

Policy Number  
Name of Applicant/Insured

## Contractor Questionnaire

Name of Applicant/Insured

1. Please describe all work being performed by yourself, employees, and any sub-contracted laborers:

2. How long have you been in business?

3. Are you (or employees or sub-contractors) doing any room additions? \_\_\_\_\_

4. Do you hold a General Contractors license? If so, what is the number? \_\_\_\_\_

5. Indicate percentage of work falling into each category:

6. What are your gross annual receipts for the last 3 years:

Year 1:

Year 2:

Year 3:

7. Do you require and collect certificates of insurance from ALL subcontractors?

8. Who are your most recent insurance carriers? \_\_\_\_\_

9. Are any out of state operations ever done? If so, indicate the states that you have or plan to work in:

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10. Please list your last 5 jobs:

Project Name	Nature of Work	Contract Cost
1.		
2.		
3.		
4.		
5.		

11. Do you, your employees or sub-contract laborers abate asbestos?

12. Do you, your employees or sub-contract laborers use EIFS?

13. How many owners/officers are there in the business?

What is your employee payroll (excluding clerical)?

What is your day labor cost of hire?

What is the cost of hire for subcontractors that are NOT insured?

What is the cost of hire for subcontractors that ARE insured?

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Please indicate the payroll associated with the following trades:

E - Employees      S - Subcontractors

Description	E	S	Description	E	S
Bridge Construction			Masonry		
Carpentry - Interior			Metal Erection		
Concrete Construction			Painting - Exterior		
Debris Removal			Painting - Interior		
Demolition - Building Wrecking			Painting - Other		
Drilling			Parking Lot Paving		
Drywall			Plumbing - Commercial		
Electrical			Plumbing - Residential		
Excavation			Roofing - Commercial		
Framing - Commercial			Roofing - Residential		
Framing - Residential			Street/Road Construction		
Grading of Land			Street Paving		
Guard Rail Installation/Repair			Welding - Shop Only		
Heating & A/C work			Welding - Field Work		
Insulation			Welding - Hot Line		
Janitorial			Welding - In Refineries/Plants		
Landscaping			Other - DESCRIBE		

**Applicant's Statement**

Applicant hereby attests that the information contained herein is true and accurate to the best of his/her knowledge, information and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date