

CONTRACTORS LIABILITY PRICE INDICATION QUESTIONNAIRE

A) Retail Agency: _____ Submitting Agent: _____

Phone: _____ Fax: _____ Email: _____

B) Limits of Liability desired: \$500,000 \$1,000,000/\$1,000,000/1,000,000 \$1,000,000/\$2,000,000/1,000,000
 1,000,000/\$2,000,000/\$2,000,000

C) Applicant Business Name: _____ Contractor License Number (s): _____

Owner(s) Name: _____ Number of active Current Owners/Partners/Officers: _____

Address: _____ City: _____ CA, Zip: _____

Individual Corporation Partnership Joint Venture LLC Other _____

D) Describe Operations: _____

E) In what capacity do they operate? Please indicate percentage:

General Contractor _____% Subcontractor _____% Owner/Builder _____% Developer _____% Construction Management _____% Other _____% =100%

F) Will the applicant use subcontractors? Yes No List the trades of subcontractors you use: _____

Do they always-collect certificates of insurance from sub-contractors Yes No What minimum General Liability limit is required? \$ _____

G) Gross Receipts Including Labor & Material & Cost of Sub Cost of Sub Including Labor & Material # Full Time Employees # Part Time Employees Payroll – Excluding Owners & Officers, but Including Leased Labor

Next 12 months	\$ _____	\$ _____	_____	_____	_____
Past 12 months	\$ _____	\$ _____	_____	_____	_____

H) Indicate percentage of work performed (each COLUMN should equal 100%):

Remodeling _____%	Commercial _____%		
Non-structural remodel _____%	Industrial _____%		
Repair & Service _____%	Single Homes _____%		
Tenant Improvement _____%	Apartments _____%		
New Construction _____%	Condominium _____%		California Operations _____%
Room Addition/s _____%	Town-Homes(more than 4 units in one lot) _____%		Outside California _____%
Other _____%	Tract-Homes & PUD's _____%		TOTAL 100%
TOTAL 100%	TOTAL	100%	

I) Any OCIP (Wrap-up) work? Yes No If "Yes", what are estimated receipts for work covered separately under OCIP/Wrap-up?

\$ _____ Estimated receipts for non-Wrap/OCIP \$ _____

J) Has the applicant been involved or subcontracts any work involving blasting operations, hazardous waste, asbestos, mold, PCB's, medical and/or industrial life support, oil fields, dams/levees or quarries, fuel tanks, pipe lines or EQ retrofit? Yes No

K) Does the applicant do any work for condominium or townhouse associations? No

If work done for condo/town-home/apartment/PUD's/tract homes is yes, is the work done for:

Individual Unit Owner General Contractor Association Other-Describe: _____

L) Describe their involvement in new ground up construction operations: _____

Maximum number of new houses built in any one year? _____ Maximum number of new houses planned to be built for the next 12 months: _____
 How many homes in one location? _____ Do they perform work above two stories in heights? Yes No Maximum stories _____ Maximum Hts _____ Ft

M) Describe the applicant two largest projects, which they have performed during the past 3 years:

Location	Project Type	Nature of Work	Start Date	End Date	Job Receipts
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

N) List current projects or those scheduled to commence over the next 12 months:

Location	Project Type	Nature of Work	Start Date	End Date	Job Receipts
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

O) Has the applicant have any losses/claims for the past 5 years? ()Yes ()No, If yes, amount of loss(s) \$ _____ Currently insured?

Yes No If yes, policy expiration date: _____ Insurance Carrier: _____ How many years have they been insured continuously: _____ Years. _____ Years without coverage: _____

Comments:

Retail Broker Signature: _____ Date: _____