

**CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE
INSTRUCTIONS**

1. ANSWER ALL QUESTIONS. IF ANSWER IS NONE, PLEASE STATE NONE.
2. APPLICATION MUST BE SIGNED AND DATED BY OWNER, PARTNER OR OFFICER.
3. ATTACH ALL NECESSARY DOCUMENTATION.

APPLICANT: _____
 ALL NAMES: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 YRS IN BUS: _____ CONTRACTORS LICENSE NO: _____ CLASS: _____

1. PERCENTAGE OF OPERATIONS

GC _____% PRIME _____% SUBCONTRACTOR _____% OWNER/BUILDER _____% = 100%
 PRIVATE _____% PUBLIC _____% = 100% UNION _____% NON-UNION _____% = 100%

2. DESCRIPTION OF OPERATIONS. DESCRIBE NATURE AND SCOPE OF OPERATIONS.
 (PLEASE ATTACH A COPY OF ANY BROCHURES YOU USE TO ADVERTISE YOUR BUSINESS)

3. ESTIMATES FOR NEXT 12 MONTHS

DIRECT PAYROLL \$ _____ SUBCONTRACT COSTS \$ _____ GROSS RECEIPTS \$ _____

PRIOR YEARS:

Yr _____ DIRECT PAYROLL \$ _____ SUB COSTS \$ _____ GROSS RECEIPTS \$ _____
 Yr _____ DIRECT PAYROLL \$ _____ SUB COSTS \$ _____ GROSS RECEIPTS \$ _____
 Yr _____ DIRECT PAYROLL \$ _____ SUB COSTS \$ _____ GROSS RECEIPTS \$ _____

4. INDICATE THE ANTICIPATED PERCENTAGE OF CONSTRUCTION WORK OVER THE NEXT TWELVE MONTHS TO BE PERFORMED BY YOU. USE THE PERCENTAGE OF PAYROLL UNDER DIRECT AND UNDER SUBBED.

(EXANTLE - 2% 5% 10%, ETC. SHOULD TOTAL 100%)

	YOU	SUB		YOU	SUB		YOU	SUB
BLASTING	____%	____%	GRADING	____%	____%	SEWER	____%	____%
BRIDGE BLDG	____%	____%	INSULATION	____%	____%	STEEL(ORNAM)	____%	____%
CARPENTRY	____%	____%	MAINTENANCE	____%	____%	STEEL(STRUCT)	____%	____%
CONCRETE	____%	____%	MASONRY	____%	____%	STREET/ROAD	____%	____%
DEMOLITION	____%	____%	MECHANICAL	____%	____%	SUPERVISORY	____%	____%
DRILLING	____%	____%	PAINTING	____%	____%	WATER MAINS	____%	____%
ERTHQKE REPAIR	____%	____%	PLASTERING	____%	____%	GAS MAINS	____%	____%
ELECTRICAL	____%	____%	PLUMBING	____%	____%	WRECKING	____%	____%
EXCAVATION	____%	____%	ROOFING	____%	____%	OTHER	____%	____%
GAS MAINS	____%	____%	SEISMIC RETRO	____%	____%			

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5. INDICATE PERCENTAGE OF WORK PERFORMED BY YOU.

NEW CONSTRUCTION	_____ %	INDUSTRIAL	_____ %	INSIDE	_____ %
REMODELING	_____ %	RESIDENTIAL	_____ %	OUTSIDE	_____ %
SERVICE/REPAIR	_____ %	COMMERCIAL	_____ %	OTHER	_____ %

6. DESCRIBE SIGNIFICANT PROJECTS PERFORMED IN PAST FIVE YEARS.

LOCATION	DESCRIPTION	YEAR COMPLETED	AMOUNT
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7. LIST CURRENT PROJECTS OR THOSE SCHEDULED DURING THE NEXT TWELVE MONTHS

LOCATION	DESCRIPTION	START DATE	ENDING DATE	HARD COSTS	SOFT COSTS
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8. INDICATE THE TYPE OF SECURITY USED ON PROJECTS: FENCING _____ LIGHTING _____ WATCHMAN _____ OTHER _____

9. DESCRIBE ANY DISCONTINUED OPERATIONS IN THE PAST FIVE YEARS AND/OR ANY OTHER BUSINESS VENTURES YOU WOULD LIKE CONSIDERED FOR COVERAGE. NONE _____

10. DO YOU OR HAVE YOU EVER, ALLOWED YOUR LICENSE TO BE USED BY ANY OTHER CONTRACTOR FOR A PROJECT ON WHICH YOU HAVE NOT WORKED? YES _____ NO _____

11. DO YOU CURRENTLY, OR HAVE YOU IN THE PAST, BUILT ON HILLSIDES, TERRACES, LANDFILLS, OR SUBSIDENCE AREAS? YES NO IF YES, PLEASE EXPLAIN:

12. ANY BLASTING BY YOU OR YOUR SUBCONTRACTORS OR INVOLVEMENT WITH HAZARDOUS OR UNUSUAL WORK ACTIVITY? YES- NO IF YES, PLEASE EXPLAIN:

13. DO YOU CONSTRUCT BUILDINGS OR OTHER STRUCTURES IN EXCESS OF FOUR (4) STORIES? YES ___ NO ___ IF YES, PLEASE EXPLAIN:

14. DOES ANY OF YOUR WORK INVOLVE SYSTEMS THAT PROVIDE: MEDICAL AND/OR INDUSTRIAL LIFE SUPPORT: PROCESS PIPING? DO WORK ON DAMS/LEVEES? YES- NO ___ IF YES, PLEASE EXPLAIN:

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15. ARE YOU OR YOUR SUBCONTRACTORS INVOLVED IN ANY REMOVAL OF ASBESTOS, PCB'S OR OTHER HAZARDOUS MATERIALS? YES- NO- REMOVE OR WORK ON FUEL TANKS/PIPELINES/ YES-NO ___
IF YES, EXPLAIN: _____

A. PLEASE LIST ALL PERMITS HELD WITH FEDERAL, STATE, COUNTY, OR MUNICIPAL GOVERNMENTS, INCLUDING PERMIT NUMBERS AND EXPIRATION DATES: _____ NONE _____

B. PLEASE LIST ALL HAZARDOUS SUBSTANCES AND THE MAXIMUM QUANTITY THAT YOU OR ANY SUB MAY BRING TO OR REMOVE FROM ANY WORKSITE. _____ NONE

SUBSTANCE DESCRIPTION	MAXIMUM QUANTITY	STORAGE AT WORKSITE Y/N
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C. PLEASE DESCRIBE ANY INCIDENT(S) OF A RELEASE OF HAZARDOUS MATERIALS YOU HAVE BEEN INVOLVED WITH DURING THE PAST FIVE YEARS? PLEASE EXPLAIN CIRCUMSTANCES AND DAMAGES (IF ANY) _____ NONE

16. ARE YOU A ROOFING CONTRACTOR. YES ___ NO ___ IF YES, WHAT PERCENTAGE OF OPERATIONS ARE- HOT TAR % FOAM-% EXCESS OF FOUR (4) STORIES? ___%

17. ANY WORK BELOW GRADE? YES-NO- a) MAXIMUM DEPTH: _____ FT. b) % OF OPERATIONS _____%

18. ARE ANY OF YOUR EMPLOYEES WORKING UNDER U.S. LONGSHOREMAN'S AND HARBOR WORKERS ACT OR JONES MARITIME ACT? YES ___ NO ___

19. DO YOU HAVE OPERATIONS OTHER THAN CONTRACTING? YES ___ NO ___ COVERED BY OTHER INSURANCE? YES-NO- IF YES, PLEASE EXPLAIN.

A. IF NOT COVERED ELSEWHERE, ARE THESE OPERATIONS TO BE COVERED BY THIS INSURANCE? YES-NO ___

21. ARE ADEQUATE RECORDS KEPT OF CERTIFICATES OF INSURANCE AND CONTRACTUAL AGREEMENTS WITH SUBCONTRACTORS? YES-NO- PLEASE SHOW LIMITS REQUIRED _____ WRITTEN CONTRACT: YES-NO-ARE YOU NAMED AS AN ADDITIONAL INSURED BY SUBCONTRACTOR? YES-NO ___

A. DO YOU VERIFY THAT SUBCONTRACTORS HANDLING HAZARDOUS MATERIALS, HAVE IN-FORCE LIABILITY INSURANCE AND ARE LICENSED TO PERFORM IN THAT CAPACITY? YES-NO ___

22. DO YOU HAVE A FORMAL SAFETY PROGRAM IN PLACE? YES-NO ___

A. DOES THIS PROGRAM LIST A PHONE NUMBER FOR A LOCAL EMERGENCY RESPONSE TEAM? YES ___ NO ___

23. HAS OR WILL ANY OF YOUR WORK INVOLVE THE CONSTRUCTION OF CONDOMINIUMS? YES- NO ___ TOWNHOUSES? YES- NO ___ APARTMENTS? YES- NO- IF YES, IS THE WORK GROUND UP? YES ___ NO ___ REPAIR ONLY? YES- NO ___ ANY TRACT HONES? YES ___ NO- IF YES, MAXIMUM NUMBER OF HOMES _____

24. ANY SUBSIDENCE LOSSES OR SUBSIDENCE RELATED CLAIMS IN THE PAST 5 YEARS? YES ___ NO ___

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25. HAS ANY INSURER EVER CANCELED, DECLINED OR REFUSED TO ISSUE SIMILAR INSURANCE TO ANY LISTED APPLICANT? YES-NO- IF YES, PLEASE EXPLAIN.

26. LOSS HISTORY - NONE _____ SEE ATTACHED _____

POLICY YEAR	AGGREGATE LOSSES	NO. OF CLAIMS	LARGEST SINGLE LOSS	COMMENTS
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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? FOR THE PURPOSE OF THIS APPLICATION ONLY, A CLAIM MEANS A RECEIPT OF A DEMAND FOR MONEY, SERVICES OR ARBITRATION. YES NO- IF YES, PLEASE EXPLAIN.

28. HAVE YOU EVER BEEN INVOLVED OR PLAN TO BE INVOLVED IN ANY OF THE FOLLOWING OPERATIONS? PLEASE ENPLAIN YES ANSWERS ON SEPARATE SHEET OF PAPER. NONE _____

TYPE OF OPERATION	WORK BY YOU		WORK BY SUBCONTRACTORS	
	YES	NO	YES	NO
ASBESTOS	___	___	___	___
BLASTING/EXPLOSIVES	___	___	___	___
BRIDGES/DAMS/AIRPORTS	___	___	___	___
CHEMICAL TRANSPORT/STORAGE	___	___	___	___
CONDO/TOWNHOUSECONSTRUCTION	___	___	___	___
CONSULTING/ENGINEERING	___	___	___	___
DEMOLITION	___	___	___	___
DRAINAGE/IRRIGATION	___	___	___	___
EARTHQUAKE RETRO-FITTING	___	___	___	___
FIRE PROTECTION	___	___	___	___
FLOOD CONTROL	___	___	___	___
GAS LINES	___	___	___	___
HAZARDOUS MATERIALS CLEAN-UP	___	___	___	___
HILLSIDE/SLOPE	___	___	___	___
MEDICAL/INDUSTRIAL LIFE SUPPORT	___	___	___	___
RAILROAD	___	___	___	___
RECYCLING/RECOVERY	___	___	___	___
RESIDENTIAL NEW CONSTRUCTION	___	___	___	___
RETAINING WALLS/EARTH STABILIZATION	___	___	___	___
ROOFING	___	___	___	___
SCAFFOLDING RENTAL/ERECTION	___	___	___	___
SEWER/SEPTIC TANK CLEANING	___	___	___	___
SWIMMING POOLS	___	___	___	___
TANK CLEANING - HAZARDOUS	___	___	___	___
TESTING / ANALYSIS	___	___	___	___
UNDERGROUND TANK REMOVAL	___	___	___	___

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29. IS YOUR COMPANY AWARE OF ANY FACTS, CIRCUMSTANCES, INCIDENTS, SITUATIONS, DAMAGES OR ACCIDENTS (INCLUDING BUT NOT LIMITED TO: FAULTY OR DEFECTIVE WORKMANSHIP, PRODUCT FAILURE, CONSTRUCTION DISPUTE, PROPERTY DAMAGE OR CONSTRUCTION WORKER INJURY) THAT A REASONABLY 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.

NOTE: THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF ALL PROSPECTIVE INSUREDS, REPRESENTS THAT TO THE BEST OF HIS[HER KNOWLEDGE THE ANSWERS GIVEN ARE TRUE.

SIGNATURE OF APPLICANT: _____

DATE: _____

TITLE(OFFICER/PARTNER)_____

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE PROGRAM MANAGER TO COMPLETE THE INSURANCE