



ADMIRAL INSURANCE COMPANY
 6455 East Johns Crossing, Suite 240
 Duluth, GA 30097
 Ph: 770-476-1561
 Fax: 770-418-9597

CONTRACTORS QUESTIONNAIRE

Applicant Name: _____
 Mailing Address: _____

 Location: _____

Agents Name: _____
 Address: _____

Proposed Effective Date:
 From: _____ To: _____
 12:01 A.M., Standard Time at the address of the Applicant

Applicant Is: Individual Corporation Partnership Joint Venture Other (Specify) _____

- Years in business under current name: _____ yrs (Attach list of other names under which you have conducted business)
- Contractor's license # _____
 States in which you do or have done business _____
- Percentage of operations: General Contractor _____% Subcontractor _____% Owner/Builder _____%
- Estimates for the next 12 months:
 Direct Payroll: \$ _____ Contract costs \$ _____ Gross Receipts \$ _____

Five Prior years:

YEAR	DIRECT PAYROLL	CONTRACT COST	GROSS RECEIPTS

5. Indicate the percentage of construction work performed by you:
- New Construction _____% Commercial _____% Inside Building _____%
 Remodeling _____% Residential _____% Outside Building _____%
 Other _____%

*Residential means single- and multi-family dwellings, condominiums and townhomes.

6. Indicate the anticipated percentage of construction work over the next twelve months to be performed by you using percentage of payroll under "Direct" and percentage of contract costs under "Subbed" as the basis:

	DIRECT	SUBBED		DIRECT	SUBBED		DIRECT	SUBBED
BLASTING	%	%	FIRE SUPPRESSION	%	%	SEISMIC RETRO-FITTING	%	%
BOILER	%	%	GAS MAIN	%	%	SEWER/WATER	%	%
BRIDGE BLDG	%	%	GRADING	%	%	STEEL (STRUCTURAL)	%	%
CARPENTRY	%	%	HAZARDOUS MATERIAL	%	%	STEEL (ORNAMENTAL)	%	%
CONCRETE	%	%	INSULATION	%	%	STREET/ROAD	%	%
CRANE RENTAL	%	%	MAINTENANCE	%	%	STUCCO	%	%
DEMOLITION	%	%	MASONRY	%	%	SUPERVISORY ONLY	%	%
DRILLING	%	%	MECHANICAL	%	%	TANKS	%	%
EARTHQUAKE REPAIR	%	%	PAINTING	%	%	WATER-PROOFING	%	%
EIFS/SYNTHETIC STUCCO	%	%	PLASTERING	%	%	OTHER (DESCRIBE)	%	%
ELECTRICAL	%	%	PLUMBING	%	%			
EXCAVATION	%	%	ROOFING	%	%			

7. Have you been cited by OSHA in the past five years? Yes No If yes, please attach copies of all related correspondence.
8. Have you allowed, are you currently or will you ever allow your license to be used by any other contractor for a project on which you have not worked? Yes No Has any licensing authority taken any action against you? Yes No
If yes, please attach an explanation.
9. Indicate the type of security used on a project: Fencing Lighting Watchman Other _____
10. Have you built, are you currently or will you build on hillsides, terraces, landfills, or subsidence areas? Yes No
If yes, explain: _____
11. Have you built, are you currently, or will you construct buildings or other structures in excess of four (4) stories? Yes No
Have you been involved, are you currently or will you be involved in the management of same? Yes No
If yes to either question, explain: _____
12. Have you performed, are you currently or will you or your subcontractors perform any work below grade? Yes No
Maximum depth: _____ percent of operations _____
13. Have you worked, are you currently or will any of your employees work under U.S. Longshore and Harbor Workers' Compensation Act or Jones Act? Yes No
14. Do you have operations other than contracting? Yes No Covered by other insurance? Yes No
If yes, explain _____
15. Do you execute written contracts with all independent contractors performing work for you? Yes No
If no, please explain exceptions: _____

16. Do your written contracts with your independent contractors include a hold harmless agreement in your favor? Yes No
If no, please explain exceptions: _____
17. Do your written contracts with your independent contractors require the independent contractor to maintain Commercial General Liability insurance including you as an additional insured? Yes No If yes, minimum limits of insurance required? _____
If no, please explain exceptions: _____
18. Do you have a written procedure for obtaining and maintaining current Certificates of Insurance from your independent contractors?
Yes No If yes, when was the procedure first established? _____
19. Do you maintain copies of contracts and Certificates of Insurance for a minimum of seven years? Yes No
If no, how long? _____
20. Are you responsible for jobsite safety on your projects? Yes No
21. Do you have a written safety program? Yes No
22. Do you automatically provide a warranty program for your customers? Yes No If yes, please explain: _____
Is your warranty program insured? Yes No If yes, please explain: _____
23. Will any of your work involve, or has any of your work involved, the construction of or for condominiums or townhomes? Yes No
If yes, is or was the work new construction? Yes No Repair only? Yes No
24. Will any of your work involve, or has any of your work involved, the construction of or for apartments? Yes No
If yes, is or was the work new construction? Yes No Repair only? Yes No
25. Will any of your work involve, or has any of your work involved the construction of or for tract homes? Yes No
If yes, is or was the work new construction? Yes No Repair only? Yes No
If yes, maximum number of homes in any one subdivision? _____
26. Will any of your work involve, or has any of your work involved the construction of custom homes? Yes No
If yes, is or was the work new construction? Yes No Repair only? Yes No
27. During the past five years, has any insurer ever cancelled, declined or refused to issue similar insurance to any applicant? Yes No
If yes, explain: _____
28. 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 predecessor(s) in business, or against any person, company or entities on whose behalf your company has assumed liability? For the purpose of this application only, a claim means a receipt of a demand for money, services or arbitration.
Yes No If yes, please attach a detailed explanation.
29. Are you or is your company aware of any facts, circumstances, incidents, situation, damages or accidents (including but not limited to faulty or defective 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? Yes No If yes, please attach a detailed explanation.

30. Five year loss summary

Carrier	Valuation Date	Policy Period	No. of Claims	Paid	Reserved	Total Incurred

31. Current CGL Insurance Carrier: _____ Limits: _____ Deductible/Retention: _____ Premium: _____
32. Desired Limits: _____ Deductible/Retention: _____

Please note the following documents **must** be attached to this application:

- Resumes for principals and key employees if you have been in business under the current name for fewer than three years.
- Statement of qualifications, brochure or other advertising material.
- Representative list of completed projects including details on work performed.
- List of current projects or those scheduled to commence in the next twelve months including details on work to be performed.
- Copies of OSHA citations and related correspondence.

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.

SIGNATURE OF APPLICANT

TITLE

DATE

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER, THE BROKER OR THE AGENT TO COMPLETE THE INSURANCE.