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## CONTRACTORS GENERAL LIABILITY QUESTIONNAIRE

**Broker: Venture Insurance Services - fax: 866-726-8443**

Applicant Name: \_\_\_\_\_

Applicant DBA: \_\_\_\_\_

(In this questionnaire the Applicant is referred to as “you”)

- Physical Address: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_
- Year Business Started: \_\_\_\_\_ Years of Experience: \_\_\_\_\_
- Organization Type:
  - Individual: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ Other: \_\_\_\_\_
- Contractor’s License Number: \_\_\_\_\_
- Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

1. Fully describe all your operations:
  
2. Have you ever operated under any other business name or contractors license number? Yes\_\_\_ No\_\_\_ If yes, prior name or lic. number \_\_\_\_\_
3. Number of owners and officers : \_\_\_\_\_
4. Gross annual receipts projected for the next policy period (12 months): \$\_\_\_\_\_
5. Number of employees performing field work (exclude office and sales only): \_\_\_\_\_
6. Projected Annual field payroll (excluding owners & officers): \$\_\_\_\_\_

7. Amount of Subcontract cost: \$ \_\_\_\_\_

(a) What work is subcontracted? (Please detail individual trades below.)

(b) \_\_\_\_\_

8. Please advise gross annual receipts for the prior three years:

	Gross Receipts	Trade Payroll	Subcontract Cost
Current policy year			
First prior year			
Second prior year			
Third prior year			
Fourth prior year			

9. Describe your three largest projects currently underway or planned for the next year, including values:

Start Date	End Date	Value	Description

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

Yr. Completed	Value	Description

11. Dollar value of average job completed (including all materials, labor & equipment) \$ \_\_\_\_\_

12. Do you do or plan to do any work for or endorsed by condominium or homeowners, associations? Yes \_\_\_ No \_\_\_

13. Have you ever done any work for or endorsed by condominium or homeowners, associations? Yes \_\_\_ No \_\_\_

14. Do you perform work on the exterior of any building over three (3) stories?  
Yes \_\_\_ No \_\_\_

15. Note: the following question applies to work done in any capacity, including general contractor, developer, artisan, remodeling contractor, site work contractor, supplier, etc. Have you performed, or will you perform work involving, related to, or about the premises of:

		Remodel/Repair	New Construction
a.	Condominiums, townhouses or lofts	Yes ___ No ___	Yes ___ No ___
b.	Apartments	Yes ___ No ___	Yes ___ No ___
c.	Tracts, Planned Unit Developments, or any other development, premises or project with more than 10 homes or lots, built or planned, including all phases	Yes ___ No ___	Yes ___ No ___
d.	Assisted living facilities, retirement homes, military housing, student housing, or any other multi unit facility intended for permanent habitational occupancy	Yes ___ No ___	Yes ___ No ___

16. What percentage of work performed is (must total 100%):

(a) Residential OTHER THAN APARTMENTS: \_\_\_\_\_

(b) Apartments: \_\_\_\_\_

(c) Commercial: \_\_\_\_\_

(d) Industrial: \_\_\_\_\_

17. What percentage of RESIDENTIAL work performed is (must total 100%):

(a) New Construction/Development: \_\_\_\_\_

(b) Structural Remodel/Addition on Existing Structures: \_\_\_\_\_

(c) Non-Structural Remodel on Existing Structures: \_\_\_\_\_

18. Have you ever been involved in conversion and/or subdivision of any structures or properties including, but not limited to, apartment buildings, into condominiums, cooperatives, townhomes, townhouses or any other form of multi-unit development?

Yes \_\_\_ No \_\_\_

Do you plan to do this type of work? Yes \_\_\_ No \_\_\_

19. Have you ever done, used a subcontractor to do, or worked on a job where the prime contractor has done:
- (a) work on any dwelling for anyone other than the owner of an individual residence?  
Yes \_\_\_ No \_\_\_
  - (b) work for insurance companies? Yes \_\_\_ No \_\_\_
  - (c) work in connection with any home warranty? Yes \_\_\_ No \_\_\_
  - (d) restoration work to any property damaged by fire? Yes \_\_\_ No \_\_\_
  - (e) restoration work to any property damaged by water? Yes \_\_\_ No \_\_\_
  - (f) operations involving the installation, service or repair of any movable barrier, including but not limited to any type of gates/doors? Yes \_\_\_ No \_\_\_
  - (g) operations related to any project insured under a "wrap-up" or "owner-controlled insurance program"? Yes \_\_\_ No \_\_\_
  - (h) operations related to earthquake retrofitting? Yes \_\_\_ No \_\_\_
  - (i) any operations involving the installation, service or repair of any substance, material or device intended to prevent intrusion of water or moisture into any structure? Yes \_\_\_ No \_\_\_
20. Have you ever performed work for developers or general contractors involved in conversion and/or subdivision of any structures or properties including, but not limited to, apartment buildings, into condominiums, cooperatives, townhomes, townhouses or any other form of multi-unit development? Yes \_\_\_ No \_\_\_
21. Have you ever supervised or will you ever supervise contractors paid by anyone else?  
Yes \_\_\_ No \_\_\_
22. Do you purchase property for renovation and resale? Yes \_\_\_ No \_\_\_
23. Have you allowed or will you ever allow your Contractors License to be used by any other contractor? Yes \_\_\_ No \_\_\_
- (a) If yes, did/will such use of Applicant's License by another contractor involve a project on which Applicant did/will NOT work? Yes \_\_\_ No \_\_\_

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

What is the greatest number of new homes you have built in any one year? \_\_\_\_\_

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

26. Are you a licensed architect or engineer? Yes \_\_\_ No \_\_\_

Do you have any operations other than contracting? Yes \_\_\_ No \_\_\_

In the past 3 years have you owned, operated or controlled any businesses not listed on the application? Yes \_\_\_ No \_\_\_

27. Do you own vacant land, real estate development property, or model homes?

Yes \_\_\_ No \_\_\_

28. Have you ever performed work on hillsides, hill tops, slopes, landfill, or other subsidence areas, or do you plan to in the future (other than non-structural work)?

Yes \_\_\_ No \_\_\_

29. Have or will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques?

Yes \_\_\_ No \_\_\_

If Yes, description: \_\_\_\_\_

If retaining walls have been or will be built, maximum height \_\_\_\_\_ ft

30. Do you or have you performed repairs of fire damage, water damage, or mold damage? Yes \_\_\_ No \_\_\_

Percentage of operations? \_\_\_\_\_%

Describe \_\_\_\_\_

31. Do you perform work above two stories in height (other than interior remodeling)?

Yes \_\_\_ No \_\_\_

If so, what percentage? \_\_\_\_\_% Maximum height \_\_\_\_\_ ft

Description \_\_\_\_\_

32. Do you perform any work below ground level? Yes \_\_\_ No \_\_\_

If so, what percentage? \_\_\_\_\_% Maximum depth \_\_\_\_\_ ft

Description \_\_\_\_\_

33. Have you or will you perform work related to the following: gas stations, refineries, chemical plants, airports, public utilities, railroads, or hospitals? Yes \_\_\_ No \_\_\_

Description \_\_\_\_\_

34. Have you or will you work as a construction manager for a fee? Yes \_\_\_ No \_\_\_

Have you or will you supervise contractors paid by a different entity?

Yes \_\_\_ No \_\_\_ Description \_\_\_\_\_

35. In the past 3 years have you been fired or replaced on a job in progress? Yes \_\_\_  
No \_\_\_

36. Subcontractors

(a) Do you have a standard formal written contract with subcontractors?

Yes \_\_\_ No \_\_\_

(b) Do you require and collect certificates from all subcontractors? Yes \_\_\_ No \_\_\_

(c) Do you require that subcontractor's limits of liability be equal to or greater than applicant's limits? Yes \_\_\_ No \_\_\_

(d) Do you require to be named as an additional insured on all certificates?

Yes \_\_\_ No \_\_\_

(e) Do you require a hold harmless agreement in your favor from all subcontractors?

Yes \_\_\_ No \_\_\_

(f) How long do you maintain records of the above documents? \_\_\_\_\_

37. For each of the following activities check:

*Yes* (if you have or will perform, supervise, or subcontract that activity)

*No* (if you have never performed, supervised, or subcontracted that activity and have no plans to do so)

		Yes	No			Yes	No
a.	demolition			l.	process piping		
b.	concrete tilt-up construction			m.	swimming pool construction		
c.	LPG work			n.	road/ highway/ bridge/ over pass construction		
d.	seismic retrofitting			o.	underground tank removal, repair, or installation		
e.	elevator or escalator work			p.	work on gas lines or pumps		
f.	boiler installation/repair			q.	asbestos or lead abatement		
g.	industrial machinery repair or installation (millwright work)			r.	environmental cleanup		
h.	use of cranes			s.	dam or levee work		
i.	rental of equipment to others			t.	traffic signals/controls work		
j.	EIFS work (exterior finish insulation system or similar products).			u.	alarm installation/repairs/ monitoring		
k.	playground equipment install/repair			v.	roofing – installation or repairs		

38. Prior Insurance Carriers (if no coverage enter NONE):

	Policy Year	Insurance Carrier	Policy Number
Current Year			
First Prior Year			
Second Prior Year			
Third Prior Year			

39. Was any policy canceled or non-renewed in the past 3 years? Yes \_\_\_ No \_\_\_

40. What is the exact expiration or cancellation date of your most recent GL policy?

\_\_\_\_\_

41. In the past five (5) years have there been any claims, demands or legal actions made against you, whether or not insured or paid? Yes \_\_\_ No \_\_\_

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

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

44. Have you filed for bankruptcy in the past 5 years? Yes \_\_\_ No \_\_\_

45. Is/are there presently any "open" claim(s) being handled by any prior carrier, regardless of age of claim? Yes \_\_\_ No \_\_\_

46. Do you 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 you? Yes \_\_\_ No \_\_\_

#### APPLICANT'S STATEMENT

1. I hereby attest that the information contained herein is true and accurate to the best of my knowledge, information and belief.

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Signature and Date