Agency Name
Agency Website
Agency Phone

Restoration Contractors Questionnaire

GENERAL INFORMATION:

1. Applicant: _____ Years under this name: _____

   List all business names in which applicant has owned in the past: _____

   _____

2. Contractor's License No.: _____ State(s) in which you do business: _____
3. Percentage of operations:

   General Contractor: _____ % Subcontractor: _____ %

   Owner/Builder: _____ % Other (explain): _____ %

   If Subcontractor - Specific Trade: _____
4. Estimates for next 12 months:

Direct Payroll:	Sub-contract Costs:	Gross Receipts:
$ _____	$ _____	$ _____

Prior Years:

	Direct Payroll:	Sub-contract Costs:	Gross Receipts:
First Prior	$ _____	$ _____	$ _____
Second Prior	$ _____	$ _____	$ _____
Third Prior	$ _____	$ _____	$ _____

5. Do you have operations other than restoration contracting? ☐ YES ☐ NO

   Covered by other insurance? ☐ YES ☐ NO

   If you desire those other operations to be covered by this insurance please complete the grid in question 9 below.
   Note: Completion of question 9 does not guarantee that we will accept coverage for those operations.

6. Are records kept of certificates of insurance and contractual agreements with subcontractors? ☐ YES ☐ NO
7. 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

8. For **Restoration Work on property damaged by fire, water or mold only:** Indicate the anticipated payroll and costs of construction work you will perform and that which will be subbed over the next 12 months (show any additional type of work in the blank spaces provided):

Type of Work	Direct	Subbed	Uninsured Subs Costs	Type of Work	Direct	Subbed	Uninsured Subs Costs
Mold Remediation				Painting			
Water Extraction				Plastering			
Sewage Clean up				Plumbing			
Disinfecting				Roofing			
Air Duct Cleaning				Interior finish carpentry			
Fire response				Exterior/Framing carpentry			
Debris Removal				Other:			
Electrical				Other: Street/Road			
Excavation				Excavation			
Carpet/furniture cleaning				Carpet/furniture cleaning			
Maintenance				Maintenance			
Masonry				Masonry			
Mechanical				Mechanical			

9. For **Other Contracting not related to restoration or mold remediation work** please complete the following: (show any additional type of work in the blank spaces provided):

Type of Work	Direct	Subbed	Uninsured Subs Costs	Type of Work	Direct	Subbed	Uninsured Subs Costs
Blasting				Mechanical			
Bridge Building				Painting			
Carpentry				Plastering			
Concrete				Plumbing			
Demolition				Roofing			
Drilling				Sewer			
Quake Repair				Steel/Structural			
Electrical				Steel/Ornamental			
Excavation				Street/Road			
Grading				Supervisory Only			
Insulation				Construction Mgmt			
Maintenance				Water/Gas Mains			
Masonry							

10. Roofing Operations? ☐ YES ☐ NO
    If YES, attach the Roofing Questionnaire CSL _____

11. Indicate the percentage of construction work performed by you:

New Construction _____ %	Commercial _____ %	Inside Building _____ %
Remodeling _____ %	Residential _____ %	Outside Building _____ %
Other _____ %	_____ %	_____ %

12. Have you ever been involved or will you or any subcontractors be involved with blasting operations or hazardous or unusual work activity? ☐ YES ☐ NO
    If YES, please explain: _____

13. Have you been involved or will you or your subcontractors be involved in any removal of asbestos, PCB's or other hazardous material? ☐ YES ☐ NO
    Removal or work on fuel tanks or pipelines? ☐ YES ☐ NO

PREVIOUS WORK:

14. Describe any significant projects (accounting for more than 10% of total revenue any one year) which you have performed during the past five (5) years: _____

SUBCONTRACTOR INFORMATION:

15. 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

16. Do you require subcontractors to name you as an additional insured and provide endorsement of same?
    ☐ YES ☐ NO

    Limit Required: _____ Written Contract? ☐ YES ☐ NO
    If NO, during the pendency of the policy to which this application is attached, do you warrant that adequate records of certificate of insurance/additional insured endorsement and contractual agreements with subcontractors will be kept?
    ☐ YES ☐ NO

    If YES, do you warrant that during the pendency of the policy to which this application is attached you will continue to keep adequate records of certificates of insurance/additional insured endorsement and contractual agreements with subcontractors? ☐ YES ☐ NO

SAFETY:

17. Indicate the type of security used on a project: ☐ Fencing ☐ Lighting ☐ Watchman
    Other: _____

18. Do you or will you have a formal safety program in place? ☐ YES ☐ NO

PRIOR CARRIER:

19. List expiring carrier information for the past 3 years:

	Carrier	Limit	Deductible	Premium	Special Exclusions	Form OCC or Claims Made
EXPIRING		$	$	$		
1st PRIOR		$	$	$		
2nd PRIOR		$	$	$		

LOSS INFORMATION:

20. Loss History for the past five (5) years:

Policy Year	Aggregate Losses	No. of Claims	Large Single Loss	Comments

I _____ hereby attest under penalty of perjury I have had no General Liability losses in the past five (5) years. In the event losses are discovered, for the period in question, our policy premium would be 100% fully earned and subject to cancellation, reformation and/or revocation.

_____ _____

Insured's Signature **Date**

21. 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? ☐ YES ☐ NO

If YES, please explain: _____

22. During the past five years, has any insurer ever cancelled, declined or refused to issue similar insurance to any applicant? ☐ YES ☐ NO

If YES, please explain: _____

23. Is your company aware of any facts, circumstances, incidents, situations, damage or accidents (including but not limited to: faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonable 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: _____

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials ("this Application"), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Notwithstanding any of the foregoing, the applicant understands the Company is not obligated nor under any duty to issue a policy of insurance based upon this Application. The Applicant further understands that, if a policy is issued, this Application will be incorporated into and forms a part of such policy.

Signature of Applicant: _____

Date: _____

Title (Officer, Partner): _____

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE ADMINISTRATIVE AND SERVICING MANAGER TO COMPLETE THE INSURANCE.