

LLOYD'S of LONDON
CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE (03/02)

1. Applicant: _____ #of owners/partners _____
2. Years in business under current name: _____ Years of experience: _____
3. List all business names which applicant has used in the past: _____

4. Contractor's License Number: _____ State in which you do business: _____
5. Percentage of operations: General Contractor: _____ %
 Subcontractor: _____ % Construction Manager _____ %

6. Estimate of gross receipts for the next twelve months:

Gross Receipts:	Subcontract costs:	Payroll / #of employees
\$	\$	\$

Last 3 years: Gross Receipts			Subcontract costs	Payroll / # of employees
Prior Year:	\$	\$	\$	\$
2 nd Prior:	\$	\$	\$	\$
3 rd Prior:	\$	\$	\$	\$

7. Percentage of work performed by you:
 New construction: _____ Remodeling: _____
 Commercial: _____ Residential: _____
8. Has any licensing authority taken any action against you? _____

9. Have you built or will you build on hillsides, terraces, landfills, or subsidence areas? _____
10. Have you built or will you build near piers, wharves, docks, or on water? _____

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11.

Using a percentage of receipts and a percentage of contract costs, indicate the anticipated percentage of construction work you will perform over the next twelve months:								
Type of work	Direct%	Subbed%	Type of work	Direct%	Subbed%	Type of work	Direct%	Subbed%
Alarm			Framing			Pile Driving		
Blasting			Footings			Plastering		
Bridge Building			Foundation Work			Plumbing		
Caisson work			Gas /Water Mains			Retaining walls		
Carpentry			Grading			Roofing		
Concrete			Insulation			Retrofitting		
Demolition			Maintenance			Sewer		
Drilling			Masonry			Steel work		
Earthquake repair			Mechanical			Street/Road		
Electrical			Other			Swimming pool		
Excavation			Painting			Supervisory Only		

12. Maximum depth you will perform work below grade: _____
 Do you use any backhoes, grading, or heavy equipment: (circle any that apply)

13. Maximum height and number of stories you will perform work: _____
 Do you use scaffolding or cranes? CHECK WHICH APPLY

14. Have you been involved or will you or your subcontractors be involved in application or removal of asbestos, EIFS, or other hazardous materials?:

15. If you subcontract operations to other contractors:
 Do you require them to name you as additional insured?: _____
 Do you keep records of certificates and contractual agreements with the subcontractors? _____ Length of time: _____

*Please note that subcontractors must carry limits equal to your limits of liability and they must hold you harmless in your written agreement

16: Has or will any of your work involve the construction, or be for, condominiums, townhouses, apartments, duplexes, or live work apartments? _____
 If yes – is the work non-structural? _____

17: Has or will any of your work involve the construction, or be for, a new tract home development?: _____

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18: If you are a custom home builder or a subcontractor on custom homes, please provide the number of homes you will work on during this policy period:

Are these homes built in the same subdivision? _____

19. Has or will any of your work involve the remodeling of condominiums, Apartments, townhouses, duplexes, or live work apartments? _____
If yes, how many units will you remodel at a time? _____

20. Has or will any of your work involve gas stations, refineries, airports, hospitals, public utilities, chemical plants, or any city, county, state, government / public entity? _____

21. List current projects or those scheduled to commence over the next twelve months:

22. Is your company aware of any facts, circumstances, incidents, situations, damages, or accidents (including but not limited to faulty 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?

WARRANTY

The applicant agrees to notify the company of any material changes in the answers to the questions on this questionnaire which may arise during the course of this policy issued and further understands that claims may be denied if information regarding these material changes were not provided.

The purpose of this questionnaire is to assist in the underwriting process. Information contained herein is specifically relied on in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his / her knowledge, information, and belief. This questionnaire and the application shall be the basis of any insurance policy that be issued and will be part of such policy.

Insured's signature / Title

Date