

Commercial Specialty Builders' Questionnaire

Applicant/Business Name: _____ FEIN# _____
 (If you have more than one entity to include as a Named Insured, complete page 4) D&B# _____
 Street/City/County: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-Mail: _____ Web Site: _____
 Provide State and Contractor License # for each state you operate in: _____

	# of Jobs	*Average Job Cost	% Sub-Contract	**Total Annual Sub Cost	***Total Payroll	***Number Employees	Gross Receipts
1. Projections:	_____	_____	_____	_____	_____	_____	_____
a. Last Year:	_____	_____	_____	_____	_____	_____	_____
b. 2nd Prior Year:	_____	_____	_____	_____	_____	_____	_____
c. 3rd Prior Year:	_____	_____	_____	_____	_____	_____	_____

* **Average Job Cost** = Job Price less Overhead and Profit

****Total Sub Cost** = materials & equipment you purchase for your subcontractors, plus their labor, materials & equipment

*****Total Payroll & # Employees** – Do not include Clerical/Office employees or their payroll

MULTIPLY: # Jobs X AVG Job Cost X % Sub Contract Work. Result should be within 90% of Total Annual Sub Cost

2. What % of your work is: _____ Retail, _____ Restaurant, _____ Commercial, _____ Industrial, _____ Institutional, _____ Residential/Condominiums/Apartments, _____ Other: _____

Indicate & describe work done: Retail; Restaurant; Industrial; Commercial; Institutional; S-F/M-F Residential

3. Are operations performed other than “contracting”? Yes, No. If yes, describe: _____

4. What % of your work is: _____ New Construction, _____ Remodeling, _____ Fire/Flood Restoration, _____ Other
 Describe Other: _____

5. Indicate by ‘X’ the type of work your employees do or would do (You) and the type of work you do or would subcontract (SC)

Type of Work	You	SC	Type of Work	You	SC	Type of Work	You	SC	Type of Work	You	SC
Abatement-Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	<input type="checkbox"/>	Painting	<input type="checkbox"/>	<input type="checkbox"/>	Stucco & Siding	<input type="checkbox"/>	<input type="checkbox"/>
Abatement-Lead Paint	<input type="checkbox"/>	<input type="checkbox"/>	Excavation	<input type="checkbox"/>	<input type="checkbox"/>	Plastering	<input type="checkbox"/>	<input type="checkbox"/>	Suppression Systems -	<input type="checkbox"/>	<input type="checkbox"/>
Abatement-Mold	<input type="checkbox"/>	<input type="checkbox"/>	Flooring	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	Chemical	<input type="checkbox"/>	<input type="checkbox"/>
Blasting	<input type="checkbox"/>	<input type="checkbox"/>	Grading	<input type="checkbox"/>	<input type="checkbox"/>	Roofing	<input type="checkbox"/>	<input type="checkbox"/>	Site Utilities-Gas	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry-Framing	<input type="checkbox"/>	<input type="checkbox"/>	HVAC	<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler Systems	<input type="checkbox"/>	<input type="checkbox"/>	Site Utilities-Power	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry-Other	<input type="checkbox"/>	<input type="checkbox"/>	Insulation	<input type="checkbox"/>	<input type="checkbox"/>	Steel-Ornamental	<input type="checkbox"/>	<input type="checkbox"/>	Site Utilities-Sewer	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	Masonry	<input type="checkbox"/>	<input type="checkbox"/>	Steel-Structural	<input type="checkbox"/>	<input type="checkbox"/>	Site Utilities-Water	<input type="checkbox"/>	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	Street/Road	<input type="checkbox"/>	<input type="checkbox"/>	Supervisory Only	<input type="checkbox"/>	<input type="checkbox"/>

Other (Explain): _____

6. Provide # years in business under this name: _____. # of years in business under all prior names: _____
 a. List other business names you owned/operated in last 10 years, describe type of operations & years active for each:

b. In the last 10 years, what other states have you worked in? _____

7. Indicate the type of security used on projects Fencing Lighting Watchman Other: _____

8. Any work performed above three stories in Height from grade? Yes, No., If yes, maximum number of stories? _____

9. Any work performed below grade: Yes, No. If yes, maximum depth: _____ ft. _____ % of total work.

10. Is Scaffolding used? Yes, No. If yes, do you: Own it? Yes, No, Rent it? Yes, No, Erect it? Yes, No.
 If you own, rent or erect scaffolding, do you allow other contractors at job site to use it? Yes, No.

11. Complete the following for projects: over the last 10 years, current and future projects: (Attach list if more space needed)

<u>Project Name</u>	<u>Start/End Date</u>	<u>Describe Job (Include type: Chain Retail/Restaurant/Commercial/etc.)</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____

12. Have you ever worked on hillsides, cliffs, landfills or other areas subject to subsidence? Yes, No. If yes, _____% of your work it is. What precautions are taken? _____

13. Use of EIFS or Dryvit:

- a. Indicate the number of years you have used Exterior Insulation & Finish Systems (EIFS), Dryvit or similar synthetic systems? _____ What % of your jobs use EIFS? _____ How many jobs has it been used on: _____
- b. Do you still use EIFS or Dryvit systems? Yes, No. If yes, what % do you subcontract? _____
- c. What % of the EIFS/Dryvit being used is Decorative only? _____

14. Do you perform any construction trade work for other contractors? Yes, No. If yes, describe kind of work performed: _____

15. Do you or an employee perform professional services as an architect/engineer/draftsman? Yes, No. If yes, do you carry Professional Liability Insurance for this work? Yes, No. If yes, what limit do you carry: _____
 If Professional Liability is not carried, are all designs approved by an outside Architectural/Engineering firm? Yes, No.

16. Is regular job site supervision performed? Yes, No. If yes, how many supervisors do you have? _____

- a. How many supervisors have completed OSHA 10 Hour Training: _____ 30 Hour Training: _____
- b. Do Supervisors document & check each stage of construction in a written format? Yes, No
- c. For ground up construction, does anyone perform a formal documented inspection throughout the construction process other than the building inspector and your jobsite supervisor? Yes, No. If yes, who: _____
- d. Complete the following for all jobsite supervisors: (Use additional paper, if necessary)

<u>Supervisor Name</u>	<u>Years Experience</u>	<u>Years Employed</u>	<u># Job Sites Supervised</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. Do you have a formal written Safety Program? Yes, No. If yes, do you require subcontractors to follow it if they don't have their own? Yes, No. Does it contain:

- Safety Standards for job types performed at jobsite? Yes, No
- Regularly Scheduled & Documented Safety Meetings? Yes, No
- Subcontractor Safety Program Evaluation? Yes, No
- Regular Jobsite Safety Inspections? Yes, No
- Regular Jobsite (tailgate) Meetings? Yes, No
- Accident Reporting & Investigation? Yes, No

18. Insurance Information:

- a. Are subcontractors required to submit insurance certificates prior to start of work? Yes, No
- b. Are minimum insurance limits required? Yes, No. If yes, indicate the limits required

General Liability: _____ Workers Compensation: _____

c. Do you use a contract with your subcontractors? Yes, No. How many years has it been used? _____

Does it include:

i Hold harmless & indemnification wording protecting you? Yes, No **Attach a signed copy**

ii Requirement you be included as an Additional Insured on their GL Policy? Yes, No **of your contract.**

Do you require 100% of your subcontractors to sign the contract? Yes, No. If No, list the contractors that don't:

d. If any answer in c. is no, are you willing to implement a contract with such wording in it and use it with all your subcontractors going forward? Yes, No

e. Are expiration dates of certificates monitored? Yes, No. If yes, indicate method used:

Special Certificate Software; Self Designed Computer Program; Manual; Other: Describe:

f. Identify individual(s) responsible for ordering, maintaining, and monitoring certificates of insurance:

19. Are you, any partner, director or officer aware of any past accident, occurrence, fact, circumstance, or situation involving the business, which might result in a future claim? Yes, No. If yes, please provide details:

WARRANTY, AUTHORIZED SIGNATURE AND CONTINUING DUTY TO UPDATE

The undersigned is an authorized representative of the Applicant and acknowledges that the information provided above and with the application, including supplements, attachments, and replies to the underwriter inquiries, and applications from other insurance companies which have been submitted to Homebuilders Coverage, Inc. or its subsidiaries and made a part of the application:

1. Will be relied upon by Homebuilders Coverage Inc. in determining the acceptability of the prospective Name Insured and the premium to be charged;
2. Are true, accurate, and complete; and
3. Will be an integral part of any resultant contract.

The undersigned further agrees that the prospective Named Insured has a continuing duty, through date of policy inception, to update the application, including all supplements, attachments and replies to underwriter inquiries. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance, or a claim containing any false or deceptive information, or conceals information concerning any fact material thereto, commits a fraudulent act, which may be a crime.

Applicant's Signature:

Date:

**Multiple-Named Insured Supplemental Questionnaire
(Copy as Needed)**

Complete the following for each additional name/entity to be considered as a Named Insured

Named Insured: _____ Active, Inactive – year _____

1. Describe **ownership relationship** to Named Insured: _____ Years in Business: _____

2. Describe business operations or purpose of entity: _____

3. States entity operates in: _____ Have they always carried liability insurance? Yes, No

4. Ever performed work for other contractors? Yes, No. If yes, when & describe type of work: _____

5. Provide details (dates, loss amounts & descriptions) of all losses that have occurred in the last 5 years:

Named Insured: _____ Active, Inactive – year _____

1. Describe **ownership relationship** to Named Insured: _____ Years in Business: _____

2. Describe business operations or purpose of entity: _____

3. States entity operates in: _____ Have they always carried liability insurance? Yes, No

4. Ever performed work for other contractors? Yes, No. If yes, when & describe type of work: _____

5. Provide details (dates, loss amounts & descriptions) of all losses that have occurred in the last 5 years:

Named Insured: _____ Active, Inactive – year _____

1. Describe **ownership relationship** to Named Insured: _____ Years in Business: _____

2. Describe business operations or purpose of entity: _____

3. States entity operates in: _____ Have they always carried liability insurance? Yes, No

4. Ever performed work for other contractors? Yes, No. If yes, when & describe type of work: _____

5. Provide details (dates, loss amounts & descriptions) of all losses that have occurred in the last 5 years:

Named Insured: _____ Active, Inactive – year _____

1. Describe **ownership relationship** to Named Insured: _____ Years in Business: _____

2. Describe business operations or purpose of entity: _____

3. States entity operates in: _____ Have they always carried liability insurance? Yes, No

4. Ever performed work for other contractors? Yes, No. If yes, when & describe type of work: _____

5. Provide details (dates, loss amounts & descriptions) of all losses that have occurred in the last 5 years:

