**APPLICANT INFORMATION**

1. Applicant Name:  DBA (if applicable):
2. Mailing Address:
3. Primary Location Address:
4. Area of Operations:
5. Insured Contact Name:  Contact Phone:

Contact Email:  Website:

1. Years in Business:  Years Relevant Experience:

**OPERATIONS**

1. Provide estimates for the next 12 months and actual figures for the previous 12 months for the following:

|  |  |  |
| --- | --- | --- |
|  | **Estimated**  **Next 12 Months** | **Actual**  **Previous 12 Months** |
| Total Gross Receipts | **$** | **$** |
| Number of Projects |  |  |
| Total Owner Payroll | **$** | **$** |
| Total Employee Payroll | **$** | **$** |
| Cost of Subcontracted Work\* |  |  |
| Insured | **$** | **$** |
| Uninsured | **$** | **$** |

\**includes labor + materials*

1. Number of Active Owners Working in the Field:  Number of Employees Working in the Field:
2. Jobsite – Maximum Number of Interior Stories:  Maximum Number of Exterior Stories:
3. Maximum Exterior Depth Below Grade: **feet**
4. Type of Work Performed:

|  |  |
| --- | --- |
| **Type of Work** | **% of Operations** |
| Residential | **%** |
| Commercial | **%** |
| **TOTAL** | **100%** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Work** | **% New** | **+** | **% Remodel/ Repair/Service** | **=** | **TOTAL** |
| Residential | **%** | **+** | **%** | **=** | **100%** |
| Commercial | **%** | **+** | **%** | **=** | **100%** |

1. Will you perform or subcontract any roofing operations, work on the roof, or deck work on roofs?  **Yes**  **No**

If **Yes**, please explain:

1. Will you perform any waterproofing?  **Yes  No**

If **Yes**, please explain:

1. Do you use motorized or heavy equipment in any of your operations?  **Yes  No**

If **Yes**, please explain:

1. Will you perform tract work?  **Yes  No**

If **Yes**, please explain:

**OPERATIONS (continued)**

1. Will any of your work involve the construction of or be for new condominiums/townhouses/multi-unit residences?

**Yes  No** If **Yes**, please explain:

1. Will you perform repair only for individual unit owners of condominiums/townhouses/multi-unit residences?

**Yes  No** If **Yes**, please explain:

1. Will you perform OCIP (Wrap-up) work?  **Yes  No**

If **Yes**, please explain:

1. Will you or do you perform or subcontract any work involving the following: blasting operations, hazardous waste, asbestos, mold, PCBs, medical facilities (including new construction), hospitals (including new construction), churches or other house of worship, museums, historic buildings, oil fields, dams/levees, bridges, quarries, airports, railroads, earthquake retrofitting, schools/playgrounds/recreational facilities (including new construction), fuel tanks, pipelines, or foundation repair?

**Yes  No** If **Yes**, please explain:

1. Will you perform work (new/remodel) on single family residences, in which the dwelling exceeds 5,000 s.f.?

**Yes  No** If **Yes**, please explain:

1. Will you perform work on commercial buildings over 20,000 square feet?  **Yes  No**

If **Yes**, please explain:

1. Describe the largest project you performed in the last 5 years:

What were the gross receipts from this project: **$**

1. Indicate percentage of payroll for each type of construction work performed by active owners/employees\*:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Alarm Systems | **%** | Excavating | **%** | Rigging | **%** |
| Asbestos/Lead Removal | **%** | Fireproofing | **%** | Roofing | **%** |
| Blasting | **%** | Fire Restoration | **%** | Seismic Retrofitting | **%** |
| Boiler Work | **%** | Foundation | **%** | Septic Tank | **%** |
| Boring | **%** | Framing of Buildings | **%** | Sewer | **%** |
| Bridges/Elevated Roads | **%** | Gas Mains | **%** | Sheet Metal Work | **%** |
| Building Raising/Moving | **%** | Grading of Land | **%** | Siding | **%** |
| Caisson/Cofferdam Work | **%** | Insulation | **%** | Soil Stabilization | **%** |
| Cantilevered Construction | **%** | Landscaping | **%** | Steel – Ornamental | **%** |
| Carpentry | **%** | Maintenance | **%** | Steel – Structural | **%** |
| Communication Lines | **%** | Masonry | **%** | Street/Road Construction | **%** |
| Concrete | **%** | Mechanical | **%** | Stevedoring | **%** |
| Construction Defect Remediation | **%** | Mold & Spore Remediation | **%** | Swimming Pools | **%** |
| Dam/Reservoir Construction | **%** | Oil & Gas Fields | **%** | Tile/Stone/Marble | **%** |
| Debris Removal | **%** | Painting | **%** | Tunneling | **%** |
| Demolition | **%** | Pile Driving | **%** | Underpinning/Shoring | **%** |
| Dredging | **%** | Pipeline/Water Main | **%** | Waterproofing | **%** |
| Drilling | **%** | Plastering | **%** | Water Restoration | **%** |
| Drywall | **%** | Plumbing | **%** | Welding | **%** |
| Earthquake Reinforcement | **%** | Power Lines | **%** | Other: | **%** |
| EIFS | **%** | Process Piping | **%** |  |
| Electrical | **%** | Removal/Installation of Underground Tanks | **%** | **TOTAL** | **100%** |
| Equipment Rental to Others | **%** |  |

*\*Note: If all work is performed by active owner(s) only and there are no employees, indicate percentage of work performed by trade for owners in table above.*

**SUBCONTRACTOR INFO / RISK TRANSFER**

1. Do you use subcontractors?  **Yes  No**
   * If **No**, skip the remaining questions in this section.
2. Do you always collect certificates of insurance from subcontractors?  **Yes  No**
3. Do you require subcontractors to have insurance limits equal to your own?  **Yes  No**
4. Do you always require sub-contractors to name you as additional insured?  **Yes  No**
5. Do you have a standard formal written contract with subcontractors?  **Yes  No**
   * If **Yes**, does it have a hold harmless/indemnification agreement in your favor?  **Yes  No**
   * If **Yes**, ***please attach copy of written subcontractor agreement***
6. Do you require subcontractors to carry Worker's Compensation?  **Yes  No**

**ADDITIONAL INFORMATION**

1. Has any lawsuit ever been filed or any claim otherwise been made against your company (including any partnership or any joint venture of which you have been a member of, any of your company's predecessors, or any person, company, or entities on whose behalf your company has assumed liability?  **Yes  No**

If **Yes**, please explain:

1. Is your company aware of any facts, circumstances, incidents, situations, damages or accidents (including but not limited to: faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company?  **Yes  No**

If **Yes**, please explain:

1. Has any licensing authority taken any action against you, your company, or your affiliates?  **Yes  No**

If **Yes**, please explain:

1. Have you allowed and/or will you allow your license to be used by any other contractor?  **Yes  No**
2. Do you have a written contract for all work you perform?  **Yes  No**
3. Does the contract identify a start date for the work?  **Yes  No**
4. Does the contract identify a precise scope of work?  **Yes  No**
5. Does the contract identify all subcontracted trades (if any)?  **Yes  No**
6. Does the contract provide a set price?  **Yes  No**
7. Is the contract signed by all parties to the contract?  **Yes  No**

**LOSS INFORMATION**

1. Has prior coverage ever been cancelled or non-renewed?  **Yes  No  N/A**

If **Yes**, please explain:

1. Loss information for last 3 years:  **No Prior Coverage *OR*  Prior Coverage/Loss Runs Attached**
   * If **Prior Coverage**, ***please attach currently valued loss runs for last 3+ years***

**SIGNATURE & WARRANTY**

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED ON THIS QUESTIONNAIRE IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Applicant Printed Name and Title:

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **\_\_\_\_\_**

Producer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **\_\_\_\_\_**