



SUPPLEMENTARY QUESTIONNAIRE

Producer Information	
1) Producer Name:	
2) Agent Name:	
3) Telephone:	
4) Fax:	
5) Email Address:	
Desired Insurance Coverage	
6) Proposed Effective Date:	/ /
7) Proposed Expiration Date:	/ /
Applicant Information	
8) Name:	
9) DBA:	
10) Mailing Address:	
11) City, State & Zip:	
12) Telephone:	
13) Fax:	
14) FEIN or SSN:	
15) Physical Address: (If different from Mailing)	
16) Inspection Contact & Telephone:	
17) Years in business:	
18) New Ventures	<input type="checkbox"/> Please attach resume of experience
19) Years as current:	
20) Years experience:	
21) Number of Employees:	
22) Contractors License Number	
Entity of Company	
23) Entity of Company:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other-
Additional Business Names	
24) List any other business names which you have used in the past or are currently using in addition to that for which you are currently applying for insurance:	



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25) States in which you do business:

Description of Operations:

26) Complete Description of Operations:

27) Percentage of work performed: Residential: % Commercial:% New:% Remodel/Service Repair:%

28) Percentage of Tract work: Tract Work % Size of tract projects: %

29) Describe the largest project, including the total cost, which you have performed during the past five years:

30) List of current projects: (Attach separate sheet if necessary.)

Location	Type of Work	Start Date	Ending Date	Cost of Project
1.		/ /	/ /	\$
2.		/ /	/ /	\$
3.		/ /	/ /	\$
4.		/ /	/ /	\$

Estimated Exposures (During the proposed policy period)

31) Estimated Gross Receipts (Excluding OCIP Projects)	\$
32) Estimated Sub-Contracting Costs	\$
33) Estimated Payroll	\$

Previous Exposures

12-Month Period Starting:	Gross Receipts (excluding OCIP Projects)	Subcontracting Costs	Payroll	Number of Projects/Homes	
				Started/Working	Completed
12 Months Prior:					
2 Year Prior:					
3 Year Prior:					
4 Year Prior:					
5 Year Prior					



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Work Experience

34) Previous Insurance Carrier: _____ 35) Cost of pure premium: \$ _____

36) Has any licensing authority taken any action against you? Yes No
If "Yes" please explain: _____

37) Have you allowed or will you allow your license to be used by any other contractor? Yes No
If "Yes" please explain: _____

38) Do you do OCIP (Wrap-up) work? Yes No
If "Yes", what are the estimated receipts for work covered separately under OCIP/Wrap-up? \$ _____
Estimated Receipts for non-Wrap/OCIP \$ _____

39) Have you been involved or do you subcontract any work involving blasting operations, hazardous waste, asbestos, and mold, PCB's, medical and/or industrial life support, oil fields, dams/levees, bridges or quarries, airports, rail-roads, earthquake retrofit, schools/playgrounds, fuel tanks or pipe lines? Yes No If "Yes" please explain: _____

40) If you use sub-contractors, complete the following:
a. Do you always collect certificates of insurance from sub-contractors? Yes No
b. What minimum General Liability limit is required? _____
c. Do you always require sub-contractors to name you as additional insured? Yes No
d. Do you have a standard formal written contract with subcontractors? Yes No
e. If yes, does it have a hold harmless/indemnification agreement in your favor? Yes No

41) Will any of your work involve the construction of, or be for, new condominiums or townhouses? Yes No
Repair only for individual unit owners? Yes No

42) Has any lawsuit ever been filed, or any claim otherwise been made against your company of any partnership or joint venture of which you have been a member of your company's predecessors in business, or against any person, company or entities on whose behalf your company has assumed liability? Yes No
(For the purpose of this application, a claim means a receipt of a demand for money, services or arbitration.)
If "Yes" please explain: _____

43) Is your company aware of any facts, circumstances, incidents, situations, damages or accidents (including but not limited to: faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? Yes No
If "Yes" please explain: _____



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Applicant Agreement

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials ("this Application"), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Notwithstanding any of the foregoing, the Applicant understands the Company is not obligated nor under any duty to issue a policy of insurance based upon this Application. The Applicant further understands that, if a policy is issued, this Application will be incorporated into and form a part of such policy.

Date: / /

Signature of Applicant:

Title (Owner, Officer, Partner):

Signature of Producer (Agent or Broker) :
