



**California Insurance Center**

3697 Mt. Diablo Blvd.  
Lafayette, CA 94549

# Contractor's Insurance Questionnaire

**Instructions**

Please complete the form below and fax it to (925) 299 0328.

Questions? Please call (925) 299 1112 to speak with a risk consultant.

Named Insured	Date
Address	Telephone
	Fax

**Business Information**

Business <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole/Individual <input type="checkbox"/> Joint Venture	Proposed Effective Date
Type of Business	Average Number of Employees
If Contractor      % General      % Sub	Current Carrier
Contractor's License Number	Is security provided at each job site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Separately list all operations of each named insured, when entity began and if new, note any related prior experience.	

**Types of Work**

Indicate the anticipated percentage of construction work over the next twelve months to be performed by the insured using percentage of payroll under "direct" and percentage of sub-contract costs under "subbed" as the basis.

Direct	Subbed		Direct	Subbed		Direct	Subbed		Direct	Subbed	
___%	___%	Blasting Explosives	___%	___%	Excavation	___%	___%	Painting	___%	___%	Steel (Structured)
___%	___%	Bridge Building	___%	___%	Gas Mains	___%	___%	Plastering	___%	___%	Street/Road
___%	___%	Carpentry	___%	___%	Grading	___%	___%	Plumbing	___%	___%	Supervisory Only
___%	___%	Concrete	___%	___%	Insulation	___%	___%	Pile Driving	___%	___%	Tunneling
___%	___%	Demolition	___%	___%	Maintenance	___%	___%	Roofing	___%	___%	Water Mains
___%	___%	Drilling	___%	___%	Masonry	___%	___%	Sewer	___%	___%	Wrecking/Demo
___%	___%	Electrical	___%	___%	Mechanical	___%	___%	Steel (Ornamental)			
___%	___%	Other (Please Describe)	_____								

Indicate percentage of work performed

___%	New Construction	___%	Remodelling	___%	Demolition	___%	Repair
------	------------------	------	-------------	------	------------	------	--------

Indicate percentage of work performed

___%	Commercial	___%	Industrial	___%	Residential	___%	Institutional
------	------------	------	------------	------	-------------	------	---------------

Indicate percentage of work performed

___%	Inside Building	___%	Outside Building	___%	Other (Please Describe)	_____
------	-----------------	------	------------------	------	-------------------------	-------

Indicate percentage of work performed

___%	Contract Basis	___%	With Penalty Clause	___%	Other (Please Describe)	_____
------	----------------	------	---------------------	------	-------------------------	-------

Named Insured \_\_\_\_\_

### Premiums

Prior Year Premiums—General liability			
Year _____	Premium \$ _____	Year _____	Premium \$ _____
Year _____	Premium \$ _____	Year _____	Premium \$ _____

### Financials

Estimated Current Year Direct Payroll, Gross Receipts and Subcontractor Costs			
Year _____	Payroll \$ _____	Gross \$ _____	Sub Cost \$ _____
Prior Year Direct Payroll and Gross Receipts			
Year _____	Payroll \$ _____	Gross \$ _____	Sub Cost \$ _____
Year _____	Payroll \$ _____	Gross \$ _____	Sub Cost \$ _____
Year _____	Payroll \$ _____	Gross \$ _____	Sub Cost \$ _____

### Work/Company Detail

Percentage of Work Sub-Contracted _____
Systems Involved <input type="checkbox"/> Process Piping <input type="checkbox"/> Dams/Levees In Work <input type="checkbox"/> Medical and/or Industrial Life Support
Monitoring of <input type="checkbox"/> Certified Inspectors <input type="checkbox"/> Resident Inspectors Work Required <input type="checkbox"/> Part Time <input type="checkbox"/> When Called
Does the insured currently, or in the past, build on hillsides, slopes, landfills or in subsidence areas? <input type="checkbox"/> No <input type="checkbox"/> Yes: Please Explain _____
Are certificates of insurance obtained from subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limits
Is the insured named as an additional insured on subcontractor policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is any work by the insured within 50 feet of a railroad? _____
Does the insured provide any work below grade? <input type="checkbox"/> No <input type="checkbox"/> Yes: Max. Depth _____ % of Total Work _____
Does the insured lease mobile equipment from others? <input type="checkbox"/> No <input type="checkbox"/> Yes: From _____ Lease Basis _____ Type of Equip. _____ Operators Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured have any other operations other than contracting? <input type="checkbox"/> No <input type="checkbox"/> Yes: Please Explain _____

Length of Time Firm in Business _____
Prior Industry-Related Experience _____
Areas of Operations _____
Radius of Operations from Main Location (Miles) _____
Does the insured have any operations outside the realm "contracting"? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured obtain a written contract from all subcontractors which includes a hold harmless clause in favor of the insured? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured provide any work above two stories from height of grade? <input type="checkbox"/> No <input type="checkbox"/> Yes: Type of Work _____
Does the insured carry an All Risk Contractors Equipment Floater? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured hold other person's property for service, storage or repair? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured lease any equipment to others? <input type="checkbox"/> No <input type="checkbox"/> Yes: Frequency _____ Lease Basis _____ Type of Equip. _____ Operators Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the insured ceased any operations in the last 5 years? <input type="checkbox"/> No <input type="checkbox"/> Yes: Please Explain _____



Named Insured

**Work/Company  
Detail  
(Continued)**

During the past three years, has any company ever cancelled, declined, or refused to issue similar insurance to the applicant?  
 No  
 Yes: Please Explain \_\_\_\_\_

Are any employees working under the U.S. Longshoremen and Harborworkers Act?  
 Yes  No

Does the insured have a formal loss and safety program?  
 No  
 Yes: Please supply the contents page and/or index of the Safety Program for Underwriters review and/or complete the attached form L/S96

Are any employees working under the Jones Maritime Act?  
 No  
 Yes: Percentage of Payroll \_\_\_\_%  
Location of Work \_\_\_\_\_

**Major Jobs**

Please list all major jobs completed in the past five years.

Location	Start Date	End Date	Contract Value	Proj. 12 Months Receipts	Description

Please list all major jobs contemplated in the next policy term.

Location	Start Date	End Date	Contract Value	Proj. 12 Months Receipts	Description



Named Insured

---

**Items to Attach** Please attach the following items, which are required to complete your application:

- 1 Recently valued hard copy loss runs—five years

---

**Signed  
Proposal Form**

It is understood and agreed that the Signed proposal form, by the Insured, forms part of this policy and that underwriters hereon shall rely upon the information to determine the acceptability rates and coverage.

It is further understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and denial of claims, if any.

It is further understood that the application and/or affiliated company is under a continuing obligation immediately to notify his underwriters through his broker of any material alteration to information given.

**Insured**

Signature
Name
Title
Date

**Retail Agent**

Signature
Name
Title
Date

