Contractor’s Insurance Questionnaire

PLEASE CAREFULLY READ AND UNDERSTAND ALL QUESTIONS.

Applicant’s Instructions

Please answer **ALL** questions. If the answer to any is **NONE**, please write **NONE**. Questionnaire must be signed and dated by owner, partner, or officer.

1. Applicant:
2. Street, City, State, Zip:
3. Telephone Number:
4. Names which applicant has used in the past:
5. Contractor License #:
6. Web site address:
7. Years in business:
8. Total years of experience:
9. General Operations of the Insured:
10. Geographical Areas of Operation:
11. Are you named as an additional Insured on all sub-contractors’ policies?
12. Are sub-contractors providing certificates of insurance?
    1. If “yes,” limit required:
13. Are written contracts, including hold harmless in favor of the insured, required from sub-contractors?
14. Average number of units per residential project:
15. In the past five years, have you worked on any condominium or townhouse projects?
    1. If “yes,” what percentage of receipts did the condos and townhouses represent?
16. Do you do any other work over two stories in height from grade?
    1. If “yes,” maximum stories:
17. Do your operations involve any remediation or abatement of hazardous materials?
18. Do you do any work more than 3’ below grade?
    1. If “yes,” what is the maximum depth?
19. Indicate the type(s) of security used on a project:
20. Has any licensing authority taken any action against you?
    1. If “yes,” explain outcome:
21. Do you work on dam/levees?
    1. If “yes,” please explain:
22. Are you or your subcontractors involved in any removal hazardous materials?
    1. If “yes,” what type of hazardous materials?
23. Is Insured involved in removal or work on fuel tanks or pipelines?
24. Any shoring, underpinning, cofferdam or caisson work?
    1. If “yes,” please explain:
25. Do you have operations other than contracting?
    1. If “yes,” what type of operation?
    2. If “yes,” are these operations to be covered by this insurance?
26. If you are a general contractor or developer, are adequate record kept of certificate of insurance and contractual agreement with subcontractors?
27. Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company’s predecessors in business, or against any person, company or entities on whose behalf your company assumed liability?
    1. If “yes,” please explain:
28. 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 is 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?
    1. If “yes,” please explain:

Insurance Application Disclaimer

The undersigned applicant warrants that the above statements and particulars, together with any attached or appended documents or materials (this supplemental application), are true and completed and do not misrepresent, misstate or omit any material facts. Furthermore, the applicant authorizes the company, as administrative and servicing manager, to make any investigations and inquiry in connection with the supplemental application, as it may deem necessary.

The applicant agrees to notify the company of any material changes in the answers to the questions on this supplemental application which may arise prior to the effective date of any policy issued pursuant to this supplemental application and applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the company.

Notwithstanding any of the foregoing, the applicant understands the company is not obligated nor under any duty to issue a policy or insurance based upon this supplemental application. The applicant further understands that, if a policy is issued, this supplemental application will be incorporated into and forms a part of such policy.

Name and Title of Insured

Signature of Insured

Date of Application