

# CENTURY INSURANCE GROUP CONTRACTORS QUESTIONNAIRE

**GENERAL INFORMATION:**

1. Applicant: \_\_\_\_\_ Years under this name: \_\_\_\_\_

List all business names in which applicant has owned in the past: \_\_\_\_\_  
\_\_\_\_\_

2. Contractor's License No.: \_\_\_\_\_ State(s) in which you do business: \_\_\_\_\_

3. Percentage of operations:  
 General Contractor: \_\_\_\_\_% Subcontractor: \_\_\_\_\_%  
 Owner/Builder: \_\_\_\_\_% Other (explain): \_\_\_\_\_%  
 If Subcontractor – Specific Trade: \_\_\_\_\_

4. Estimates for next 12 months:

Direct Payroll: \$ _____	Sub-contract Costs: \$ _____	Gross Receipts: \$ _____
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Prior Years:

	Direct Payroll:	Sub-Contract Costs:	Gross Receipts:
First Prior	\$ _____	\$ _____	\$ _____
Second Prior	\$ _____	\$ _____	\$ _____
Third Prior	\$ _____	\$ _____	\$ _____

5. Do you have operations other than contracting?  YES  NO

Covered by other insurance?  YES  NO

If "YES" please explain: \_\_\_\_\_

6. If you are a general contractor or developer, are adequate records kept of certificates of insurance and contractual agreements with subcontractors?  YES  NO

7. 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

**WORK PERFORMED:**

8. Indicate the anticipated payroll and costs of construction work you will perform and that which will be subbed over the next 12 months (show any additional type of work in the blank spaces provide):

Type of Work	Direct	Subbed	Uninsured Subs Costs	Type of Work	Direct	Subbed	Uninsured Subs Costs
Blasting				Painting			
Bridge Building				Plastering			
Carpentry				Plumbing			
Concrete				Roofing			
Demolition				Sewer			
Drilling				Steel/Structural			
Quake Repair				Steel/Ornamental			
Electrical				Street/Road			
Excavation				Supervisory Only			
Grading				Construction Mgmt			
Insulation				Water/Gas Mains			
Maintenance							
Masonry							
Mechanical							

9. Roofing Operations?

YES  NO

If **YES**, attach the Roofing Questionnaire CSL \_\_\_\_\_

10. Indicate the percentage of construction work performed by you:

New Construction	%	Commercial	%	Inside Building	%
Remodeling	%	Residential	%	Outside Building	%
Other	%				

11. Have you or will you work as a construction manager on a fee basis?

YES  NO

Have you or will you supervise subcontractors whose payments are run through another entity?

YES  NO

Please describe: \_\_\_\_\_

12. Have you ever been involved or will you or any subcontractors be involved with blasting operations or hazardous or unusual work activity?

YES  NO

If **"YES"** please explain: \_\_\_\_\_

13. Have you been involved or will you or your subcontractors be involved in any removal of asbestos, PCB's or other hazardous material?

YES  NO

Removal or work on fuel tanks or pipelines?

YES  NO

14. Has or will any of your work involve the construction of, or be for, condominiums or townhouses?

YES  NO

If **YES**, is the work new construction?

YES  NO

Or Repair only?

YES  NO

Has or will any of your work involve the construction of, or be for, apartments?

YES  NO

If **YES**, is the work new construction?

YES  NO

**Type:** Senior % \_\_\_\_\_ HUD % \_\_\_\_\_ Low Income % \_\_\_\_\_ Standard % \_\_\_\_\_

Any tract homes?

YES  NO

(If **YES**, maximum number of homes in tract: \_\_\_\_\_)

15. Are these operations to be covered by this insurance?

YES  NO

16. Have you performed or will you or your subcontractors perform any work below grade?

YES  NO

Maximum depth: \_\_\_\_\_ % of Operations: \_\_\_\_\_

17. Has your work involved or will it involve systems that provide:

Medical and/or industrial life support; process piping?

YES  NO

Do you work on dams/levees?

YES  NO

If **"YES"** please explain: \_\_\_\_\_

**PREVIOUS WORK**

18. Describe any significant projects (accounting for more than 10% of total revenue any one year) which you have performed during the past five (5) years: \_\_\_\_\_

19. Have you built or will you build on hillsides, terraces, landfills, or subsidence areas?  YES  NO  
 If "YES" please explain: \_\_\_\_\_

20. Have you built or will you build/construct buildings or other structures in excess of four (4) stories?  YES  NO  
 If "YES" please explain: \_\_\_\_\_

**SUBCONTRACTOR INFORMATION**

21. Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked?  YES  NO

22. Do you require subcontractors to name you as an additional insured and provide endorsement of same?  YES  NO  
 Limit Required: \_\_\_\_\_ Written Contract?  YES  NO

If **NO**, during the pendency of the policy to which this application is attached, do you warrant that adequate records of certificate of insurance/additional insured endorsement and contractual agreements with subcontractors will be kept?  YES  NO

If **YES**, do you warrant that during the pendency of the policy to which this application is attached you will continue to keep adequate records of certificates of insurance/additional insured endorsement and contractual agreements with subcontractors?  YES  NO

**SAFETY**

23. Indicate the type of security used on a project:  Fencing  Lighting  Watchman

24. Do you or will you have a formal safety program in place?  YES  NO

**PRIOR CARRIER**

25. List expiring carrier information for the past 3 years:

	<u>Carrier</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>	<u>Special Exclusions</u>	<u>Form OCC or Claims Made</u>
<u>EXPIRING</u>	_____	\$ _____	\$ _____	\$ _____	_____	_____
<u>1<sup>ST</sup> PRIOR</u>	_____	\$ _____	\$ _____	\$ _____	_____	_____
<u>2<sup>ND</sup> PRIOR</u>	_____	\$ _____	\$ _____	\$ _____	_____	_____

**LOSS INFORMATION**

26. Loss History for the past five (5) years:

<u>Policy Year</u>	<u>Aggregate Losses</u>	<u>No. of Claims</u>	<u>Largest Single Loss</u>	<u>Comments</u>

I \_\_\_\_\_ hereby attest under penalty of perjury I have had no General Liability losses in the past five (5) years. In the event losses are discovered, for the period in question, our policy premium would be 100% fully earned and subject to cancellation, reformation and/or revocation.

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date

27. Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has assumed liability?

YES  NO

If YES, please explain: \_\_\_\_\_

28. During the past five years, has any insurer ever cancelled, declined or refused to issue similar insurance to any applicant?

YES  NO

If YES, please explain: \_\_\_\_\_

29. Is your company aware of any facts, circumstances, incidents, situations, damage or accidents (including but not limited to: faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonable 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: \_\_\_\_\_

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 forms a part of such policy.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Title (Officer, Partner): \_\_\_\_\_

**SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE ADMINISTRATIVE AND SERVICING MANAGER TO COMPLETE THE INSURANCE.**