

TRADESMEN+ SUPPLEMENTAL QUESTIONNAIRE

*UNANSWERED QUESTIONS, HEREIN, OR IN THE ACCOMPANYING ACORD FORMS,
MAY RESULT IN A DECLINATION OF THE APPLICANT (Attach Additional Pages As Necessary)*

Applicant (Principal/Owner) Name: _____

Applicant's DBA: _____

Describe Operations: _____

CA Contractor's License(s) Number(s): _____ Years In Business for this Entity: _____

States you have operated in over the past 10 Years: _____ Other Business Name(s) &/or
License(s) in the past 10 years: _____

Towns/Counties within which you normally work: _____

PAYROLL/SALES HISTORY PAST 5 YEARS

COVERAGE TERM	PAYROLL	RECEIPTS	SUB-CONTRACT	CGL PREMIUM
EXPIRING TERM 2009				
1 ST PRIOR				
2 ND PRIOR				
3 RD PRIOR				
4 TH PRIOR				

PAYROLL/SALES ESTIMATED FOR NEXT TERM OF COVERAGE

OWNER(S)	___ @ 33,600 EACH	\$
FIELD EMPLOYEES	___ @	\$
CLERICAL - ADMIN	___ @	\$
EXECUTIVE SUPERVISOR(S)	___ @	\$
TOTAL	___ EMPLOYEES	\$

Allocate the Percentage of general work performed over the past three years, must total 100%

RESIDENTIAL ___% COMMERCIAL ___% INDUSTRIAL ___%

Allocate the Percentage of TYPE of work performed over the past three years, must total 100%

NEW CONSTRUCTION ___% REMODEL/REPAIR ___% OTHER: ___%

INDICATE % OF RESIDENTIAL OCCUPANCIES WORK PERFORMED IN THE PAST 5 YEARS

Type	New	Repair or Remodel	Number of	Max Value Per Bldg
Single Fam/Custom			Homes	\$
<input type="checkbox"/> Apartment			Units/Blgs	\$
<input type="checkbox"/> Assist Living			Units/Blgs	\$
<input type="checkbox"/> Condo HOA			Units/Blgs	\$
<input type="checkbox"/> Senior Housing			Units/Blgs	\$
Townhouse			Townhouses	\$
Residential Tract			Homes/Subdivision	\$
Student Housing			Units/Bldgs	\$

INDICATE % OF COMMERCIAL OCCUPANCIES WORK PERFORMED IN THE PAST 5 YEARS

Type	New	Repair or Remodel	Number of Projects	Max Value Per Bldg
<input type="checkbox"/> Retail/Office				\$
<input type="checkbox"/> Medical/Surgical				\$
School				\$
Clean Room				\$
Industrial Mfg				\$
Airports				\$
Petro/Chemical Plant				\$
Hotel/Motel				\$
Governmental				\$

Use the Remarks Section of the ACORD 125 and/or 126 to:

Explain All Yes Answers

- | | | |
|---|------------------------------|-----------------------------|
| 1. Any License Authority taken action against you in past 7 years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have you/will you be involved with any Wrap-Up, OCIP, CCIP projects? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Have you/will you do any demolition work (other than incidental interior non-load)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Do you collect certificates from all subcontractors? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Have you/will you ever build a home from the ground up? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Have you/ will you allow your license to be used by other contractors? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Have you/will you build on hillside, terraced, landfill or subsidence areas? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Have you/will you be involved with any blasting work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Have you/will you perform synthetic stucco (EIFS) install and/or repair work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Have you/will you subcontract any EIFS work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Have you/will you perform any work at heights 4 floors or higher? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Do you own, rent or subcontract any cranes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Do you rent or lease any other mobile equipment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. Do you own, rent, sub-contract scaffolding? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Have you/will you perform or subcontract any work 8' below grade? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. Have you/will you do any shoring, underpinning, cofferdam or caisson work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. Have you/will you do any mold remediation work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. Have you/will you do any fire or water restoration work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19. Have you/will you do any asbestos, PCB, or other hazardous material removal? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 20. Have you/will you remove or work on fuel tanks or pipelines? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 21. Have you/will you be subject to Longshoremen/Harbor Worker/Jones Maritime Act? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 22. Have you/will you do work involving Condominium or Townhouse Developments? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 23. Have you/will you do work involving Apartment Buildings/Projects? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 24. Have you/will you do work involving Duplex, Triplex, Fourplex, or Patio Homes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 25. Have you/will you do work in any new Tract Developments? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 26. Have you/will you do work in any new Assisted Living Developments? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 27. Have you/will you do work in converting apartments to condominiums? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 28. Have you/will you install/repair overhead garage doors? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 29. Have you/will you install/repair Foundations or Chimneys? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 30. Have you/will you install/repair any Boiler system? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 31. Have you/will you install/repair any Roofing system? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 32. Have you/will you perform any waterproofing operations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 33. Have you/will you do <i>any</i> Below Grade Excavation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 34. Have you/will you do any work involving Prefab Steel Construction? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 35. Have you/will you do any work installing/repairing/servicing elevators or escalators? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 36. Have you/will you do any work involving fiber optic cable installation/repair? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 37. Have you/will you do any work involving recreation or playground construction? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 38. Have you/will you install/service/repair/monitor safety or security systems? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 39. Have you/will you do any application of pesticide/herbicide or other chemicals? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 40. Have you done any pool construction in New Condominiums, in the past 10 years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| a) in New Town Homes in the past 10 years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) in New Tract Home Projects in the past 10 years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 41. Will you do swim pool construction on new condos, town homes, or tract homes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 42. Do you manufacture any product that you sell or install? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 43. Do you sell or install diving boards or water slides? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 44. Do you sell or install saunas, steam rooms, or tanning beds? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 45. Do you install pools in indoor facilities/upper floors/or on rooftops? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 46. Do you use any type of blasting or explosives? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 47. Do you provide any pool management services (i.e. lifeguards, etc.)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 48. Do you do any chemical sedimentation pond/retention pond or artificial lake work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 49. Do you lease employees from others or to others? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 50. Have you/will you perform operations not described in this questionnaire? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please describe your procedures regarding subcontracted work.

- Do you require subcontractor's to provide certificate of insurance? Yes No
 Do you require subcontractor's to carry limits equal to your own? Yes No
 Do you require subcontractor's to name you as additional insured? Yes No
 Do you require subcontractor's to provide hold harmless for liability? Yes No

Indicate the type of subcontractor agreement typically signed: AGC/AIA Stand. Agreement
 Custom (Attach A Copy)

Number of Additional Insured Endorsements, over past two years: _____
 Number of Certificates of Insurance issued over the past two years: _____
 Has your firm been named in a lawsuit, of any nature, during the last 10 years? _____ If yes, describe:

Are you aware of any existing circumstances that may result in a claim not previously reported or listed on an Insurer's loss report? Yes No If Yes, explain:

Are you in negotiation with any Construction Project Owner, Developer, General Contractor or others in conjunction with alleged Construction Defects? Yes No If Yes, explain:

Have you ever been replaced on a job or project in progress? Yes No If Yes, explain:

Four Largest Projects Over The Past Four Years:

Location	Job Description	Job Cost	Start/Finish Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Three (3) References You have Completed Work for:

Name	Telephone #	Job Description
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

What Insurance Company Currently Provides The Following Coverage :

COVERAGE	INSURANCE COMPANY	POLICY # / EFFECTIVE DATE
Workers Compensation	_____	_____
Automobile Liability	_____	_____
Contractors Equipment	_____	_____

This application includes the following attachments: *Required for a Coverage/Price Offer

- | | | | |
|------------------------|--|----------------------|--|
| ACORD 125* (2006/08) | Yes <input type="checkbox"/> No <input type="checkbox"/> | FINANCIAL STATEMENTS | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ACORD 126* (2005/08) | Yes <input type="checkbox"/> No <input type="checkbox"/> | WORK IN PROCESS LIST | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5 YEAR PRIOR HISTORY* | Yes <input type="checkbox"/> No <input type="checkbox"/> | SCHEDULED WORK | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| CC OF CONTR LICENSE(S) | Yes <input type="checkbox"/> No <input type="checkbox"/> | SAMPLE WARRANTY | Yes <input type="checkbox"/> No <input type="checkbox"/> |

OTHER: _____

Producer's Signature

Date

Applicant's Signature

Date