



## CONTRACTORS QUESTIONNAIRE – AZ/CA/NV New Business

**IMPORTANT NOTICE:** THIS QUESTIONNAIRE IS AN INTEGRAL PART OF THE APPLICATION. PLEASE ASK FOR CLARIFICATION IF YOU DO NOT UNDERSTAND A QUESTION. IF A POLICY IS ISSUED, THE ANSWERS IN THIS QUESTIONNAIRE ARE CONSIDERED WARRANTIES BY YOU, IN CONSIDERATION FOR FINANCIAL PACIFIC INSURANCE COMPANY PROVIDING GENERAL LIABILITY INSURANCE. EACH ANSWER IS MATERIAL TO THE DECISION OF FINANCIAL PACIFIC INSURANCE COMPANY WHETHER TO PROVIDE THE INSURANCE. YOUR FAILURE TO PROVIDE A COMPLETE AND ACCURATE ANSWER TO ANY QUESTION MAY RESULT IN RESCISSION OF THE ENTIRE POLICY, WHICH MEANS THE POLICY WILL BE VOID FROM INCEPTION AND YOU WILL NOT BE COVERED.

Insured / Applicant \_\_\_\_\_ License number(s) and type(s) \_\_\_\_\_  
 Insured / Applicant social security number \_\_\_\_\_ Web address \_\_\_\_\_  
 Total years in business \_\_\_\_\_ Years under your current business name \_\_\_\_\_

Description of Operations: \_\_\_\_\_  
 \_\_\_\_\_

What Percentage of your work is: (each line must add to 100%)

Residential _____%	New Construction _____%	General Contractor _____%	Interior Work _____%
Commercial/Municipal _____%	Structural Remodel/Addition _____%	Artisan/Subcontractor _____%	Exterior Work _____%
Industrial _____%	Non-Structural Remodel _____%	Construction Mgr for a Fee _____%	Roofing Only Jobs _____%
Public Utilities _____%	Service / Repair _____%		
<b>Total = 100%</b>	<b>Total = 100%</b>	<b>Total = 100%</b>	<b>Total = 100%</b>

Please provide figures for the following:

	Last Prior Year	2nd Prior Year	3rd Prior Year
Subcontractor Costs (Labor & Materials)	\$	\$	\$
Gross Receipts	\$	\$	\$
Payroll (Field Payroll)	\$	\$	\$

List the five (5) largest jobs that you have completed within the last five (5) years

Description:	Sq. Ft.:	Yr Completed:	Value: \$
Description:	Sq. Ft.:	Yr Completed:	Value: \$
Description:	Sq. Ft.:	Yr Completed:	Value: \$
Description:	Sq. Ft.:	Yr Completed:	Value: \$
Description:	Sq. Ft.:	Yr Completed:	Value: \$

List the three largest projects currently underway or planned for the next year

Description:	Sq. Ft.:	Value: \$
Description:	Sq. Ft.:	Value: \$
Description:	Sq. Ft.:	Value: \$

General Statements – Describing your type of work: (Circle Y or N in each column)

	Past (12 yrs)	Present	Future
1. Acts as a general contractor in the construction of a residential property .....	Y / N	Y / N	Y / N
a. If yes, maximum # of homes annually .....	_____	_____	
2. Original construction of tract homes where there are ultimately more than 25 single family units in the subdivision.....	Y / N	Y / N	Y / N

3. NEW townhouses or condominiums, including any work to prepare a location for the later development of townhouses or condominiums (not covered by an OCIP/Wrap-Up Policy).....Y / N    Y / N    Y / N
4. Perform work above 3 stories in height (other than interior remodeling) .....Y / N    Y / N    Y / N
  - a. If yes, how many stories?.....
5. Maximum grade of hilltops, slopes, landfills, or other subsidence areas..... %    %    %
6. Responsible for the testing of soil compaction .....Y / N    Y / N    Y / N
  - a. If yes, do you use an outside firm to test .....Y / N    Y / N    Y / N
7. Perform finish grading or drainage control work.....Y / N    Y / N    Y / N  
(Finish graders are responsible for grading lots after the home is built to facilitate drainage)
8. Use of "Exterior Insulation and Finish Systems" (EIFS) methods instead of traditional stucco or one coat stucco.....Y / N    Y / N    Y / N
9. Work involves the use of traffic control on public roads .....Y / N    Y / N    Y / N
  - a. If yes, at any time is the traffic control done by you .....Y / N    Y / N    Y / N
  - b. If yes is the traffic control done by a traffic control company.....Y / N    Y / N    Y / N
  - c. If yes, are you named as an additional insured on the traffic control company's liability policy .....Y / N    Y / N    Y / N
  - d. Do Traffic control operations involve more than 10% of your jobs .....Y / N    Y / N    Y / N
10. Demolition of entire structures .....Y / N    Y / N    Y / N
  - a. If yes, demolition in connection with construction or reconstruction only .....Y / N    Y / N    Y / N
  - b. Any structure greater than 1 story .....Y / N    Y / N    Y / N
  - c. Approximately how many structures are demolished annually.....#
11. Retaining wall construction over 4 feet high .....Y / N    Y / N    Y / N
  - a. Do you design the walls .....Y / N    Y / N    Y / N
  - b. Do you have a structural engineer sign off .....Y / N    Y / N    Y / N
  - c. What percentage of your work involves retaining wall work in excess of 4 feet .....%
12. Public street or public road construction (other than new development).....Y / N    Y / N    Y / N
  - a. If yes, does your street and road work exceed 10%? (Do not include any new street or road construction in new subdivisions, office complexes, or parking lots) .....Y / N    Y / N    Y / N
13. Payroll for Managers/Officers/Supervisors who exercise supervisory control through job superintendents or foreman.....\$
14. Are all of your subcontractors always required to:
  - a. Provide you with proof of workers compensation and liability insurance before they or their employees are allowed on the job site ..... Y / N
  - b. Maintain liability insurance with limits of \$1,000,000 or higher ..... Y / N
  - c. Provide an endorsement on their insurance policy naming you as an additional insured before beginning work ..... Y / N
  - d. Keep a copy of the subcontractor's proof of insurance in your job file ..... Y / N  
If yes, do you retain copies for a minimum of 13 years? ..... Y / N
  - e. Does the additional insured endorsement provide coverage for completed operations?..... Y / N
  - f. Obtain a waiver of subrogation from your subcontractors ..... Y / N
  - g. Obtain CG2010 11-85 endorsements, or the equivalent, for all commercial work ..... Y / N
15. If a Paper Contractor (sub costs more than 4 times payroll):
  - a. Will you provide a project list for prior 12 months..... Y / N
  - b. Will you provide 4 years of prior carrier loss runs..... Y / N
  - c. Will you provide a copy of your sub agreement complete with a Hold Harmless Indemnity Clause?..... Y / N
  - d. Will you provide a sample of a previously executed certificate and AI endorsement from a prior subcontractor..... Y / N
  - e. Do your subcontractor policies have minimum limits of \$1,000,000 per occurrence ..... Y / N
  - f. Do you follow up on all expired certificates and additional insured endorsements..... Y / N
  - g. What percentage of your subcontractors have worked with you for more than three (3) years?..... %
16. Have you ever been involved in the installation or removal of petroleum storage tanks..... Y / N
  - a. If yes, please explain in detail on a separate sheet of paper.
17. Have you ever been informed that you could be involved in litigation or arbitration regarding any current or prior projects..... Y / N
18. Are you currently aware of any environmental conditions that could give rise to a pollution claim..... Y / N
  - a. If yes, please explain in detail on a separate sheet of paper.
19. Any above ground or underground tanks with a capacity of 250 gallons or more located on the premises ..... Y / N
  - a. If yes, are above ground tanks property protected with a dike enclosure?..... Y / N
  - b. If yes, have the underground tanks ever been Hydrostatically tested for leaks?..... Y / N
  - c. If yes, do tanks meet 1998 EPA upgrade requirements? ..... Y / N
20. Have you ever been cited and/or prosecuted, during the last 5 years, for contravention or violation of any standard or law relating to the release from your premises of any substance into sewers, rivers, seas, air or land ..... Y / N

Do you perform or subcontract any of the following operations: Check box  if applies

	<u>Past</u>	<u>Present</u>	<u>Future</u>	<u>Subcontracted</u>	<u>Please Explain</u>
Blasting/Use of Explosives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Caissons/Piers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Elevator Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire/Burglar Alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire Sprinkler/Suppression Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heavy Machinery Install or Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
High Pressure Boilers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Machinery/Equipment Install	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mold Remediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oil or Gas Well Drilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Roofing (Exc. as part of larger jobs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seismic Retrofitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tunneling/Boring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Waterproofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Do you perform or subcontract any work on the following Facilities: Check box  if applies

	<u>Past</u>	<u>Present</u>	<u>Future</u>	<u>Subcontracted</u>	<u>Please Explain</u>
Bridges or Overpasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Computer "Clean Rooms"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dams or Reservoirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Flood Control Levees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gas Stations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
High Voltage Transmission Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospitals/Surgical Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Power Plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Railroads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Refineries/Chemical Plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water/Sewage Treatment Plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I understand that Financial Pacific Insurance Company may rescind coverage if I have not provided accurate and complete information in this questionnaire. I grant Financial Pacific authorization to order a credit report on me and/or my business.**

\_\_\_\_\_  
**Owner or Officer's Name**

\_\_\_\_\_  
**Agent's Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Agent's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Owner or Officer's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Expiring FPIC policy number, if applicable**

**ACKNOWLEDGMENT**

State of:

County of:

On \_\_\_\_\_ before me, [insert name here]

Notary Public, personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me all that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. \_\_\_\_\_ Signature [seal]