

# SHG Insurance Services CONTRACTORS QUESTIONNAIRE

All questions must be answered completely.  
If the answer to any question is **NONE**, please state **NONE**.

\*\*\*\*\*

1. Applicant: \_\_\_\_\_

Years in business under current name: \_\_\_\_\_

List all business names which applicant has used in the past: \_\_\_\_\_

2. Contractor's License No.: \_\_\_\_\_ State in which you do business: \_\_\_\_\_

3. Percentage of operations:  
 General Contractor: \_\_\_\_\_%      Subcontractor: \_\_\_\_\_%  
 Owner/Builder: \_\_\_\_\_%      Other (Explain): \_\_\_\_\_%  
 If Subcontractor - Specific Trade: \_\_\_\_\_

4. Estimates for next 12 months:

Direct Payroll: \$	Sub-Contract Costs: \$	Gross Receipts: \$
-----------------------	---------------------------	-----------------------

Prior Years:

	Direct Payroll:	Sub-Contract Costs:	Gross Receipts:
First Prior	\$	\$	\$
Second Prior	\$	\$	\$
Third Prior	\$	\$	\$

5. Indicate the percentage of construction work performed by you:

New Construction _____%	Commercial _____%	Inside Building _____%
Remodeling _____%	Residential _____%	Outside Building _____%
Other _____%		

6. Indicate the anticipated percentage of construction work you will perform and that which will be subbed over the next 12 months:

Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed
Blasting			Grading			Roofing		
Bridge Building			Insulation			Sewer		
Carpentry			Maintenance			Steel/Structural		
Concrete			Masonry			Steel/Ornamental		
Demolition			Mechanical			Street/Road		
Drilling			Painting			Supervisory Only		
Earthquake Repair			Plastering			Construction Mgmt		
Electrical			Plumbing			Water/Gas Mains		
Excavation			Other (Describe):					

7. Have you or will you work as a construction manager on a fee basis?  Yes  No  
 Have you or will you supervise subcontractors whose payments are run through another entity?  Yes  No Please describe \_\_\_\_\_
8. Loss History for the past five (5) years:

Pol. Year	Aggregate Losses	No. of Claims	Largest Single Loss	Comments

I \_\_\_\_\_ hereby attest under penalty of perjury I have had no General Liability losses in the past five (5) years. In the event losses are discovered, for the period in question, our policy premium would be 100% fully earned and subject to cancellation, reformation and/or revocation.

\_\_\_\_\_ Insured's Signature \_\_\_\_\_ Date

9. List expiring carrier information for past 3 years:

Carrier	Limit	Deductible	Premium	Special Exclusions
EXPIRING _____	\$ _____	\$ _____	\$ _____	_____
1 <sup>ST</sup> PRIOR _____	\$ _____	\$ _____	\$ _____	_____
2 <sup>ND</sup> PRIOR _____	\$ _____	\$ _____	\$ _____	_____

10. Describe any significant projects (accounting for more than 10% of total revenue any one year) which you have performed during the past five (5) years:

\_\_\_\_\_

\_\_\_\_\_

11. Indicate the type of security used on a project:  Fencing  Lighting  Watchman

12. Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked?  Yes  No  
 Has any licensing authority taken any action against you?  Yes  No

13. Have you built or will you build on hillsides, terraces, landfills, or subsidence areas?  Yes  No  
 If "Yes" please explain: \_\_\_\_\_

14. Have you been involved or will you or any subcontractors be involved with blasting operations or hazardous or unusual work activity?  Yes  No  
 If "Yes" please explain: \_\_\_\_\_

15. Have you built or will you build/construct buildings or other structures in excess of four (4) stories?  Yes  No  
 If "Yes" please explain: \_\_\_\_\_

16. Has your work involved or will it involve systems that provide:  
 Medical and/or industrial life support; process piping?  Yes  No  
 Do you work on dams/levees?  Yes  No  
 If "Yes" please explain: \_\_\_\_\_

17. Have you been involved or will you or your subcontractors be involved in any  
 removal of asbestos, PCB's or other hazardous materials?  Yes  No  
 Removal or work on fuel tanks or pipelines?  Yes  No

18. If you are a roofing contractor or otherwise perform roofing work, what  
 percentages of operations are: Torch Down % Hot Tar %  
 Foam Application % Excess Four (4) Stories % N/A %

19. Have you performed or will you or your subcontractors perform any work below  
 grade?  Yes  No  
 Maximum depth: \_\_\_\_\_ % of operations: \_\_\_\_\_

20. Have you worked or will you or your employees work under U.S. Longshoremen's and  
 Harbor Workers' Act or Jones Maritime Act?  Yes  No

21. Do you have operations other than contracting?  Yes  No  
 Covered by other insurance?  Yes  No  
 If "Yes" please explain: \_\_\_\_\_

22. Are these operations to be covered by this insurance?  Yes  No

23. If you are a general contractor or developer, are adequate records kept of  
 certificates of insurance and contractual agreements with subcontractors?  
 Yes  No

Do you require subcontractors to name you as an additional insured and provide  
 endorsement of same?  Yes  No  
 Limit Required: \_\_\_\_\_ Written contract?  Yes  No

If **no**, during the pendency of the policy to which this application is attached,  
 do you warrant that adequate records of certificates of insurance/additional  
 insured endorsement and contractual agreements with subcontractors will be kept?  
 Yes  No

If **yes**, do you warrant that during the pendency of the policy to which this  
 application is attached you will continue to keep adequate records of  
 certificates of insurance/additional insured endorsement and contractual  
 agreements with subcontractors?  Yes  No

24. Do you or will you have a formal safety program in place?  Yes  No

25. Has or will any of your work involve the construction of, or be  
 for, condominiums or townhouses?  Yes  No  
 If **yes**, is the work new construction?  Yes  No  
 Or Repair only?  Yes  No

Has or will any of your work involve the construction of, or be  
 for, apartments?  Yes  No  
 If **yes**, is the work new construction?  Yes  No

**Type:** Senior %  HUD %  Low Income %  Standard %

Any tract homes?  Yes  No  
 (If **yes**, maximum number of homes in tract: \_\_\_\_\_)

26. During the past five years, has any insurer ever cancelled, declined or refused to issue similar insurance to any applicant?  Yes  No

If "Yes" please explain: \_\_\_\_\_

\_\_\_\_\_

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 has assumed liability?  Yes  No

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 a reasonable prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company?  Yes  No

If "Yes" please explain: \_\_\_\_\_

\_\_\_\_\_

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials ("this Application"), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the 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 Application which may arise prior to the effective date of any policy issued pursuant to this Application and the 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 of insurance based upon this Application. The Applicant further understands that, if a policy is issued, this Application will be incorporated into and forms a part of such policy.

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

Date: \_\_\_\_\_

Title (Officer, Partner): \_\_\_\_\_

**SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE ADMINISTRATIVE AND SERVICING MANAGER TO COMPLETE THE INSURANCE.**