Hull & Company
Lic. #0F60641

Southern California
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Northern California
2389 West March Lane
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P: (209) 474-9100 **F**: (866) 217-1815

Pacific Islands
3375 Koapaka Street, Suite D136
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CONTRACTORS QUESTIONNAIRE

ALL QUESTIONS MUST BE ANSWERED (Attach additional paper if necessary)

1. Applicant:
   A. Years in business under current name:

   B. Describe your operations:

   C. Do you currently have, or have you had in the past, a controlling interest in any other similar operations whether active, *inactive or dissolved*? ☐Yes ☐No
   If yes, please describe:

   D. Have you ever declared bankruptcy under this name or any other similar entity in which you have had a controlling interest? ☐Yes ☐No
   If yes, please provide the name of each entity, and the date and jurisdiction of bankruptcy:

2. Contractor's license number: States in which you do business:
   A. New York State Applicants: Any work in the five boroughs of New York? ☐Yes ☐No
   B. All Applicants: Do you do any work in Colorado? ☐Yes ☐No

3. List all other business names & licenses applicant has used in the past 10 years:
   A. Describe the operations:

4. Does applicant currently own/operate any other business? ☐Yes ☐No

   If yes, please provide the name of the business and percentage of ownership:
   Describe the operations:

5. Percentage of current operations: General Contractor % Subcontractor % Construction Mgr: %

6. Do you use Subcontractors? ☐Yes ☐No If yes, please complete the following:
   A. Percentage of subcontracted work: %

   B. Annual subcontracting cost (including all of subs' labor and materials: $

   C. Describe all activities that are subcontracted. If you are a general contractor, describe the activities you do yourself:

   D. Are there any circumstances when you do work for a general contractor that you use a subcontractor? If yes, please describe:

7. Do you collect certificates of insurance from **all** subcontractors? ☐Yes ☐No

   A. What limits of coverage are required from these subcontractors? $

   B. Do you require all subcontractors to name you as an Additional Insured, including for Completed Operations, and is this part of the written contract? ☐Yes ☐No

C. Do you require all subcontractors to defend, indemnify and hold you harmless from their activities and is this part of the written contract? ☐ Yes ☐ No

D. Who reviews and maintains the certificates?

E. How long are they kept?

8. Estimates for next 12 months:

Payroll $ Sub-Contract Cost $ Gross Receipts: $

5 Years Prior History if Applicable:

1st Year	Gross Receipts: $
2nd Year	Gross Receipts: $
3rd Year	Gross Receipts: $
4th Year	Gross Receipts: $
5th Year	Gross Receipts: $

9. Indicate the percentage of construction work preformed by you: **(MUST TOTAL 100%)**

RESIDENTIAL	**%**	**COMMERCIAL**	**%**
New Construction	%	New Construction	%
Remodeling/Repair	%	Remodeling/Repair	%
Other	%		

10. Using percentage of payroll (under Direct) and percentage of contract costs (under Subbed), indicate the anticipated percentage of construction work you will perform over the next 12 months:

Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed
Airport Runways			Excavation			Roofing		
Blasting			Fire Sprinkler			Seismic/Retrofitting		
Bridge Building			Grading			Sewer		
Carpentry			HVAC			Shower Door		
Concrete			Insulation			Steel/Structural		
Demolition			Maintenance			Steel/Ornamental		
Door/ Window			Masonry			Street/Road		
Drilling			Mechanical			Supervisory Only		
Drywall			Painting			Traffic Signals		
Earthquake			Plastering			Water/Gas Mains		
Electrical			Plumbing			Other:		

11. Describe your four largest projects over the past five years, including values:

12. List current projects currently underway or planned for the next year, including values:

13. How many new homes will you build from the ground up in the next year?

14. Have you ever built a home from the ground up? ☐ Yes ☐ No
A. How long ago? B. How many?

15. What type of Additional Insured Endorsements are you required to produce?
A. Ongoing Operations only ☐ Yes ☐ No
B. Ongoing Operations including Completed Operations ☐ Yes ☐ No
C. If yes, do you wish coverage for this exposure: ☐ Yes ☐ No

16. Do you anticipate needing Waivers of Subrogation in the next year? ☐ Yes ☐ No

17. 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
    A. Has any other licensing authority taken any action against you? ☐Yes ☐No

18. Have you built or will you build on hillsides, terraces, landfills or areas with recent subsidence activity? ☐Yes ☐No
    If yes, please explain:
    Our policy is not intended to provide coverage for this exposure. Do you wish coverage: ☐Yes ☐No
19. Do you use scaffolding? ☐Yes ☐No
    If yes, please explain:

20. Have you been involved or will you be involved with blasting operations or any other hazardous work activity? ☐Yes ☐No
    If yes, please explain, include if work is done by sub-contractors of if done by you:

21. Do you perform synthetic stucco work (EIFS)? ☐Yes ☐No
    Are you interested in coverage for EIFS work? If so, please complete the separate application. ☐Yes ☐No
22. Do any of your subcontractors perform EIFS work? ☐Yes ☐No
    Do you verify that coverage for this exposure is in place and not excluded? ☐Yes ☐No

23. Have you built/demolished or will you build/demolish buildings or other structures in excess of four (4) stories? ☐Yes ☐No
    If yes, please explain:

24. Do you perform work above two stories in height? (other than interior remodel) ☐Yes ☐No
    If yes, what percentage? % Maximum Height?
    Please describe:

25. Do you perform any work at Airports? ☐Yes ☐No
    If yes, please explain:

26. Do you own, rent or subcontract any cranes? ☐Yes ☐No
    If yes, please explain:

27. Have you been involved or will you or your subcontractors be involved in any removal of asbestos, PCB's or other hazardous materials? ☐Yes ☐No

28. Removal or work on fuel tanks or pipelines? ☐Yes ☐No

29. If you are a roofing contractor, subcontractor or performing roofing work, do you use (please also answer if you hire subcontractors to complete this work):

Hot Tar	%	☐Yes	☐No
Torch Down		☐Yes	☐No
Modified Bitumen (HOT)		☐Yes	☐No
Modified Bitumen (COLD)		☐Yes	☐No
Hot Air Welding	%	☐Yes	☐No
Other:			

30. Do you perform any Mold Remediation Work? ☐Yes ☐No

31. Do any of your subcontractors perform Mold Remediation Work? ☐Yes ☐No
    A. If yes, is coverage in place? ☐Yes ☐No

B. Name of Carrier?

32. Have you performed or will you or your subcontractors perform any work below grade: ☐Yes ☐No
Maximum Depth: inches % of operations:

33. Any shoring, underpinning, cofferdam or caisson work? ☐Yes ☐No
If yes, please explain:

34. 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

35. Do you have a formal safety program in place? ☐Yes ☐No

36. Will your upcoming work involve construction of or involvement with condominiums or townhouses? ☐Yes ☐No
A. If yes, is the work new construction? ☐Yes ☐No
B. Repair or Remodel only? ☐Yes ☐No
C. Is the work done for Homeowners Associations (not individual unit owners?) ☐Yes ☐No

37. Have you ever worked in **new** condominiums/townhouses? ☐Yes ☐No
If yes, how long ago?

38. Will your upcoming work involve the construction of or involvement with apartments? ☐Yes ☐No
A. If yes, is the work new construction? ☐Yes ☐No
How many units in the entire Project?
B. Repair or Remodel only? ☐Yes ☐No

39. Have you ever worked in **new** Apartments? ☐Yes ☐No
If yes, how long ago? How many units in the entire building?

40. Will your upcoming work involve the construction of or involvement with **new** Duplexes, Triplexes, Fourplexes or Patio Homes? ☐Yes ☐No
If Yes, what is the maximum number in any development?
Are the units individually owned and titled? ☐Yes ☐No

41. Have you ever worked in **new** Duplexes, Triplexes, Fourplexes or Patio Homes? ☐Yes ☐No
If yes, how long ago? Maximum number in any development?

42. Will your upcoming work involve construction in any **new** home tracts? ☐Yes ☐No
If yes, maximum number of homes in **ENTIRE TRACT DEVELOPMENT**

43. Have you ever worked in **new** tract developments? ☐Yes ☐No
If yes, how long ago?
How many units in the entire development?

44. Any current Wrap-Up/OCIP/CCIP Projects? ☐Yes ☐No
A. Name of Carrier?

45. Have you ever worked in **new** assisted living facilities? ☐Yes ☐No
If yes, how long ago? How many units in the entire building?
Does it involve any individual unit ownership? ☐Yes ☐No
46. Have you or will you ever convert apartments to condominiums? ☐Yes ☐No

47. Any other exposures/operations not otherwise covered by this questionnaire? ☐Yes ☐No
If yes, please explain:

48. Have there been any losses, claims or suits against you in the past eight years? ☐Yes ☐No
If yes, please describe:

a. Are there any claims or legal actions pending against any active, inactive or dissolved entities in which you have had a controlling interest? ☐Yes ☐No

If yes, please describe:

b. After inquiry, do you have knowledge of any pre-existing act, omission, event, condition or damage to any person or property that might reasonably be expected to give rise to any future claim or legal action against any person or entity identified in the application? ☐Yes ☐No

If yes, please describe:

c. Have you been accused of faulty construction in the past 8 years? ☐Yes ☐No

If yes, please describe:

d. Have you been accused of breaching a contract in the past 8 years? ☐Yes ☐No

If yes, please describe:

e. Have you filed any Mechanic's Liens in the past 8 years? ☐Yes ☐No

If yes, please describe:

DEFINITIONS:

EIFS -Exterior Insulation Finishing Systems – means an exterior cladding or finish system used on any part of any structure and consisting of: a) a rigid or semi-rigid insulation board made of expended polystyrene or other materials; and b) an adhesive and/or mechanical fasteners used to attach the insulation board to the substrate; and c) a reinforced base coat; and d) a finish coat providing surface texture and color.

GENERAL CONTRACTOR – A contractor, who exercises primary control of the job site, typically subcontracts a significant portion of the work, and/or is named in the construction documents as the general contractor of record.

RESIDENTIAL CONTRACTOR – Single or multi-unit family housing, including apartments, condominiums and townhouses, planned unit developments and tract housing or similar planned communities.

SUBSIDENCE – Any movement of the land or earth including landslides, mudflow, earth sinking, rising and shifting, collapse or movement of fill, earth settling, slipping, falling away, caving in, eroding or tilting and earthquake.

TORCH APPLIED ROOFING (MODIFIED BITUMEN) – This process which is also called torch welding, involves a modified bitumen installed on a roofing deck by means of a torch. A membrane is laid on the roof, heated by a torch and allowed to cool so that the material solidifies in place. The asphalt component in the membrane serves as an adhesive between the surface material and roof substrate.

MODIFIED BITUMEN – Also called "modbit" membranes consist of an asphalt and polymer blend which allow the asphalt to take on characteristics of the polymer.

HOT AIR WELDING – Hot Air Welding is a system utilizing a heating source (either electric or propane flame) attached to a hose, which blows hot air onto the membrane.

TRACT HOUSING – Developments where the houses are similar in price, physical characteristics, lot size and square footage; numerous houses of similar or complementary design constructed on a given expense of land, by a single builder.

WRAP-UP (OCIP/CCIP) – A policy providing coverage(s) for all interests in a major construction project. Also know as an OCIP (Owner Controlled Insurance Program) or a CCIP (Contractor Controlled Insurance Program).

WARRANTY: The purpose of this Contractors Questionnaire is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of the applicant's insurability. Material misstatements or errors made on this form may provide a basis for the company's rescission of the policy at any time during the term of the policy, with the return of unearned premium. The undersigned, therefore, warrants that the information contained herein (consisting of 6 pages) is true an accurate to the best of his knowledge, information and belief. The Supplemental Questionnaire shall be the basis of any insurance policy that may be issued.

Signature of Applicant:* _____

Name & Title: Date:

*Must be owner, executive officer or partner of the company