

**CONTRACTORS QUESTIONNAIRE**

**VELA INSURANCE SERVICES, INC.**

Begin typing by placing cursor on first line, tab to get to the next line, when finished fax to your broker or underwriter.

ALL QUESTIONS MUST BE ANSWERED (Attach additional paper if necessary)

1. Applicant: \_\_\_\_\_

Years in business under current name: \_\_\_\_\_

Describe your Operations: \_\_\_\_\_

Do you have any other operations? Yes  No

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

2. Contractor's license number: \_\_\_\_\_ States in which you do business: \_\_\_\_\_

3. List all other business names and licenses applicant has used in the past 10 years:

\_\_\_\_\_

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 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. List the trades of the subcontractors you use and give the percentage of work they perform:

\_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %

\_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %

7. Do you collect certificates from all subcontractors? Yes  No  What limit? \_\_\_\_\_

8. Estimates for next 12 months:

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

Prior Years:

1 st Year Payroll \$ \_\_\_\_\_ Sub-Contract Cost \$ \_\_\_\_\_ Gross Receipts: \$ \_\_\_\_\_

2 nd Year Payroll \$ \_\_\_\_\_ Sub-Contract Cost \$ \_\_\_\_\_ Gross Receipts: \$ \_\_\_\_\_

3 nd Year Payroll \$ \_\_\_\_\_ Sub-Contract Cost \$ \_\_\_\_\_ Gross Receipts: \$ \_\_\_\_\_

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

<u>RESIDENTIAL</u>	_____ %	<u>COMMERCIAL</u>	_____ %
New Construction	_____ %	New Construction	_____ %
Remodeling	_____ %	Remodeling	_____ %
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 four largest *projects* over the past five years, including values:

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

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13. How many new homes will you build as a general contractor in the next year? \_\_\_\_\_

14. What is the greatest number of new homes you have built in any one-year? \_\_\_\_\_  
 How long ago? \_\_\_\_\_

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

16. 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   
 Has any other licensing authority taken any action against you? Yes  No

17. Have you built or will you build on hillsides, terraces, landfills or Subsidence areas? Yes  No   
 If yes, please explain: \_\_\_\_\_

18. Do you use scaffolding? Yes  No

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

19. Have you been involved or will you be involved with blasting operations or any other hazardous work activity? Yes  No

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

20. Do you perform synthetic stucco work (EIFS)? Yes  No   
Do any of your subcontractors perform EIFS work? Yes  No

21. 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: \_\_\_\_\_

22. Do you perform work above two stories in height? (other than interior remodel) Yes  No

If yes, what percentage? \_\_\_\_\_% Maximum Height? \_\_\_\_\_  
Please describe: \_\_\_\_\_

23. 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   
Removal or work on fuel tanks or pipelines? Yes  No

24. 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:	_____		

25. Do you perform any Mold Remediation Work? Yes  No   
Do any of your subcontractors perform Mold Remediation Work? Yes  No   
If yes, is coverage in place? Yes  No   
Name of Carrier? \_\_\_\_\_

26. Have you performed or will you or your subcontractors perform any work below grade: Yes  No   
Maximum Depth: \_\_\_\_\_% % of operations: \_\_\_\_\_  
Any shoring, underpinning, cofferdam or caisson work? Yes  No   
If yes, please explain: \_\_\_\_\_

27. 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

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

29. Will any work involve the construction of, or be for, condominiums or townhouses? Yes  No   
 If yes, is the work new construction? Yes  No   
 Repair only? Yes  No
30. Will any work involve the construction of, or be for apartments? Yes  No   
 If yes, is the work new construction? Yes  No   
 How many units in the entire building? \_\_\_\_\_  
 Repair only? Yes  No
31. Will you be working in any new tracts? Yes  No   
 (if yes, maximum number of homes in ENTIRE tract \_\_\_\_\_)
32. Have you ever worked in new condominiums/townhouses? Yes  No   
 If yes, how long ago? \_\_\_\_\_
33. Have you ever worked in new Apartments? Yes  No   
 If yes, how long ago? \_\_\_\_\_ How many units in the entire building? \_\_\_\_\_
34. Have you ever worked in new tract developments? Yes  No   
 If yes, how long ago? \_\_\_\_\_  
 How many units in the entire development? \_\_\_\_\_
35. Any current or past involvement with Wrap-Up/OCIP? Yes  No   
 If yes, how long ago? \_\_\_\_\_  
 Type of project? \_\_\_\_\_
36. Have you ever worked in assisted living facilities? Yes  No   
 If yes, how long ago? \_\_\_\_\_ How many units in the entire building? \_\_\_\_\_
37. Have you or will you ever convert apartments to condominiums? Yes  No
38. Any unusual exposures/operations not otherwise covered by this questionnaire? Yes  No   
 If yes, please explain: \_\_\_\_\_
39. 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 named on the application? 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 any such entity? Yes  No
- c. Have you been accused of faulty construction 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

**DEFINITIONS:**

EIFS -Exterior Insulation Finishing Systems - multi layered exterior wall systems (which resemble stucco in appearance) that are used on both commercial buildings and residential homes.

GENERAL CONTRACTOR - A contractor who subcontracts work to others in excess of 50% of total receipts, exercises primary control of the job site, and 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.

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) - 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 the Supplemental Questionnaire is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore warrants that the information contained herein (consisting of four pages) is true and accurate to the best of his knowledge, information and belief. The Supplemental 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.

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

Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_

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