

Quote/Reference Number
Name of Applicant/Insured

CONTRACTORS QUESTIONNAIRE
(Complete in Addition to the GL Application)

1. Please describe all work being performed by yourself, employees, and any sub-contracted laborers:

2. How long have you been in business? _____

3. Do you, your employees, or subcontractors perform any room additions?

4. Do you hold a General Contractors license? If so, what is the license number?

5. What are your Gross Annual receipts for the last 3 years?

Year 1	\$
Year 2	\$
Year 3	\$

6. Do you require and collect certificates of insurance from ALL subcontractors? If yes, please attach copies.

7. Are you involved with any out of state operations? If so, indicate where you have or where you intend to work and the percentage of your work conducted in these locations.

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8. List your 5 most recent jobs:

	Project Name	Nature of Work	Contract Cost
1			
2			
3			
4			
5			

9. How many owners/officers are there in the business? _____
What is your employee payroll (excluding clerical employees)? _____
What is your day labor cost of hire? _____
What is the cost of any 1099 labor? _____
What is the cost of hire for subcontractors that ARE NOT insured? _____
What is the cost of hire for subcontractors that ARE insured? _____

10. Do you, your employees, or subcontractors abate asbestos?

11. Do you, your employees, or subcontractors use EIFS?

12. Do you, your employees, or subcontractors use Chinese Drywall?

13. If working in the state of Louisiana, do you hold a Residential Building Contractor License? If so, what is the number?

14. Are you involved with the oversight of any employees other than your own?

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15. Please indicate the payroll associated with the following trades and percentages of work done:

E = Employees S = Subcontractors

Description	E	S	%	Description	E	S	%
Bridge Construction				Metal Erection			
Carpentry – Interior				Painting – Exterior			
Concrete Construction				Painting – Interior			
Debris Removal				Painting – Other			
Demolition – Building Wrecking				Parking Lot Paving			
Drilling				Plumbing – Commercial			
Drywall				Plumbing – Residential			
Electrical				Plumbing – Med Gas			
Excavation				Roofing – Commercial			
Framing – Commercial				Roofing – Residential			
Framing – Residential				Street/ Road Construction			
Grading of Land				Street Paving			
Guard Rail Installation/Repair				Tract Home Work			
Heating & A/C Work				Welding – Shop Only			
Insulation				Welding – Field Work			
Janitorial				Welding – Hot Line			
Landscaping				Welding – In Refineries/Plants			
Masonry				Other – DESCRIBE			

16. Are you involved with the erection of any buildings or structures? If so, what size?

17. Are you working in any of the following states? If so, how often and what type of work is being conducted in each state?

- a. California _____
- b. Colorado _____
- c. Nevada _____
- d. New York _____

18. Are you involved with any Back Flow testing? If yes, is it testing on your own work or for the work of others?

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19. Are you involved with any plumbing for Medical Gases?

20. Are you involved with Leak Detection services? If so, please explain in detail how you are involved.

21. Are you involved with LPG work? If so, please explain in detail how you are involved.

22. Are you involved with any "ground up" construction? Any home building?

23. Are you involved with any hillside construction, shoring or underpinning? If so, please explain.

Applicant's Statement

Applicant hereby attests that the information contained herein is true and accurate to the best of his/her knowledge, information and belief

Signature of Applicant/Title

Date