	by sub-contractors of if done by you:			
21. Do you perform synthetic stucco work (EIFS)	?	Yes	No	
Are you interested in coverage for EIFS work?	? If so, please complete the separate application.	Yes	No	
22. Do any of your subcontractors perform EIFS w	vork?	Yes	No	
Do you verify that coverage for this exposure	is in place and not excluded?	Yes	No	
23. Have you built/demolished or will you build/de	emolish 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		Yes	No	
	mum Height?			
Please describe:				
25. Do you perform any work at Airports?		Yes	No	
If yes, please explain:		103	110	
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 su		Yes	No	
involved in any removal of asbestos, PCB's or other hazardous materials?				
28. Removal or work on fuel tanks or pipelines?		Yes	No	
29. If you are a roofing contractor, subcontractor of	or performing roofing work do you use			
(please also answer if you hire subcontractors				
	-			
	Hot Tar %	Yes	No	
	Torch Down	Yes	No	
	Modified Bitumen (HOT)	Yes	No	
	Modified Bitumen (COLD)	Yes	No	
	Hot Air Welding % Other:	Yes	No	
30. Do you perform any Mold Remediation Work?		Yes	No	
31. Do any of your subcontractors perform Mold Remediation Work?				
A. If yes, is coverage in place?				
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B. Name of Carrier?

32. Have you performed or will you or your subcontractors perform any work below grade:					No
	Maximum Depth:	inches	% of operations:		
33.	Any shoring, underpinni If yes, please explain:	ng, cofferda	m or caisson work?	Yes	No
34.	Have you worked or wil	l you or you	r employees work under		
			Vorkers Act or Jones Maritime Act?	Yes	No
35.	Do you have a formal sa	afety program	m in place?	Yes	No
36.	Will your upcoming wor condominiums or town		onstruction of or involvement with	Yes	No
	A. If yes, is the work n	ew construc	tion?	Yes	No
	B. Repair or Remodel			Yes	No
	C. Is the work done for	Homeowner	rs Associations (not individual unit owners?)	Yes	No
37.	Have you ever worked in	n new condo	ominiums/townhouses?	Yes	No
	If yes, how long ago?				
38.	Will your upcoming wor	k involve th	e construction of or involvement with apartments?	Yes	No
	A. If yes, is the work n	ew construc	tion?	Yes	No
	How many units B. Repair or Remodel		Project?	Yes	No
	-	-			
39.	Have you ever worked in If yes, how long ago?	n new Apart	ments? How many units in the entire building?	Yes	No
	in jes, now long ago.		now many and in the entire containg.		
40	Will your upcoming wor	k involve th	e construction of or involvement with new Duplexes,		
4 0.	Triplexes, Fourplexes			Yes	No
			er in any development?		
	Are the units individua	lly owned ar	nd titled?	Yes	No
41.	Have you ever worked in If yes, how long ago?	n new Duple	exes, Triplexes, Fourplexes or Patio Homes? Maximum number in any development?	Yes	No
42.			onstruction in any new home tracts?	Yes	No
40	· · · · · · · · · · · · · · · · · · ·		1 1 4 9		
43.	Have you ever worked in If yes, how long ago? How many units in the e		-	Yes	No
	The many units in the c		phone.		
44.	Any current Wrap-Up/O A. Name of Carrier?	CIP/CCIP P	projects?	Yes	No
45.	Have you ever worked in If yes, how long ago?	n new assiste	ed living facilities? How many units in the entire building?	Yes	No
	Does it involve any indiv	vidual unit o		Yes	No
46.	Have you or will you even	er convert ap	partments to condominiums?	Yes	No

47.	Any other exposures/operations not otherwise covered by this questionnaire? If yes, please explain:	Yes	No
48.	Have there been any losses, claims or suits against you in the past eight years? If yes, please describe:	Yes	No
	a. Are there any claims or legal actions pending against any active, inactive or dissolved entities in which you have had a controlling interest?	Yes	No
	If yes, please describe:		
	b. After inquiry, do you have knowledge of any pre-existing act, omission, event, condition or damage to any person or property that might reasonably be expected to give rise to any future claim or legal action against any person or entity identified in the application?	Yes	No
	If yes, please describe:		
	c. Have you been accused of faulty construction in the past 8 years?	Yes	No
	If yes, please describe:		
	d. Have you been accused of breaching a contract in the past 8 years?	Yes	No
	If yes, please describe:		
	e. Have you filed any Mechanic's Liens in the past 8 years?	Yes	No

If yes, please describe:

DEFINITIONS:

EIFS -Exterior Insulation Finishing Systems – means an exterior cladding or finish system used on any part of any structure and consisting of: a) a rigid or semi-rigid insulation board made of expended polystyrene or other materials; and b) an adhesive and/or mechanical fasteners used to attach the insulation board to the substrate; and c) a reinforced base coat; and d) a finish coat providing surface texture and color.

GENERAL CONTRACTOR – A contractor, who exercises primary control of the job site, typically subcontracts a significant portion of the work, and/or 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.

MODIFIED BITUMEN – Also called "modbit" membranes consist of an asphalt and polymer blend which allow the asphalt to take on characteristics of the polymer.

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/CCIP**) – 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 this Contractors Questionnaire is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of the applicant's insurability. Material misstatements or errors made on this form may provide a basis for the company's rescission of the policy at any time during the term of the policy, with the return of unearned premium. The undersigned, therefore, warrants that the information contained herein (consisting of 6 pages) is true an accurate to the best of his knowledge, information and belief. The Supplemental Questionnaire shall be the basis of any insurance policy that may be issued.

Signature of Applicant:*

Name & Title:

Date:

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

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, 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 AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, 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.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL OR COMMERCIAL INSURANCE, OR A CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.