

## CONTRACTORS LIABILITY QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: \_\_\_\_\_

Do all professionals, and the business, have current licenses where required by statute?  Yes  No

### PROHIBITED CIRCUMSTANCES

1. Are you involved (past, present or intended in future), in new residential construction, and/or development of, more than 10 single family dwellings, town home units or condominium units, in one development, in any one year?  
*Units are defined as each town home unit or condominium unit.*  Yes  No
2. Are you a general contractor (paper), real estate developer or construction manager?  Yes  No
3. Do you have any current or prior projects involving the use of exterior insulation and finish systems (EIFS aka synthetic stucco)?  Yes  No
4. Do you perform door, window, or siding installation?  Yes  No
5. Do you perform water extraction?  Yes  No
6. Do you perform fire restoration?  Yes  No
7. Do you do work on new apartments, condominiums, town homes or row houses?  Yes  No
8. Do you perform work on buildings over three stories in height?  Yes  No
9. Have you ever done asbestos or mold removal, or any other type of remediation work?  Yes  No
10. Have you been named in a suit for defective workmanship?  Yes  No
11. Have you ever performed work in California?  Yes  No

**If any of these questions were answered "YES", you are not eligible for coverage.**

### GENERAL INFORMATION

1. Have you operated under any other name(s)?  Yes  No  
 If yes, list the name and address, and years in operation: \_\_\_\_\_

2. Years in current business: \_\_\_\_\_ Years of experience as a contractor: \_\_\_\_\_

3. Contractors License No. and type: \_\_\_\_\_

Provide complete description of your operations (type of work you do, new or remodeling/ renovation, any demolition/ gutting and rebuild, tenant build out/ improvements, complete buildings or room additions, non-structural remodels, seismic retrofit, etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Are you a subsidiary of another entity, or do you have any subsidiary entities?  Yes  No
5. Have you filed for bankruptcy, or have any tax or credit leans been filed against you, in the last 5 years?  Yes  No

**OPERATIONS**

6. Breakdown of construction activities:

| Type of Construction  | Commercial | Residential | Industrial | % of Operations |
|-----------------------|------------|-------------|------------|-----------------|
| New construction      | %          | %           | %          | %               |
| Renovation            | %          | %           | %          | %               |
| Real Estate Developer | %          | %           | %          | %               |

If any residential construction, how many homes per year? \_\_\_\_\_

Total number of homes in project: \_\_\_\_\_

7. Special Hazards:

|  | Yes                      | No                       |                              | Yes                      | No                       |
|--|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|
| Use of cranes                                  | <input type="checkbox"/> | <input type="checkbox"/> | Foundation repair            | <input type="checkbox"/> | <input type="checkbox"/> |
| Use of tower cranes                            | <input type="checkbox"/> | <input type="checkbox"/> | Shoring or underpinning      | <input type="checkbox"/> | <input type="checkbox"/> |
| Blasting                                       | <input type="checkbox"/> | <input type="checkbox"/> | Pile driving                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Structural alterations                         | <input type="checkbox"/> | <input type="checkbox"/> | Caisson or cofferdam work    | <input type="checkbox"/> | <input type="checkbox"/> |
| Demolition of structures (other than interior. | <input type="checkbox"/> | <input type="checkbox"/> | Other special hazards: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "Yes" to any of the above, please explain your answer in detail:

\_\_\_\_\_

\_\_\_\_\_

8. Indicate whether the following types of work are performed by yourself or your employees, or are performed by subcontractors:

|                   | Emp.                     | Sub.                     | N/A                      |                                    | Emp.                     | Sub.                     | N/A                      |
|-------------------|--------------------------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|
| Asbestos Removal  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Masonry                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Carpentry         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Painting                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concrete          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plastering or Sheetrock – interior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrical        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Excavation        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rain Gutters                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Debris Removal    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Roofing                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demolition        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Siding                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Door Installation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stucco or Plastering – outside     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drywall/Wallboard | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Waterproofing                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Framing           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Window Installation                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HVAC              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grading           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    |                          |                          |                          |
| Insulation        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    |                          |                          |                          |
| Landscaping       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    |                          |                          |                          |

9. List contracting receipts for each of the last 3 years:

| Year | Receipts |
|------|----------|
|      | \$       |
|      | \$       |
|      | \$       |

10. Do you offer any warranties?

(If yes, attach copies of all warranties offered.)

Yes     No

11. List any builder associations which you are a member of:

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12. How do you dispose of trash / waste / scraps?

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13. Have you ever used, sold, installed, or worked with asbestos? If so, explain:  Yes  No

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14. Do you store any liquid propane (LP) gas?  Yes  No  
 If so, how much, how is it stored, and what safety precautions are taken?

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15. Do you have a written safety program?  Yes  No

16. Do you have any mobile equipment that travels over public roads?  Yes  No

17. Do you lease employees to or from other employers?  Yes  No

18. Have you ever used, sold, installed or removed asbestos?  Yes  No

19. Do you rent or loan machinery or equipment to others?  Yes  No

20. Do you perform work more than three stories in height above grade?  Yes  No  
 If so, what % , \_\_\_%. Describe: \_\_\_\_\_

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21. Do you perform work below grade?  Yes  No  
 If so, what % , \_\_\_%. Describe: \_\_\_\_\_

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22. Is job site security provided at night?  Yes  No  
 If yes, describe: \_\_\_\_\_

23. Do you or have you ever built on hillsides, slopes, landfills, or other terrain susceptible to subsidence?  Yes  No  
 If yes, describe: \_\_\_\_\_

24. Do you draw any plans or blueprints used in your construction work?  Yes  No  
 If yes, describe: \_\_\_\_\_  
 If yes, do you carry Professional Liability or Errors and Omissions insurance?  Yes  No

**CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS**

25. Please list all parties for whom you have signed a contracts and/or hold harmless agreement, whether written or oral (contracting parties, date of contract, additional interest, cost) (ATTACH COPIES OF ANY CONTRACTS)

| NAME & ADDRESS | RELATIONSHIP TO APPLICANT | CERTIFICATE              | ADD'L INSURED            |
|----------------|---------------------------|--------------------------|--------------------------|
|                |                           | <input type="checkbox"/> | <input type="checkbox"/> |
|                |                           | <input type="checkbox"/> | <input type="checkbox"/> |
|                |                           | <input type="checkbox"/> | <input type="checkbox"/> |
|                |                           | <input type="checkbox"/> | <input type="checkbox"/> |

26. How long are certificates of insurance kept?  Until job ends.  One year.  Other  
 (If Other, provide details): \_\_\_\_\_

**INDEPENDENT CONTRACTORS**

27. Do you subcontract any work?  Yes  No
28. Do you require subcontractors to sign a hold-harmless or indemnification agreement in your favor?  Yes  No
29. Do you use a standard contract with all of your subcontractors?  Yes  No
30. Do you require subcontractors to:
- a. Provide proof of General Liability insurance with coverage and limits equal to or greater than your own?  Yes  No
  - b. Name you as an Additional Insured?  Yes  No
  - c. Provide Certificates of Insurance for General Liability and Workers Comp?  Yes  No  
 If yes, how long do you keep certificates of insurance? \_\_\_\_\_
31. What is the total cost of all subcontracted work? \$ \_\_\_\_\_

**HISTORY**

32. Have you been involved in any other business besides contracting?  Yes  No  
 If yes, describe: \_\_\_\_\_
33. Have you ever been involved in or are you aware of pending litigation against you, your current company, or any past company concerning defective workmanship or mold claims?  Yes  No  
 If yes, describe: \_\_\_\_\_
34. Describe any types of operations or projects that you have discontinued (i.e. no longer build, did not complete, etc.)  
 \_\_\_\_\_

35. List the five largest projects undertaken by you in the past five years.

| Description | Job Cost | Project Duration |
|-------------|----------|------------------|
|             | \$       |                  |
|             | \$       |                  |
|             | \$       |                  |
|             | \$       |                  |
|             | \$       |                  |

36. List the three largest projects planned for the coming year.

| Description | Job Cost | Project Duration |
|-------------|----------|------------------|
|             | \$       |                  |
|             | \$       |                  |
|             | \$       |                  |

**ROOFING OPERATIONS (if applicable)**

37. What percentage of your roofing work is performed on:

|  |   |  |
|--|---|--|
| <b>A. Residential::</b> _____%<br>(homes, condos, townhouses)<br><u>Of Residential Roofing:</u><br>New Construction _____%<br>Repair/Patching _____%<br>Replacement _____%<br><b>Total</b> <b>100%</b> | <b>B. Commercial:</b> _____%<br>(office buildings, schools, retail)<br><u>Of Commercial Roofing:</u><br>New Construction _____%<br>Repair/Patching _____%<br>Replacement _____%<br><b>Total</b> <b>100%</b> | <b>C. Industrial::</b> _____%<br>(mfg. plants, warehouses)<br><u>Of Industrial Roofing:</u><br>New Construction _____%<br>Repair/Patching _____%<br>Replacement _____%<br><b>Total</b> <b>100%</b> |
|--|---|--|

38. What type of roofs do you work on? Pitched Roofs: \_\_\_\_\_% + Flat Roofs: \_\_\_\_\_% = 100%

What type of roofing applications do you perform? Give percentage if applicable:

|                         |                            |               |
|-------------------------|----------------------------|---------------|
| Hot Tar: _____%         | Polyurethane Foam: _____%  | Other: _____% |
| Hot Composition: _____% | Slate: _____%              |               |
| Metal/Aluminum: _____%  | Tile: _____%               |               |
|                         | Wood Shake/Shingle: _____% |               |

39. If hot tar or a torch is used, explain in detail the process and what safety precautions are used:

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40. Do you use any spray method for applying roofing materials?  Yes  No  
 If yes, are flammable liquids or catalysts used?  Yes  No
41. Do you install any type of elastomer roof covering?  Yes  No  
 If yes, does it require use of flammable liquid or open fire?  Yes  No
42. Does the contractor or foreman inspect the job site at completion before leaving?  Yes  No
43. Which of the following do you use to protect the public from potential injury? (Check all that apply.)
- |  |  |
|--|--|
| Cones <input type="checkbox"/>                     | Rope off area <input type="checkbox"/> |
| Flashing Lights <input type="checkbox"/>           | Signs <input type="checkbox"/>         |
| Man always on the grounds <input type="checkbox"/> | Other : _____ <input type="checkbox"/> |
| No protection necessary <input type="checkbox"/>   |  |
44. How are materials lifted to the roof? (Check all that apply.)
- |                                       |
|---------------------------------------|
| Crane <input type="checkbox"/>        |
| Hoist Pully <input type="checkbox"/>  |
| Ladder <input type="checkbox"/>       |
| Other: _____ <input type="checkbox"/> |



Capitol Indemnity Corporation  
 Capitol Specialty Insurance Corporation  
 Platte River Insurance Company

**IMPORTANT NOTICE**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE ENQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

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|                     |       |      |
|---------------------|-------|------|
| Applicant Signature | Title | Date |
|---------------------|-------|------|

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|                    |      |
|--------------------|------|
| Producer Signature | Date |
|--------------------|------|

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Producer Name and Address