

TRADESMEN+ SUPPLEMENTAL QUESTIONNAIRE

Applicant (Principal/Owner) Name: _____

Applicant's DBA: _____

Describe Operations _____

CA Contractor's License(s) Number(s): _____ Years In Business for this Entity: _____

States you have operated in over the past 10 Years: _____ Other Business Name(s) &/or

License(s) in the past 10 years: _____

Towns/Counties within which you normally work: _____

States in which you operates _____

PAYROLL/SALES HISTORY PAST 5 YEARS

COVERAGE TERM	PAYROLL	RECEIPTS	SUB-CONTRACT	CGL PREMIUM
EXPIRING TERM 2011				
1 ST PRIOR				
2 ND PRIOR				
3 RD PRIOR				
4 TH PRIOR				

PAYROLL/SALES ESTIMATED FOR NEXT TERM OF COVERAGE

OWNER (S)	@	
FIELD EMPLOYEES	@	
CLERICAL- ADMIN		
EXECUTIVE SUPERVISOR (S)		
TOTAL :		

Note: the following question applies to work done in any capacity, including general contractor, developer, artisan, remodeling contractor, site work contractor, supplier, etc.

Have you performed, or will you perform work involving, related to, or about the premises of:

	NEW	REMODEL
Condominiums, townhouses or lofts	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Apartments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tracts, Planned Unit Developments, or any other development, premises or project with more than 10 homes or lots, built or planned, including all phases	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Assisted living facilities, retirement homes, military housing, student housing, or any other multi unit facility intended for permanent habitational occupancy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Description _____

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1. Describe your three largest projects currently underway or planned for the next year, including values:
 - A. _____
 - B. _____
 - C. _____

2. Describe your four largest projects over the past five years, including values:
 - A. _____
 - B. _____
 - C. _____

3. Dollar value of average job completed (including all materials, labor & equipment) \$ _____
4. How many new homes will you build as a general contractor in the next year? _____
5. What is the greatest number of new homes you have built in any one year? _____
6. How many additional insured endorsements do you anticipate needing in the next year? _____
7. Do any prior operations differ substantially in nature from current operations? Yes No
Please explain _____
8. A. Are you a licensed architect or engineer? Yes No
B. Do you have any operations other than contracting? Yes No
C. In the past 3 years have you owned, operated or controlled any business not listed on the Application? Yes No
Description _____

9. Do you own vacant land, real estate development property, or model homes? Yes No
Description _____

10. Do you use subcontractors? Yes No If yes, complete the following
11. Percentage of your work subcontracted out _____ % Annual Cost \$ _____
Note: cost to include both costs of subcontracted labor and materials.
12. List the trades of the subcontractors you use and give the percentage of your work they perform:
_____ % _____ % _____ %
_____ % _____ % _____ %
13. Do you always collect certificates of insurance from sub-contractors? Yes No
What minimum General Liability limit is required? _____
14. Do you always require subcontractors to name you as an additional insured? Yes No
15. Do you have a standard formal written contract with subcontractors? Yes No
If yes, does it have a hold harmless/indemnification agreement in your favor? Yes No
Note: you may be required to provide a copy of an executed subcontract to bind coverage.
16. Have the procedures listed above been followed for at least the past 3 years? Yes No
17. How long do you maintain records of the above documents? _____

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18. Have you ever performed work on hillsides, hill tops, slopes landfill, or other subsidence Areas, or do you plan to in the future (other than non-structural work)? Yes No
Maximum degree of slope? _____ Description _____
19. Have or will any of your projects involve caisson, cantilevers, piers, retaining walls, shoring, Underpinning, or other heavy structural engineering techniques? Yes No
Description _____
If retaining walls have been or will be built, maximum height _____ ft.
20. Do you or have you performed repairs of fire damage, water damage, or mold damage? Yes No
Percentage of operations? _____ % Describe _____
21. Do you perform work above two stories in height (other than interior remodeling)? Yes No
If so, what percentage? _____ % Maximum height _____ ft.
22. Do you perform any work below ground level? Yes No
If so, what percentage? _____ % Maximum depth _____ ft
Description _____
23. Have you or will you perform work related to the following: gas stations, refineries, Chemical plants, airports, public utilities, railroads, or hospitals? Yes No
Description _____
25. Have you or will you work as a construction manager for a fee? Yes No
Have you or will supervise contractors paid by a different entity?
Description _____
26. In the past 3 years have you been fired or replaced on a job in progress? Yes No
27. Note: the following questions apply regardless of whether you were at fault for a claim or Incident, and regardless of whether the claim or incident was covered by insurance.
“Legal actions” includes lawsuits, mediation, and arbitration, explain “yes” answer below:
- Have there been losses, claims or legal actions against you in the past 5 years? Y N
 - Are there any claims or legal actions pending against you? Y N
 - Do you 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 entity named in the application? Y N
 - Have you been accused of faulty construction in the past 5 years? Y N
 - Have you been accused of breaching a contract in the past 5 years? Y N
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28. Have you filed for bankruptcy in the past 5 years? Yes No
30. Are visitors allowed to enter premises ? Yes No
31. Formal Pre-Hire, Pre-Screening program in place? Yes No
32. Job Site Safety Program in place? Yes No

If 'yes' please explain _____

33. For each of the following activities check:

Yes: If you have or will perform, supervise, or subcontract that activity.

No: If you have never performed, supervised, or subcontracted that activity and have no plans to do so.

34. Is completed work inspected? Yes No

- | | | |
|--|------------------------------|-----------------------------|
| Demolition | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Concrete tilt-up construction | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| LPG Work | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Work on gas lines or pumps | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Elevator or escalator work | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Boiler installation/repair or installation
(millwright work) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Environmental clean-up | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Use of Cranes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Process piping | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Swimming pool Construction | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Road/Highway/Bridge/Overpass Cons | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Asbestos or lead abatement | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Underground tank removal, repair or
playground equipment Install/repair | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| EIFS work (exterior finish Insulation system
or similar products | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Damn or levee work | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Traffic signals/controls work | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Alarm installation/repair/monitoring | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Roofing - Installation or repairs | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Explain any "yes" answers below and state whether performed by insured or subcontract

Warning: California law requires complete and truthful information by an applicant for insurance. That includes providing any information that would be material to your business organization, even if not specifically asked for on this application. Your failure to provide truthful answers and all material information can result in the Insurance company electing to rescind your policy. This means they will not be responsible for any claims which are presented. To avoid such a situation, answer all of the foregoing questions truthfully and completely.

I have Read and Understood all of the questions asked and have provided all information requires

Signature of Applicant _____ **Date** _____