

CENTURY INSURANCE GROUP
SMALL CONTRACTORS QUESTIONNAIRE
(Complete in addition to Acord Application)

1. Name of Applicant _____ Phone # _____ Fax # _____
(Complete one questionnaire for each named insured / for each risk.)

2. Provide payrolls, sub contract costs and sales for past five (5) years and estimate for next twelve (12) months:

	<u>Payroll</u>	<u>Costs</u>	<u>Sales</u>
19__/19__	\$ _____	\$ _____	\$ _____
19__/19__	\$ _____	\$ _____	\$ _____
19__/19__	\$ _____	\$ _____	\$ _____
19__/19__	\$ _____	\$ _____	\$ _____
19__/19__	\$ _____	\$ _____	\$ _____
Next 12 Months	\$ _____	\$ _____	\$ _____

3. Have you ever, do you currently, or do you intend to be involved in new construction (including site preparation) on the following?

	Yes	No		Yes	No
Apartments (less than 26 units)	<input type="checkbox"/>	<input type="checkbox"/>	Townhouses (less than 16 units)	<input type="checkbox"/>	<input type="checkbox"/>
Apartments (26 units or more)	<input type="checkbox"/>	<input type="checkbox"/>	Townhouses (16 units or more)	<input type="checkbox"/>	<input type="checkbox"/>
Condos (less than 16 units)	<input type="checkbox"/>	<input type="checkbox"/>	Tracts (Single Family less than 26 Units)	<input type="checkbox"/>	<input type="checkbox"/>
Condos (16 units or more)	<input type="checkbox"/>	<input type="checkbox"/>	Tracts (Single Family, 26 units or more)	<input type="checkbox"/>	<input type="checkbox"/>
Custom Homes	<input type="checkbox"/>	<input type="checkbox"/>	Condo/Townhouse/Apt Repair only	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you perform or sub contract any of the following?

	Yes	No
Act as a general contractor? (If so, complete CSL7012)	<input type="checkbox"/>	<input type="checkbox"/>
Act as a developer? (If so, complete CSL7012)	<input type="checkbox"/>	<input type="checkbox"/>
Act as a construction manager? (If so, complete CSL7012)	<input type="checkbox"/>	<input type="checkbox"/>
Act as a construction consultant? (If so, complete CSL7012)	<input type="checkbox"/>	<input type="checkbox"/>
Demolition work?	<input type="checkbox"/>	<input type="checkbox"/>
EIFS Installation?	<input type="checkbox"/>	<input type="checkbox"/>
Seismic repair or rehabilitation?	<input type="checkbox"/>	<input type="checkbox"/>
Seismic retrofitting or structural work?	<input type="checkbox"/>	<input type="checkbox"/>
Rental of equipment to others?	<input type="checkbox"/>	<input type="checkbox"/>
Site preparations (grading or excavating)?	<input type="checkbox"/>	<input type="checkbox"/>
Waxing floors in retail stores?	<input type="checkbox"/>	<input type="checkbox"/>
If yes what percentage of total work is from waxing retail stores? _____%		
Work above three (3) stories or forty (40) feet in height?	<input type="checkbox"/>	<input type="checkbox"/>
Roofing operations?	<input type="checkbox"/>	<input type="checkbox"/>
a. Re-roofs _____%; Repair/Patch Work _____%; New Roofs _____%		
b. 1 to 3 Stories _____%; 4 or 5 Stories _____%; Over 5 Stories _____%		
c. Slate/Tile _____%; Wood shake/shingle _____%; Composition _____%; Hot/Composition _____%; Polyurethane Foam _____%; Metal/Aluminum _____%; Other _____% Explain _____		
d. Flat Roofs _____%; Pitched Roofs _____%		
e. Apartments _____%; Industrial Buildings _____%; Office Buildings _____%; Condominiums _____% One/Two Family Dwellings _____%; Other _____%; Explain: _____		
f. Maximum percentage of work per year applicant has done in past ten years on: Condominiums/Townhouse: _____%; Largest Complex (# of units): _____		
g. Does applicant use "Hot Tar"? _____? If yes, what percentage is "Hot Tar" work _____%		
h. Does applicant sub out "Hot Tar" work _____? If yes, what estimated annual cost of subs for "Hot Tar" work? \$ _____		
i. Does applicant install roofing systems that require use of setting fire (torch work) to asphalt for application of other roofing materials _____? If Yes, describe process and percentage of work involving this? _____		

CENTURY INSURANCE GROUP

- j. Does applicant use any spray method for applying roofing materials____? If yes, are flammable liquids or catalysts used____? Explain_____
- k. Does applicant install any type of elastomer roof coverings requiring spraying or use of flammable liquid or open fires____?
- l. Are all jobs inspected by a foreman or the contractor at completion before leaving job site____?
- m. Does applicant use; Cranes____?; Kettles____?; Roof cleaning Tractors____?; Hoists____?; Forklifts____?; Scaffolding____? If risk involves heating kettles, are they equipped with automatic shut off valves____?
- n. Property damage resulting from water, rain, snow, sleet or ice is excluded. However, this exclusion does not apply to the Products - Completed Operations hazard (coverage available only after job is completed). Work on buildings over five (5) stories is also excluded. Do you wish to buy back water damage (while job is in progress)____?
- o. Coverage buyback is available for certain exclusions. Indicate whether applicant wishes to buy back any of the these coverages.); Use of "Hot Tar"____?; Work over 3 stories____?
5. Do you obtain certificates of insurance from subs for: Yes No
- General Liability
- a. What limits_____?
- Workers Compensation
6. Are certificates obtained from subs before you let them on to job site? Yes No
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7. Do you have knowledge of any occurrence which might give rise to a claim? Yes No
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- If yes, explain: _____
8. Remarks: _____
9. If coverage is provided, it will contain certain special exclusion (above and beyond normal policy exclusions) including, but not necessarily limited to, the following:
- a. Asbestos.
 - b. BI to applicant's employees (including contractually).
 - c. Broad form contractual.
 - d. Designated work (apartments, condos, townhomes or buildings over 3 stories) - except when prior approval is granted by the company.
 - e. Explosives.
 - f. Lead paint.
 - g. Pollution (total).
 - h. Professional (architects, engineers, real estate and surveyors).
 - i. Subsidence.
 - j. Use of "Hot Tar" (can be deleted for additional premium charge)
 - k. Water damage while the job is in progress (can be deleted for an additional premium).
 - l. Work over three (3) stories (can be changed for an additional premium).

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____

Producer: _____

Signature: _____

Signature: _____

Date: _____

Date: _____