CENCAL INSURANCE SERVICES ***SPECIALITY CONTRACTOR QUESTIONNAIRE***

APPLICANT: _____PRODUCER_____
CONTRACTOR'S LICENSE (alpha prefix/#)____ / _____ ISSUED: _____
DESCRIBE APPLICANTS EXACT OPERATIONS:
_____
_____
% OF WORK SUBCONTRACTED _____ % RESIDENTIAL _____ % COMMERCIAL_____
# OF YEARS IN BUSINESS: _____ % OF WORK NEW_____ % REMODEL_____ % REPAIR_____
% OF WORK DIRECT CLIENTS: _____ % FOR GENERAL CONTRACTORS: _____
% OF WORK AT JOB SITES WITH TOTAL COSTS OVER $100,000_____ % UNDER $100,000 _____%

LARGEST THREE (3) JOBS COMPLETED IN THE PAST YEAR: (name/location/cost)

_____
_____
_____
ESTIMATED PAYROLL, THIS TERM _____ LAST YEAR _____
ESTIMATED RECEIPTS, THIS TERM _____ LAST YEAR _____
OF EMPLOYEES_____ FULL TIME_____PART TIME _____ AVE HRLY RATE _____

		COMMENT ON All YES ANSWERS
Has applicant ever operated as a General Contractor?	____ 1	
Has applicant ever been in a construction defects claim?	____ 2	
Does applicant own any other operations?	____ 3	
Does applicant lease, loan, rent equipment to or from others?	____ 4	
Does applicant prepare plans, designs, drawings, or specifications?	____ 5	
Does applicant ever work above three stories?	____ 6	
Does applicant utilize any subcontractors on a regular basis?	____ 7	
Has applicant ever had a loss over $5000?	____ 8	
Does applicant hire with Union Hall assistance?	____ 9	
Does applicant utilize/hire Day-Labor?	____10	
Has applicant ever operated without insurance?	____11	
Does applicant maintain an office away from principle residence?	____12	
Has applicant ever filed for bankruptcy protection?	____ A	
Does applicant owe any insurance company any earned premium?	____ B	
Has applicant ever been sued for failure to complete a job?	____ C	

COMMENTS SECTION_____
_____
_____
OF ADDITIONAL INSUREDS/CERTIFICATES ISSUED PAST 12 MONTHS: _____ USUAL #: _____
NAME OF OWNER(S) OFFICER(S) OF THIS ENTITY:_____
HAS OWNER EVER OPERATED UNDER ANY OTHER NAME?_____
HOW LONG HAVE YOU KNOWN THIS APPLICANT:_____
ARE YOU FAMILIAR WITH THE QUALITY OF THE WORK, DEPENDABILITY, PAY HABITS: _____
HOW LONG YOU HAVE PLACED THE LIABILITY COVERAGES FOR THE APPLICANT._____
QUESTIONNAIRE COMPLETED BY:_____ ON:_____
ANSWERING FOR THE APPLICANT:_____ON:_____

ATTACHMENTS REQUIRED
- ☐ (1) CC OF APPLICANT'S LICENSE(S)
- ☐ (2) SIGNED ACORD APPLICATION FORMS
- ☐ (3) WORK IN PROCESS SCHEDULE
- ☐ (4) LOSS HISTORY
- ☐ (5) ADDIT'L INSURED/CERTS ISSUED OVER PAST 6 MONTHS