



**REDSTONE UNDERWRITERS**  
**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 have any other operations active or inactive? Yes  No   
If yes, please explain: \_\_\_\_\_
2. Contractor's license number: \_\_\_\_\_ States in which you do business: \_\_\_\_\_  
\_\_\_\_\_
  - A. Do you conduct work in NYS?  
Yes  No
3. List all other business names & licenses active or inactive applicant has used in the past 10 years:  
\_\_\_\_\_
  - A. What were the operations? \_\_\_\_\_
4. Does applicant currently own/operate any other business? Yes  No   
If yes, need name and percentage of ownership: \_\_\_\_\_  
What are the operations? \_\_\_\_\_
5. Percentage of current operations: General Contractor \_\_\_\_% Subcontractor \_\_\_\_% Constr. 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): \$ \_\_\_\_\_
7. Do you collect certificates from all subcontractors? Yes  No 
  - A. What limit is required from these subcontractors? \$ \_\_\_\_\_
8. Estimates for next 12 months:  
Payroll \$ \_\_\_\_\_ Sub-Contract Cost \$ \_\_\_\_\_ Gross Receipts: \$ \_\_\_\_\_  
  
5 Years Prior History:  
  
1<sup>st</sup> Year Payroll \$ \_\_\_\_\_ Sub-Contract Cost \$ \_\_\_\_\_ Gross Receipts: \$ \_\_\_\_\_

2<sup>nd</sup> Year Payroll \$ \_\_\_\_\_ Sub-Contract Cost \$ \_\_\_\_\_ Gross Receipts: \$ \_\_\_\_\_  
 3<sup>rd</sup> Year Payroll \$ \_\_\_\_\_ Sub-Contract Cost \$ \_\_\_\_\_ Gross Receipts: \$ \_\_\_\_\_  
 4<sup>th</sup> Year Payroll \$ \_\_\_\_\_ Sub-Contract Cost \$ \_\_\_\_\_ Gross Receipts: \$ \_\_\_\_\_  
 5<sup>th</sup> Year Payroll \$ \_\_\_\_\_ Sub-Contract Cost \$ \_\_\_\_\_ Gross Receipts: \$ \_\_\_\_\_

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

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

10. 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			HVAC			Seismic/Retrofitting		
Bridge Building			Grading			Sewer		
Carpentry			Insulation			Steel/Structural		
Concrete			Maintenance			Steel/Ornamental		
Demolition			Masonry			Street/Road		
Drilling			Mechanical			Supervisory Only		
Drywall			Painting			Traffic Signals		
Earthquake			Plastering			Water/Gas Mains		
Electrical			Plumbing			Other:		

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

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

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13. How many new homes will you build from the ground up in the next year? \_\_\_\_\_

14. Have you ever built a home from the ground up? Yes  No

A. How long ago? \_\_\_\_\_ B. How many? \_\_\_\_\_

15. How many additional insured endorsements do you anticipate needing in the next year? \_\_\_\_\_

16. How many Waivers of Subrogation do you anticipate needing in the next year? \_\_\_\_\_

17. 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   
 A. Has any other licensing authority taken any action against you? Yes  No
18. Have you built or will you build on hillsides, terraces, landfills or Subsidence areas? Yes  No   
 If yes, please explain: \_\_\_\_\_
19. Do you use scaffolding? Yes  No   
 If yes, please explain: \_\_\_\_\_
20. Have you been involved or will you be involved with blasting operations or any other hazardous work activity? Yes  No   
 If yes, please explain: \_\_\_\_\_
21. Do you perform synthetic stucco work (EIFS)? Yes  No
22. Do any of your subcontractors perform EIFS work? Yes  No
23. Have you built/demolished or will you build/demolish buildings or other structures in excess of four (4) stories? Yes  No   
 If yes, please explain: \_\_\_\_\_
24. Do you perform work above two stories in height? (other than interior remodel) Yes  No   
 If yes, what percentage? \_\_\_\_\_% Maximum Height? \_\_\_\_\_  
 Please describe: \_\_\_\_\_
25. Do you perform any work at Airports? Yes  No   
 If yes, please explain: \_\_\_\_\_
26. Do you own, rent or subcontract any cranes? Yes  No   
 If yes, please explain: \_\_\_\_\_
27. 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
28. Removal or work on fuel tanks or pipelines? Yes  No
29. If you are a roofing contractor, subcontractor or performing roofing work, do you use:
- |                         |        |  |
|-------------------------|--------|--|
| Hot Tar                 | _____% | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Torch Down              |        | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Modified Bitumen (HOT)  |        | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Modified Bitumen (COLD) |        | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Hot Air Welding         | _____% | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other:                  | _____  |  |
30. Do you perform any Mold Remediation Work? Yes  No
31. Do any of your subcontractors perform Mold Remediation Work? Yes  No   
 A. If yes, is coverage in place? Yes  No

- B. Name of Carrier? \_\_\_\_\_
32. Have you performed or will you or your subcontractors perform any work below grade: Yes  No   
 Maximum Depth: \_\_\_\_\_ Feet % of operations: \_\_\_\_\_
33. Any shoring, underpinning, cofferdam or caisson work? Yes  No   
 If yes, please explain: \_\_\_\_\_
34. 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
35. Do you have a formal safety program in place? Yes  No
36. Will any work involve the 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
37. Will any 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
38. Will any work involve the construction of or involvement with **new** Duplexes, Triplexes, Fourplexes or Patio Homes? Yes  No
39. Have you ever worked in **new** Duplexes, Triplexes, Fourplexes or Patio Homes? Yes  No   
 If yes, how long ago? \_\_\_\_\_
40. Will you be working in any **new** Tracts? Yes  No   
 (If yes, maximum number of homes in **ENTIRE** Tract \_\_\_\_\_)
41. Have you ever worked in **new** Condominiums/Townhouses? Yes  No   
 If yes, how long ago? \_\_\_\_\_
42. Have you ever worked in **new** Apartments? Yes  No   
 If yes, how long ago? \_\_\_\_\_ How many units in the **ENTIRE** building? \_\_\_\_\_
43. Have you ever worked in **new** Tract Developments? Yes  No   
 If yes, how long ago? \_\_\_\_\_  
 How many units in the **ENTIRE** development? \_\_\_\_\_
44. Any current Wrap-Up/OCIP Projects? Yes  No   
 A. Name of Carrier? \_\_\_\_\_
45. Have you ever worked in **new** Assisted Living Facilities? Yes  No

If yes, how long ago? \_\_\_\_\_ How many units in the **ENTIRE** building? \_\_\_\_\_

46. Have you or will you ever convert Apartments to Condominiums? Yes  No

47. Any unusual exposures/operations not otherwise covered by this questionnaire? Yes  No

If yes, please explain: \_\_\_\_\_

48. Have there been any losses, claims or suits against you in the past five years? Yes  No

a. Are there any claims or legal actions pending against any of the entities? Yes  No

b. Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against them? Yes  No

c. Have you been accused of faulty construction in the past 5 years? Yes  No

d. Have you been accused of breaching a contract in the past 5 years? Yes  No

e. Have you ever filed any Mechanic Liens in the past 5 years? Yes  No

The purpose of the Contractors Questionnaire is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned represents that the information contained herein is true and accurate to the best of its/his/her knowledge, information and belief. The Contractors Questionnaire, and the application to which it is appended, shall be the basis of any insurance policy that may be issued and will be part of such policy.

APPLICANT'S SIGNATURE: \_\_\_\_\_

NAME & TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be an active owner, partner or executive officer of the company.)