

CONTRACTORS GENERAL CONTRACTOR SUPPLEMENTAL QUESTIONNAIRE

ASI ED 9-21-06

GENERAL INFORMATION:

1. Applicant (please list all owners): _____ DBA _____

2. Years under this name: _____ (if less than three years, complete New Venture Supplement)
3. Describe business/operations: _____
4. Contractors license number: _____
5. Have you ever had insurance cancelled, declined or renewal refused? Yes No
If yes, explain: _____
6. Gross receipts last year: _____ Estimate for coming year: _____
7. Estimated number of start ups / jobs over the next 12 months: _____
8. Estimates for the next 12 months: Direct Payroll (Payroll you pay to you employees): \$ _____

Insured Subcontract Costs:	Uninsured Subcontract Cost	Total Gross Receipts:
\$ _____	\$ _____	\$ _____

Prior Years:

	Direct Payroll: <small>Paid by you to your employees who work at the jobsite.</small>	Total Subcontract Costs:	Gross Receipts:
Expiring	\$ _____	\$ _____	\$ _____
First Prior	\$ _____	\$ _____	\$ _____
Second Prior	\$ _____	\$ _____	\$ _____
9. List the operations you regularly subcontract to **uninsured** subcontractors. _____
10. Do you have a written safety program? If so, attach a copy.
11. Do you carry Worker's Compensation? Yes No
12. Are you doing any construction management, or offering construction management services on a consultant basis? Yes No If yes, what percentage? _____ If yes, do you carry professional liability Errors and Omission Coverage? Yes No
13. On average, how many days per week do you spend at a job site? _____
14. Do you work on condominiums, townhouses, apartments or tracts over 5 units at any one time; except for repair or remodeling of not more than 5 units within a development at any given time? Yes No

15. Do you work on student housing, senior housing, assisted living facilities or retirement homes except for repair or remodeling of not more than one unit within a development? Yes No
16. Are you engaged in any structural work including grading and excavation on slopes of greater than 30 degrees? Retaining wall may not exceed 6 feet in height. Yes No
17. Have you had more than 2 claims in 3 years? Yes No
18. Have you had more than one construction defect claim? (open or closed) Yes No
19. Do you sell, install, service or repair alarm systems, automatic fire extinguishing systems, boilers, elevators, escalators, surveillance systems or TV monitoring systems, either commercial or residential? Yes No
20. Do you sell, install, service or repair wood, coal or waste oil-burning stoves? Yes No
21. Do you remove asbestos insulation or asbestos containing material, fungus, mold or install insulation materials other than fiberglass or rock wool? Yes No
22. Are you involved in the sale of chemicals, or the application of chemicals, such as herbicides or pesticides, to property? Yes No
23. Do you perform work for petroleum, industrial, or chemical facilities? Yes No
24. Do you have operations/work on or for airport, elevator, environmental remediation, railroad, roofing, swimming pool construction, traffic lights, underground tanks, skylights, EFIS? Yes No
25. Are you involved in fiber optic cable work or installation? Yes No
26. Are you involved in tunneling? Yes No
27. Are you involved in any exterior work over five (5) stories in height? Yes No
28. Have you been personally bankrupt or the principal in a company that has been bankrupt the past five years? Yes No
29. Are you involved in recreational or playground construction? Yes No
30. Does any officer, owner, or partner have a prior felony conviction? Yes No
31. Are you involved in any smoke, fire or water restoration? Yes No
32. Are you involved in any demolition or abatement work? Yes No

_____ Position: _____ Date: _____
 Applicant's Signature (Producer may not sign for applicant)

Producer: _____ Agency: _____

New Venture Supplement

1. Applicant: _____ Owner _____
2. Date business established: _____
3. Has applicant / owner ever operated business under another name? Yes No
4. List all business names that applicant / owner has owned in the past:

5. How many years experience in similar business? _____
6. Brief summary of experience _____

_____ Position: _____ Date: _____
Applicant's Signature (Producer may not sign for applicant)

Producer: _____ Agency: _____

LOSS STATEMENT

Date: _____

From: _____
Applicant's Name

This business has had _____ general liability claims, totaling \$_____ (paid and reserve) within the past three (3) years. There are _____ open claims.

I understand that my policy, if accepted, is subject to possible cancellation or non-renewal if the company loss runs show a discrepancy from the information stated herein.

Signed,

Signature of owner or officer of the insured

Title

Print Name