



COLORADO CONTRACTORS QUESTIONNAIRE

ALL QUESTIONS MUST BE ANSWERED

(Attach additional paper if necessary)

1. Applicant: _____
 - A. Years in business under current name: _____
 - B. Describe your operations: _____
 - C. Do you currently have, or have you had in the past, a controlling interest in any other similar operations whether active, inactive or dissolved? Yes No
If yes, please describe: _____
 - D. Have you ever declared bankruptcy under this name or any other similar entity in which you have had a controlling interest? Yes No
If yes, please provide the name of each entity, and the date and jurisdiction of bankruptcy: _____
2. Contractor's license number: _____ States in which you do business: _____
New York State Applicants: Any work in the five boroughs of New York? Yes No
3. List all other business names & licenses applicant has used in the past 10 years: _____
 - A. Describe the operations: _____
4. Does applicant currently own/operate any other business? Yes No
If yes, please provide the name of the business and percentage of ownership: _____
Describe the operations: _____
5. Percentage of current operations: General Contractor ____% Subcontractor ____% Construction Mgr: ____%
6. Do you use Subcontractors? Yes No If yes, please complete the following:
 - A. Percentage of subcontracted work: _____%
 - B. Annual subcontracting cost (including all of subs' labor and materials: \$_____
 - C. Describe all activities that are subcontracted. If you are a general contractor, describe the activities you do yourself: _____
 - D. Are there any circumstances when you do work for a general contractor that you use a subcontractor? If yes, please describe: _____
7. Any prior GL policies written on a claims-made basis? If yes, please explain: Yes No
8. Have any of your prior policies contained a Prior Acts Exclusion? Yes No

9. Do you collect certificates of insurance from **all** subcontractors? Yes No
- A. What limits of coverage are required from these subcontractors? \$ _____
- B. Do you require all subcontractors to name you as an Additional Insured, including for Completed Operations, and is this part of the written contract? Yes No
- C. Do you require all subcontractors to defend, indemnify and hold you harmless from their activities and is this part of the written contract? Yes No
- D. Who reviews and maintains the certificates? _____
- E. How long are they kept? _____

10. Estimates for next 12 months:

Payroll \$ _____ Sub-Contract Cost \$ _____ Gross Receipts: \$ _____

5 Years Prior History if Applicable:

1 st Year	Gross Receipts: \$ _____
2 nd Year	Gross Receipts: \$ _____
3 rd Year	Gross Receipts: \$ _____
4 th Year	Gross Receipts: \$ _____
5 th Year	Gross Receipts: \$ _____

11. Indicate the percentage of construction work performed by you: (MUST TOTAL 100%)

<u>RESIDENTIAL</u> _____ %	<u>COMMERCIAL</u> _____ %
New Construction _____ %	New Construction _____ %
Remodeling/Repair _____ %	Remodeling/Repair _____ %
Other _____ %	

12. Using percentage of payroll (under Direct) and percentage of contract costs (under Subbed), indicate the anticipated percentage of construction work you will perform over the next 12 months:

Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed
Airport Runways			Excavation			Roofing		
Blasting			Fire Sprinkler			Seismic/Retrofitting		
Bridge Building			Grading			Sewer		
Carpentry			HVAC			Shower Door		
Concrete			Insulation			Steel/Structural		
Demolition			Maintenance			Steel/Ornamental		
Door/ Window			Masonry			Street/Road		
Drilling			Mechanical			Supervisory Only		
Drywall			Painting			Traffic Signals		
Earthquake			Plastering			Water/Gas Mains		
Electrical			Plumbing			Other:		

13. Describe your four largest projects over the past five years, including values:

14. List current projects currently underway or planned for the next year, including values:

15. How many new homes will you build from the ground up in the next year? _____
16. Have you ever built a home from the ground up? Yes No
 A. How long ago? _____ B. How many? _____
17. What type of Additional Insured Endorsements are you required to produce?
 A. Ongoing Operations only Yes No
 B. Ongoing Operations including Completed Operations Yes No
 C. If yes, do you wish coverage for this exposure _____ Yes No
18. Do you anticipate needing Waivers of Subrogation in the next year? Yes No
19. Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked?
 A. Has any other licensing authority taken any action against you? Yes No
20. Have you built or will you build on hillsides, terraces, landfills or areas with recent subsidence activity?
 If yes, please explain: _____
 Our policy is not intended to provide coverage for this exposure. Do you wish coverage: Yes No
21. Do you use scaffolding?
 If yes, please explain: _____ Yes No
22. Have you been involved or will you be involved with blasting operations or any other hazardous work activity?
 If yes, please explain, include if work is done by sub-contractors or if done by you: _____
 _____ Yes No
23. Do you perform synthetic stucco work (EIFS)? Yes No
 Are you interested in coverage for EIFS work? If so, please complete the separate application. Yes No
24. Do any of your subcontractors perform EIFS work? Yes No
 Do you verify that coverage for this exposure is in place and not excluded? Yes No
25. Have you built/demolished or will you build/demolish buildings or other structures in excess of four (4) stories?
 If yes, please explain: _____ Yes No
26. Do you perform work above two stories in height? (other than interior remodel) Yes No
 If yes, what percentage? _____% Maximum Height? _____
 Please describe: _____
27. Do you perform any work at Airports? Yes No
 If yes, please explain: _____
28. Do you own, rent or subcontract any cranes? Yes No
 If yes, please explain: _____
29. Have you been involved or will you or your subcontractors be involved in any removal of asbestos, PCB's or other hazardous materials? Yes No
30. Removal or work on fuel tanks or pipelines? Yes No

31. If you are a roofing contractor, subcontractor or performing roofing work, do you use (please also answer if you hire subcontractors to complete this work):

Hot Tar	_____ %	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Torch Down		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Modified Bitumen (HOT)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Modified Bitumen (COLD)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hot Air Welding	_____ %	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:	_____		

32. Do you perform any Mold Remediation Work? Yes No

33. Do any of your subcontractors perform Mold Remediation Work? Yes No
 A. If yes, is coverage in place? Yes No
 B. Name of Carrier? _____

34. Have you performed or will you or your subcontractors perform any work below grade: Yes No
 Maximum Depth: _____ inches % of operations: _____

35. Any shoring, underpinning, cofferdam or caisson work? Yes No
 If yes, please explain: _____

36. Have you worked or will you or your employees work under U.S. Longshoremen's and Harbor Workers Act or Jones Maritime Act? Yes No

37. Do you have a formal safety program in place? Yes No

38. Will your upcoming work involve construction of or involvement with condominiums or townhouses? Yes No
 A. If yes, is the work new construction? Yes No
 B. Repair or Remodel only? Yes No
 C. Is the work done for Homeowners Associations (not individual unit owners?) Yes No

39. Have you ever worked in **new** condominiums/townhouses? Yes No
 If yes, how long ago? _____

40. Will your upcoming work involve the construction of or involvement with apartments? Yes No
 A. If yes, is the work new construction? Yes No
 How many units in the entire Project? _____
 B. Repair or Remodel only? Yes No

41. Have you ever worked in **new** Apartments? Yes No
 If yes, how long ago? _____ How many units in the entire building? _____

42. Will your upcoming work involve the construction of or involvement with **new** Duplexes, Triplexes, Fourplexes or Patio Homes? Yes No
 If Yes, what is the maximum number in any development? _____
 Are the units individually owned and titled? Yes No

43. Have you ever worked in **new** Duplexes, Triplexes, Fourplexes or Patio Homes? Yes No
 If yes, how long ago? _____ Maximum number in any development? _____

44. Will your upcoming work involve construction in any **new** home tracts? Yes No
 If yes, maximum number of homes in **ENTIRE TRACT DEVELOPMENT** _____
45. Have you ever worked in **new** tract developments? Yes No
 If yes, how long ago? _____
 How many units in the entire development? _____
46. Any current Wrap-Up/OCIP/CCIP Projects? Yes No
 A. Name of Carrier? _____
47. Have you ever worked in **new** assisted living facilities? Yes No
 If yes, how long ago? _____ How many units in the entire building? _____
 Does it involve any individual unit ownership? Yes No
48. Have you or will you ever convert apartments to condominiums? Yes No
49. Any other exposures/operations not otherwise covered by this questionnaire? Yes No
 If yes, please explain: _____
50. Have there been any losses, claims or suits against you in the past eight years? Yes No
 If yes, please describe: _____
- a. Are there any claims or legal actions pending against any active, inactive or dissolved entities in which you have had a controlling interest? Yes No
 If yes, please describe: _____
- b. After inquiry, do you have knowledge of any pre-existing act, omission, event, condition or damage to any person or property that might reasonably be expected to give rise to any future claim or legal action against any person or entity identified in the application? Yes No
 If yes, please describe: _____
- c. Have you been accused of faulty construction in the past 8 years? Yes No
 If yes, please describe: _____
- d. Have you been accused of breaching a contract in the past 8 years? Yes No
 If yes, please describe: _____

DEFINITIONS:

EIFS -Exterior Insulation Finishing Systems – means an exterior cladding or finish system used on any part of any structure and consisting of: a) a rigid or semi-rigid insulation board made of expanded polystyrene or other materials; and b) an adhesive and/or mechanical fasteners used to attach the insulation board to the substrate; and c) a reinforced base coat; and d) a finish coat providing surface texture and color.

GENERAL CONTRACTOR – A contractor, who exercises primary control of the job site, typically subcontracts a significant portion of the work, and/or is named in the construction documents as the general contractor of record.

RESIDENTIAL CONTRACTOR – Single or multi-unit family housing, including apartments, condominiums and townhouses, planned unit developments and tract housing or similar planned communities.

SUBSIDENCE – Any movement of the land or earth including landslides, mudflow, earth sinking, rising and shifting, collapse or movement of fill, earth settling, slipping, falling away, caving in, eroding or tilting and earthquake.

TORCH APPLIED ROOFING (MODIFIED BITUMEN) – This process which is also called torch welding, involves a modified bitumen installed on a roofing deck by means of a torch. A membrane is laid on the roof, heated by a torch and allowed to cool so that the material solidifies in place. The asphalt component in the membrane serves as an adhesive between the surface material and roof substrate.

MODIFIED BITUMEN – Also called “modbit” membranes consist of an asphalt and polymer blend which allow the asphalt to take on characteristics of the polymer.

HOT AIR WELDING – Hot Air Welding is a system utilizing a heating source (either electric or propane flame) attached to a hose, which blows hot air onto the membrane.

TRACT HOUSING – Developments where the houses are similar in price, physical characteristics, lot size and square footage; numerous houses of similar or complementary design constructed on a given expense of land, by a single builder.

WRAP-UP (OCIP/CCIP) – A policy providing coverage(s) for all interests in a major construction project. Also know as an OCIP (Owner Controlled Insurance Program) or a CCIP (Contractor Controlled Insurance Program).

WARRANTY: The purpose of this Contractors Questionnaire is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of the applicant's insurability. Material misstatements or errors made on this form may provide a basis for the company's rescission of the policy at any time during the term of the policy, with the return of unearned premium. The undersigned, therefore, warrants that the information contained herein (consisting of 6 pages) is true and accurate to the best of his knowledge, information and belief. The Supplemental Questionnaire shall be the basis of any insurance policy that may be issued.

Signature of Applicant:* _____

Name & Title: _____ Date: _____

*Must be owner, executive officer or partner of the company