

Artisan Contractor's Supplemental Questionnaire

1. Applicant Name _____
2. City / State _____ Agent _____
3. Years in Business _____ Operated under any other name in past 5 years: Yes No
4. Applicant operates in the following states: _____
5. Applicant operates as a (check all that apply):

a. Developer	<input type="checkbox"/> Yes	% of Work _____	<input type="checkbox"/> No	Contractor's License Number: _____
b. General Contractor	<input type="checkbox"/> Yes	% of Work _____	<input type="checkbox"/> No	_____
c. Subcontractor	<input type="checkbox"/> Yes	% of Work _____	<input type="checkbox"/> No	License Expiration Date: _____
d. Construction Manager	<input type="checkbox"/> Yes	% of Work _____	<input type="checkbox"/> No	_____
e. Construction Consultant	<input type="checkbox"/> Yes	% of Work _____	<input type="checkbox"/> No	_____
6. Describe area(s) of specialization: _____
7. Number of Owners: _____ Number of Employees: _____ Employee Payroll (excl. owner): \$ _____
8. Does the applicant's operations include:

a. (1) Residential remodeling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commercial tenants improvements and betterments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Commercial remodeling or rehabilitation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Demolition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. If the answer to any of the above is YES, then do you:		
(1) Do additions to buildings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do 100% interior only work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Does the applicant subcontract work to others? Yes No
If answered Yes:
 - a. Percentage of work subcontracted to others _____ Subcontractor costs _____
 - b. Type of work subcontracted _____
 - c. Does applicant receive insurance certificates from all subcontractors? Yes No
 - d. Minimum CGL limits required of subcontractors: \$ _____ occurrence \$ _____ aggregate
 - e. Does the applicant have written agreements with all subcontractors? Yes No
 - f. Does the agreement include a hold harmless clause in applicants favor? Yes No
 - g. Is the subcontractor required to name the applicant as an additional insured? Yes No
9. Receipts and Payroll History

	Gross Receipts	Gross Payroll	Subcontract Cost
a. Estimated for next 12 months	\$ _____	\$ _____	\$ _____
b. Past 12 months	\$ _____	\$ _____	\$ _____
c. Second prior year	\$ _____	\$ _____	\$ _____

Contractor's Supplemental Questionnaire – continued

10. Project History – Largest projects in last 5 years

	<u>Project Name</u>	<u>Description of Work Performed</u>	<u>Contract Cost</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

11. Has the applicant built, currently building or will build on hillsides, hilltops, slopes or landfill subsidence areas?
 Yes ⇒ Details including maximum degree of slope _____
 No

12. Has the applicant built, currently building or will build buildings or structures in excess of 3 stories?
 Yes ⇒ Details including maximum height built _____
 No

13. Does any of the applicant's past, present or future planned projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning or other heavy structural engineering techniques?
 Yes ⇒ Details of project(s) _____
 No

13. Does the applicant perform work below ground level?
 Yes ⇒ Details including maximum depth _____
 No

14. Does the applicant's work involve the construction of condominiums, townhouses or apartments?
 Yes ⇒ Details of all work performed _____
 No

15. During the past 5 years has any similar coverage been cancelled or non-renewed? Yes No
 If yes, please provide details _____

16. Has applicant ever had a lawsuit filed against them or been named in any lawsuit? Yes No
 If yes, please provide details _____

17. Is the applicant aware of any incident or circumstance, whether valid or not, that might give rise to any claim or lawsuit, including but not limited to faulty/defective workmanship, product failure, construction defect or dispute, property damage or injury to an employed subcontractor? Yes No
 If yes, please provide details _____

Information contained herein is relied upon in determination of insurability. The undersigned therefore warrants that the information contained herein is true and accurate to the best of his or her knowledge, information and belief.

Signature of Applicant _____ Title _____

Printed Name _____ Date _____