



CONTRACTOR QUESTIONNAIRE

APPLICANT INFORMATION

Applicant Name: _____ Date: _____

Business Address: _____

Phone Number: _____

TAX ID / FEIN: _____ Time in Business: _____ Years Experience: _____

Percentage of Operations: _____ Paper General Contractor: _____ %

General Contractor (Other): _____ %

Subcontractor: _____ %

Construction Manager: _____ %

Description of Operation(s): _____

Do any prior operations differ from your current operation(s)?: _____

Are there any other operations owned, operated or managed by you? ☐ Yes ☐ No

If yes, please explain: _____

Is coverage in place elsewhere for these operations? ☐ Yes ☐ No

Please list all states you perform work: _____

If you work in NY State: What % of work is in NY State? _____ %

What % of work is in Westchester or Nassau Counties? _____ %

What % of work is in the five boroughs? _____ %

Please provide the following exposure information (excluding any work performed in wrap-ups or project specifics covered elsewhere):

	Gross Receipts	Payroll	Subcontracted Costs
Next 12 Mo. (Est.)	\$	\$	\$
Last 12 Mo. (Est.)	\$	\$	\$
2nd Year Prior	\$	\$	\$
3rd Year Prior	\$	\$	\$
4th Year Prior	\$	\$	\$
5th Year Prior	\$	\$	\$

BUSINESS MIX

Provide an accurate breakout of your business mix:

Type of Work	% New	% Repair/ Remodel	Exposure in the past 10 years?	
			Yes	No
Custom single family home (true custom)	%	%	<input type="checkbox"/>	<input type="checkbox"/>
Single family home (semi-custom), less than 20 units/dev	%	%	<input type="checkbox"/>	<input type="checkbox"/>
Single family home (semi-custom), more than 20 units/dev	%	%	<input type="checkbox"/>	<input type="checkbox"/>
Tract Home	%	%	<input type="checkbox"/>	<input type="checkbox"/>
Condo/townhome - single unit owner	%	%	<input type="checkbox"/>	<input type="checkbox"/>
Condo/townhome - homeowner association work	%	%	<input type="checkbox"/>	<input type="checkbox"/>
Residential Subtotal	%	%	<input type="checkbox"/>	<input type="checkbox"/>
Apartments	%	%	<input type="checkbox"/>	<input type="checkbox"/>
Military / Retirement / Student Housing	%	%	<input type="checkbox"/>	<input type="checkbox"/>
Commercial (excluding apartments)	%	%	<input type="checkbox"/>	<input type="checkbox"/>
Industrial	%	%	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	%	%	<input type="checkbox"/>	<input type="checkbox"/>
Commercial Subtotal	%	%	<input type="checkbox"/>	<input type="checkbox"/>
Total (To Equal 100%)	%	%	<input type="checkbox"/>	<input type="checkbox"/>

Homebuilder questions:

- a. Projected number of starts for this upcoming policy term? _____
- b. Largest number of homes you have built or will consider building in a single year? _____
- c. Maximum number of homes you have built or will build per development? _____
- d. Average number of homes you have built per development? _____
- e. Average cost of a new home you build? _____
- f. Do you provide warranties to your customers? _____
- g. Have you filed for any type of bankruptcy in the past ten years? _____

General contractors and subcontractors: Breakout of Interior vs. Exterior Work

Percentage of Interior Work: _____%

Percentage of Exterior Work: _____%

Indicate percentage of work performed by you and/or on your behalf by subcontractors (total % = 100%):

Work	Direct %	Sub'd %	Work	Direct %	Sub'd %
Airport Runway	%	%	Grading	%	%
Blasting	%	%	HVAC	%	%
Bridge Construction	%	%	Insulation	%	%
Carpentry	%	%	Masonry	%	%
Chemical Plants/Refineries	%	%	Painting	%	%
Crane Rental (with operator)	%	%	Plumbing	%	%
Crane Rental (without operator)	%	%	Roofing	%	%
Dam or Levee Work	%	%	Sewer	%	%
Demolition	%	%	Steel Erection (ornamental)	%	%
Drilling	%	%	Steel Erection (structural)	%	%
Drywall / Plastering	%	%	Street & Road Construction	%	%
EIFS / Synthetic Stucco	%	%	Traffic Signal / Control Work	%	%
Electrical	%	%	Waterproofing	%	%
Excavation	%	%	Other: _____	%	%
Fire Suppression	%	%	Other: _____	%	%

General contractors and subcontractors: Breakout Details (continued)

Work Breakout/Detail	Yes	No
Do you obtain Certificates of Insurance for GL and WC from all subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
What are the minimum General Liability limits you require?		
Are written contracts obtained from all subcontractors? (If yes, please attach to submission)	<input type="checkbox"/>	<input type="checkbox"/>
Do all contracts require subcontractors to agree to defend, indemnify and hold you harmless?	<input type="checkbox"/>	<input type="checkbox"/>
Are you named as an Additional Insured on all subcontractor policies?	<input type="checkbox"/>	<input type="checkbox"/>
Do you require the Additional Insured endorsement to include completed operations?	<input type="checkbox"/>	<input type="checkbox"/>
Do you normally use the same contractors?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use any casual labor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use any leased employees? (If yes, please provide copy of contract)	<input type="checkbox"/>	<input type="checkbox"/>
Are you responsible for providing benefits, Worker's Compensation for these employees?	<input type="checkbox"/>	<input type="checkbox"/>
What percentage of your work do you sub out?	%	
Do you carry Worker's Compensation insurance?	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL INFORMATION

Please detail your three largest projects currently underway or planned for the next year, including values:

Start Date	End Date	Value	Description
		\$	
		\$	
		\$	

Please detail your three largest projects over the past 5 years, including values:

Year Completed	Value	Description
	\$	
	\$	
	\$	

Do you routinely work above two stories in height? ☐ Yes ☐ No _____ Max Height
 Do you routinely perform work below ground? ☐ Yes ☐ No _____ Max Depth
 Do you use explosives? ☐ Yes ☐ No

If yes, please explain: _____

Have you performed any, or anticipate performing any, EIFS work? ☐ Yes ☐ No

If yes, what percentage? _____% Is this EIFS self performed or sub'd? _____

If subcontracted, do you confirm the subcontractor's GL policy doesn't have an EIFS exclusion? _____

What percentage of EIFS work is: Commercial: _____% Residential: _____%

Do you install any non-drainable EIFS systems? ☐ Yes ☐ No

Have you done or do you plan any work performed for:

Category	Yes	No	Category	Yes	No
Refineries	<input type="checkbox"/>	<input type="checkbox"/>	Gas Stations	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Plants	<input type="checkbox"/>	<input type="checkbox"/>	Airports	<input type="checkbox"/>	<input type="checkbox"/>
Railroads	<input type="checkbox"/>	<input type="checkbox"/>	Hospitals	<input type="checkbox"/>	<input type="checkbox"/>
Public Utilities	<input type="checkbox"/>	<input type="checkbox"/>	School Districts	<input type="checkbox"/>	<input type="checkbox"/>

Please explain:

Have you done or do you plan on any project involving:

Category	Yes	No	Category	Yes	No
Caissons	<input type="checkbox"/>	<input type="checkbox"/>	Piers	<input type="checkbox"/>	<input type="checkbox"/>
Retaining Walls	<input type="checkbox"/>	<input type="checkbox"/>	Shoring	<input type="checkbox"/>	<input type="checkbox"/>
Underpinning	<input type="checkbox"/>	<input type="checkbox"/>	Other structural engineering	<input type="checkbox"/>	<input type="checkbox"/>

Please explain:

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

Name of Applicant (Print)

Title

Signature of Applicant

Date