

CONTRACTORS QUESTIONNAIRE

VELA INSURANCE SERVICES, INC.

ALL QUESTIONS MUST BE ANSWERED (Attach additional paper if necessary)

1. Applicant: _____
Years in business under current name: _____
Describe your Operations: _____
Do you have any other operations? Yes No
If yes, please explain: _____
2. Contractor's license number: _____ States in which you do business: _____
3. List all other business names and licenses applicant has used in the past 10 years: _____

4. Does applicant currently own/operate any other business? Yes No
If yes, need name and percentage of ownership: _____
What are the operations? _____
5. Percentage of operations: General Contractor ___% Subcontractor ___% Construction Mgr: ___%
6. Do you use Subcontractors? Yes No If yes, please complete the following:
 - a. Percentage of subcontracted work: _____%
 - b. Annual subcontracting cost (including all of subs' labor and materials: \$ _____
 - c. List the trades of the subcontractors you use and give the percentage of work they perform:
_____ % _____ % _____ % _____ %
_____ % _____ % _____ % _____ %
7. Do you collect certificates from all subcontractors? Yes No What limit? _____
8. Estimates for next 12 months:
Payroll \$ _____ Sub-Contract Cost \$ _____ Gross Receipts: \$ _____

Prior Years:

1 st Year	Payroll \$ _____	Sub-Contract Cost \$ _____	Gross Receipts: \$ _____
2 nd Year	Payroll \$ _____	Sub-Contract Cost \$ _____	Gross Receipts: \$ _____
3 rd Year	Payroll \$ _____	Sub-Contract Cost \$ _____	Gross Receipts: \$ _____

9. Indicate the percentage of construction work performed by you: **(MUST TOTAL 100%)**

<u>RESIDENTIAL</u>	_____ %	<u>COMMERCIAL</u>	_____ %
New Construction	_____ %	New Construction	_____ %
Remodeling	_____ %	Remodeling	_____ %
Other _____	_____ %		

10. Using percentage of payroll (under Direct) and percentage of contract costs (under Subbed), indicate the anticipated percentage of construction work you will perform over the next 12 months:

Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed
Airport Runways			Excavation			Roofing		
Blasting			HVAC			Seismic/Retrofitting		
Bridge Building			Grading			Sewer		
Carpentry			Insulation			Steel/Structural		
Concrete			Maintenance			Steel/Ornamental		
Demolition			Masonry			Street/Road		
Drilling			Mechanical			Supervisory Only		
Drywall			Painting			Traffic Signals		
Earthquake			Plastering			Water/Gas Mains		
Electrical			Plumbing			Other:		

11. Describe your four largest projects over the past five years, including values:

12. List current projects currently underway or planned for the next year, including values:

13. How many new homes will you build as a general contractor in the next year? _____

14. What is the greatest number of new homes you have built in any one-year? _____
 How long ago? _____

15. How many additional insured endorsements do you anticipate needing in the next year? _____
 How many Waivers of Subrogation do you anticipate needing in the next year? _____

16. 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 other licensing authority taken any action against you? Yes No

17. Have you built or will you build on hillsides, terraces, landfills or Subsidence areas? Yes No
 If yes, please explain: _____

18. Do you use scaffolding? Yes No
 If yes, please explain: _____
19. Have you been involved or will you be involved with blasting operations or any other hazardous work activity? Yes No
 If yes, please explain: _____
20. Do you perform synthetic stucco work (EIFS)? Yes No
 Do any of your subcontractors perform EIFS work? Yes No
21. Have you built/demolished or will you build/demolish buildings or other structures in excess of four (4) stories? Yes No
 If yes, please explain: _____
22. Do you perform work above two stories in height? (other than interior remodel) Yes No
 If yes, what percentage? _____% Maximum Height? _____
 Please describe: _____
23. 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
24. If you are a roofing contractor, subcontractor or performing roofing work, do you use:
- | | | |
|-------------------------|--------|--|
| Hot Tar | _____% | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Torch Down | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Modified Bitumen (HOT) | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Modified Bitumen (COLD) | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Hot Air Welding | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other: | _____ | |
25. Do you perform any Mold Remediation Work? Yes No
 Do any of your subcontractors perform Mold Remediation Work? Yes No
 If yes, is coverage in place? Yes No
 Name of Carrier? _____
26. Have you performed or will you or your subcontractors perform any work below grade: Yes No
 Maximum Depth: _____% % of operations: _____
 Any shoring, underpinning, cofferdam or caisson work? Yes No
 If yes, please explain: _____
27. 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
28. Do you have a formal safety program in place? Yes No

29. Will any work involve the construction of, or be for, condominiums or townhouses? Yes No
 If yes, is the work new construction? Yes No
 Repair only? Yes No
30. Will any work involve the construction of, or be for apartments? Yes No
 If yes, is the work new construction? Yes No
 How many units in the entire building? _____
 Repair only? Yes No
31. Will you be working in any **new** tracts? Yes No
 (if yes, maximum number of homes in **ENTIRE** tract _____)
32. Have you ever worked in **new** condominiums/townhouses? Yes No
 If yes, how long ago? _____
33. Have you ever worked in **new** Apartments? Yes No
 If yes, how long ago? _____ How many units in the entire building? _____
34. Have you ever worked in **new** tract developments? Yes No
 If yes, how long ago? _____
 How many units in the entire development? _____
35. Any current or past involvement with Wrap-Up/OCIP? Yes No
 If yes, how long ago? _____
 Type of project? _____
36. Have you ever worked in assisted living facilities? Yes No
 If yes, how long ago? _____ How many units in the entire building? _____
37. Have you or will you ever convert apartments to condominiums? Yes No
38. Any unusual exposures/operations not otherwise covered by this questionnaire? Yes No
 If yes, please explain: _____
39. Have there been any losses, claims or suits against you in the past five years? Yes No
- a. Are there any claims or legal actions pending against any of the entities named on the application? Yes No
- b. Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against any such entity? Yes No
- c. Have you been accused of faulty construction the past 5 years? Yes No
- d. Have you been accused of breaching a contract in the past 5 years? Yes No
- e. Have you ever filed any Mechanic Liens in the past 5 years? Yes No

DEFINITIONS:

EIFS -Exterior Insulation Finishing Systems -- multi layered exterior wall systems (which resemble stucco in appearance) that are used on both commercial buildings and residential homes.

GENERAL CONTRACTOR – A contractor who subcontracts work to others in excess of 50% of total receipts, exercises primary control of the job site, and is named in the construction documents as the general contractor of record.

RESIDENTIAL CONTRACTOR – Single or multi unit-family housing, including apartments, condominiums and townhouses, planned unit developments and tract housing or similar planned communities.

SUBSIDENCE – Any movement of the land or earth including landslides, mudflow, earth sinking, rising and shifting, collapse or movement of fill, earth settling, slipping, falling away, caving in, eroding or tilting and earthquake.

TORCH APPLIED ROOFING (MODIFIED BITUMEN) – This process which is also called torch welding, involves a modified bitumen installed on a roofing deck by means of a torch. A membrane is laid on the roof, heated by a torch and allowed to cool so that the material solidifies in place. The asphalt component in the membrane serves as an adhesive between the surface material and roof substrate.

HOT AIR WELDING – Hot Air Welding is a system utilizing a heating source (either electric or propane flame) attached to a hose, which blows hot air onto the membrane.

TRACT HOUSING – Developments where the houses are similar in price, physical characteristics, lot size and square footage; numerous houses of similar or complementary design constructed on a given expense of land, by a single builder.

WRAP-UP (OCIP) – A policy providing coverage(s) for all interests in a major construction project. Also know as an OCIP (Owner Controlled Insurance Program) or a CCIP (Contractor Controlled Insurance Program).

WARRANTY: The purpose of the Supplemental Questionnaire is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore warrants that the information contained herein (consisting of four pages) is true and accurate to the best of his knowledge, information and belief. The Supplemental Questionnaire, and the application to which it is appended, shall be the basis of any insurance policy that may be issued and will be part of such policy.

Signature of Applicant:* _____

Name & Title: _____ Date: _____

*Must be owner, executive officer or partner of the company