



SierraSpecialty

CENTURY INSURANCE GROUP CONTRACTORS QUESTIONNAIRE

Note: this application must be completed in addition to the ACORD Applicant Information Section and the Commercial General Liability Application

GENERAL INFORMATION:

1. Applicant: _____ Years under this name: _____

2. Contractor's States and License Numbers:

	<u>State</u>	<u>License Number</u>
	_____	_____
	_____	_____
	_____	_____

3. Percentage of operations:

General Contractor: _____% Subcontractor: _____%

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

If Subcontractor – Specific Trade: _____

4. Estimates for next 12 months:

Employee Payroll by Class		Class:
\$ _____		_____
\$ _____		_____
\$ _____		_____
\$ _____		_____
\$ _____		_____
\$ _____		_____

Total number of employees: _____

Active Owner(s) Payroll: \$ _____ Number of Active Owners: _____

Subcontractor Costs \$ _____ Total Receipts \$ _____

For the past three years

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

5. Do you have operations other than contracting? YES NO
 Covered by other insurance? YES NO
 If "YES" please explain: _____

6. Do you keep records of certificates of insurance and contractual agreements with all subcontractors for at least ten years? _____

7. Have you worked or will you or your employees work under U.S. Longshoremen's and Harbor Workers' Act or Jones Maritime Act? _____ If, yes, please explain.

8. Do you carry Workers Compensation Insurance on your employees? YES NO

WORK PERFORMED:

9.. Do you do any EIFS (exterior insulation and finish system) work or installation? _____ If yes attach EIFS supplement to qualify for claims made coverage. (note EIFS work will be excluded on occurrence based policies)

10. Roofing Operations whether being done by your employees or sub contracted to others? YES NO
 If YES, attach the Roofing Questionnaire CSL **7009**

11. Please provide the following split of your work: _____% commercial/ industrial
 _____% residential.

12. Please provide detail of your commercial and residential work (note the vertical columns must equal 100%)

	<u>Commercial</u>	<u>Residential</u>
New Construction	-----%	-----%
Remodeling	-----%	-----%
Additions	-----%	-----%
Repair	-----%	-----%
Other (describe below)	-----%	-----%
Total	100%	100%

Describe other category of work: _____

13. Have you, or will you, work as a construction manager on a fee basis? _____ (note: if accepted all such work will be excluded from coverage).

Have you or will you supervise subcontractors whose payments are run through another entity? _____ (note: if accepted all such work will be excluded).

14. 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: _____

15. Have you been involved or will you or your subcontractors be involved in any removal of asbestos, lead, mold, PCB's or other hazardous material? YES NO

Removal or work on fuel or chemical storage tanks or pipelines? YES NO

16. Our policy does not cover your work involving the development, construction, renovation or demolition of apartments, condominiums, town homes or tract homes with greater than ten (10) homes. This exclusion applies whether work is by an insured, anyone to whom an insured owes an indemnity obligation or any other person or entity. Does the insured ever get involved in this type of work: YES NO

If no, proceed to question 20. If yes and the insured would like this part of their work covered, please answer questions 17, 18 and 19.

17. Has or will any of your work involve the following:

- a. Tracts of homes greater than 10 YES NO
- b. Condominiums YES NO
- c. Apartments or Townhomes YES NO

18. What is the total sales from all residential work referenced in question 17 above for the last three years:

	<u>1st prior year</u>	<u>2nd prior year</u>	<u>3rd prior year</u>
Tracts of greater than 10 homes	\$ _____	\$ _____	\$ _____
Condominiums	\$ _____	\$ _____	\$ _____
Apartments	\$ _____	\$ _____	\$ _____
Townhomes	\$ _____	\$ _____	\$ _____

(If you have indicated tract homes, what is the maximum number of homes in a tract: _____)

19. Is the work:

New construction - including additions? YES NO

Or Repair only? YES NO

If new construction, have you ever, do you currently, or do you intend to be involved in new construction (including site preparation) on the following?

	Yes	No		Yes	No
Apartments (less than 26 units)	<input type="checkbox"/>	<input type="checkbox"/>	Townhouses (less than 16 units)	<input type="checkbox"/>	<input type="checkbox"/>
Apartments (26 units or more)	<input type="checkbox"/>	<input type="checkbox"/>	Townhouses (16 units or more)	<input type="checkbox"/>	<input type="checkbox"/>
Condos (less than 16 units)	<input type="checkbox"/>	<input type="checkbox"/>	Tracts (Single Family less than 10 Units)	<input type="checkbox"/>	<input type="checkbox"/>
Condos (16 units or more)	<input type="checkbox"/>	<input type="checkbox"/>	Tracts (Single Family, 10 units or more)	<input type="checkbox"/>	<input type="checkbox"/>
Custom Homes	<input type="checkbox"/>	<input type="checkbox"/>	Condo/Townhouse/Apt Repair only	<input type="checkbox"/>	<input type="checkbox"/>

20. If you have done any multi-family housing please indicate the following percentages of the following:

Senior % _____ HUD % _____ Low Income % _____ Standard % _____ (total should equal 100%)

21. Do you desire multi family residential contracting operations to be covered by this insurance? YES NO

22. Have you performed or will you or your subcontractors perform any work below grade? YES NO

Maximum depth: _____ % of Operations: _____

23. Has your work involved or will it involve systems that provide:

Medical and/or industrial life support; process piping? YES NO

Do you work on dams/levees? YES NO

If "YES" please explain: _____

24. Your policy contains the following exclusion. "Property damage" to any building or structure or to any property within such building or structure resulting from, caused by or arising out of water (for the purpose of this exclusion, water means rain, hail, sleet or snow). However, this does not apply to the "products/completed operations hazard." This exclusion can be bought back for an additional premium charge. Would you like this exclusion removed?

YES NO

PREVIOUS WORK

25. 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:

26. Have you built or will you build on hillsides, terraces, landfills, or subsidence areas? YES NO

If "YES" please explain: _____

27. Have you built or will you build/construct buildings or other structures in excess of four (4) stories?

YES NO

If "YES" please explain: _____

SUBCONTRACTOR INFORMATION

28. 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

29. Do you obtain a certificate of insurance from your subcontractors showing they provide Workers Comp to their employees before you allow them to enter your jobsite? YES NO

30. Are subcontractors required to name you as an additional insured & 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

31. Indicate the type of security used on a project: Fencing Lighting Watchman

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

PRIOR CARRIER

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

	<u>Carrier</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>	<u>Special Exclusions</u>	<u>Form OCC or Claims Made</u>
EXPIRING	_____	\$ _____	\$ _____	\$ _____	_____	_____
1 ST PRIOR	_____	\$ _____	\$ _____	\$ _____	_____	_____
2 ND PRIOR	_____	\$ _____	\$ _____	\$ _____	_____	_____

LOSS INFORMATION

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

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

I _____ hereby attest under penalty of perjury I have had no General Liability claims in the past five (5) years. In the event claims 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

35. 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? _____ If YES, please explain:

36. During the past five years, has any insurer ever cancelled, declined or refused to issue similar insurance to any applicant? _____ If YES, please explain: _____

37. 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? _____ If YES, please explain: _____

Notice: This application becomes part of the policy and must be signed in ink by the President or Owner of the Named Insured. Please read the following statement carefully before signing. Any coverage we issue is due to the reliance of the truth and accuracy of the statements in this application.

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.