

STERLING WEST INSURANCE SERVICES
CONTRACTOR'S SUPPLEMENTAL QUESTIONNAIRE

IT IS IMPERATIVE THAT EACH QUESTION BE COMPLETED. IF NOT APPLICABLE, PUT N/A

Note: Throughout this questionnaire the words "you" and "your" include all entities seeking coverage.

1. Applicant: _____
2. How many years of experience do you have in the contracting business? _____
Years in business of entities seeking coverage? _____
3. What percentage of your work is: (each line must add to 100%)
 - a. Residential: _____% Industrial: _____% Commercial: _____%
 - b. New Construction: _____% Structural remodel/additions: _____% Non-structural remodel _____%
4. What percentage of your work is as a:
General Contractor: _____% Subcontractor: _____% Construction Manager: _____%
5. Do you use subcontractors? Yes () No () If yes, complete the following:
 - a. Percentage of subcontracted work: _____%
 - b. Annual subcontracting costs (including all of subs' labor and materials): \$ _____
 - c. List the trades of the subcontractors you use and give the percentage of work they perform:
_____ % _____ % _____ %
_____ % _____ % _____ %
 - d. Do you collect certificates from all subcontractors? Yes () No () What Limit: _____
 - e. Do you require all subcontractors to name you as an additional insured: Yes () No ()
 - f. Does your contract with subcontractors include a hold harmless favoring you? Yes () No ()
 - g. How long do you maintain records of the above documents? _____
6. Do you do any work outside of California? Yes () No () Describe _____
7. Gross receipts for the past 4 years and the next 12 months:
4th year prior _____ 3rd year prior _____ 2nd year prior _____
last 12 months _____ next 12 months _____
8. Number of owner, officers, and partners active at job sites or performing supervisory duties:
_____ X \$33,600 = \$ _____
Payroll of employees other than owners, officers, partners, and clerical \$ _____
Cost of leased, temporary, staffing service, casual labor (if not included above) \$ _____
Total Payroll \$ _____
9. Describe your four largest projects over the past five years, including values:
 1. _____
 2. _____
 3. _____
 4. _____

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

1. _____

2. _____

11. Dollar value of average job completed (including all materials, labor, and equipment): \$ _____

12. a. How many new homes will you build as a general contractor in the next year? _____

b. What is the greatest number of new homes you have built in any one-year? _____

13. Do any prior operations differ substantially in nature from current operations? Yes () No ()

Please explain: _____

14. Note: the following questions apply to work done in any capacity (including general contractors, developers, artisans, remodeling contractors, site work contractors, suppliers, etc.):

HAVE YOU performed work involving or related to **NEW CONSTRUCTION**, on or about the premises of:

a. condos or townhouses Yes () No () If yes, % _____ of condo/townhouses work

b. custom-homes Yes () No () c. apartments Yes () No ()

d. tracts, PUD's , or any other development, premises or project with more than 7 homes built or planned

Yes () No ()

Please describe: _____

HAVE YOU performed work involving or related to **REPAIR**, on or about the premises of:

e. condos or townhouses Yes () No () If yes, % _____ of condo/townhouses

f. custom-homes Yes () No () g. apartments Yes () No ()

h. tracts, PUD's , or any other development, premises or project with more than 7 homes built or planned

Yes () No ()

Please describe: _____

WILL YOU perform work involving or related to **NEW CONSTRUCTION**, on or about the premises of:

i. condos or townhouses Yes () No () j. custom-homes Yes () No () k. apartments Yes () No ()

l. tracts, PUD's , or any other development, premises or project with more than 7 homes built or planned

m. Yes () No ()

Please describe: _____

WILL YOU perform work involving or related to **REPAIR**, on or about the premises of:

m. Condos or townhouses Yes () No () n. custom-homes Yes () No () o. apartments Yes () No ()

p. tracts, PUD's , or any other development, premises or project with more than 7 homes built or planned

Yes () No ()

Please describe: _____

15. Have you ever performed work on hillsides, hilltops, slopes, landfill or other subsidence areas, or do you plan to in the future? Yes () No () If yes, maximum degree of slope: _____
Please describe: _____
16. Have or will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques Yes () No ()
Please describe: _____
If retaining walls have been or will be built, maximum height: _____ ft
17. Do you perform work above two stories in height (other than interior remodeling)? Yes () No ()
If so, what percentage? _____ % Maximum height: _____ ft
Please describe: _____
18. Do you perform any work below ground level? Yes () No ()
If so, what percentage? _____ % Maximum depth: _____ ft
19. Have you or will you build, remove, repair or replace roofs? Yes () No () % of hot tar: _____
Please describe: _____
20. Have you or will you perform work for the following types of clients or industries: gas stations, refineries, chemical plants, airports, public utilities, railroads, or hospitals? Yes () No ()
Please describe: _____
21. Have you or will you work as a construction manager on a fee basis? Yes () No ()
Have you or will you supervise subcontractors whose payments are run through another entity?
Yes () No () Please describe: _____
22. In the past 3 years have you been fired or replaced on a job in progress? Yes () No ()
In the past 3 years have you replaced another contractor on a job in progress? Yes () No ()
Please describe: _____
23. **Note: the following questions apply regardless of whether the applicant was at fault for a claim or incident, and regardless of whether the claim or incident was covered by insurance. Explain any "yes" answers in the space provided below:**
- a. Have there been any losses, claims or suits against you in the past 5 years? Yes () No ()
 - b. Are there any claims or legal actions pending against any of the entities named in the application?
Yes () No ()
 - c. 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 ()
 - d. Have you been accused of faulty construction in the past 5 years? Yes () No ()
 - e. Have you been accused of breaching a contract in the past 5 years? Yes () No ()
- _____
- _____
- _____

24. For each of the following activities, check:

Yes: if the activity has or will be performed, subcontracted, or supervised by applicant.

No: if the applicant has never and does not plan to perform, subcontract, or supervise the activity.

	Yes	No		Yes	No
a. demolition	()	()	j. process piping	()	()
b. concrete tilt-up construction	()	()	k. road/highway/bridge/ overpass construction	()	()
c. LPG work			l. underground tank removal, repair or installation	()	()
d. seismic retrofitting	()	()	m. work on gas lines or pumps	()	()
e. swimming pool construction	()	()	n. asbestos or lead abatement	()	()
f. boiler installation/repair	()	()	o. environmental cleanup	()	()
g. industrial machinery repair or installation (millwright work)	()	()	p. dam or levee work	()	()
h. use of cranes	()	()	q. traffic signals/control work	()	()
i. rental or equipment to others	()	()			

Explain any "yes" answers to Question 24, and state whether performed by insured or subcontracted:

WARRANTY: The purpose of the Supplemental Questionnaire is to assist the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his knowledge, information and belief. This 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 a part of such policy

Signature of applicant: _____ Date: _____

Name and Title: _____