CRC Group
Wholesale & Specialty

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 have any other operations active or inactive? ☐ Yes ☐ No
   i. If yes, please explain: _____
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
3. List all other business names & licenses active or inactive applicant has used in the past 10 years:

   _____
   a. What were the operations? _____
4. Does applicant currently own/operate any other business? ☐ Yes ☐ No
   a. If yes, need name and percentage of ownership: _____
   b. What are the operations? _____
5. Percentage of current operations:

   General Contractor: _____% Subcontractor: _____%
   Construction Mgr: _____% Owner/developer _____%
6. Do you use Subcontractors? ☐ Yes ☐ No
   a. Percentage of Subcontracted work: _____
   b. Annual subcontracting cost (including all subs' labor and materials): $ _____
7. Do you collect certificates of insurance from all Subcontractors? ☐ Yes ☐ No
   a. What limit is required from these subcontractors? $ _____
8. Estimates for next 12 months (DO NOT INCLUDE WRAP/PROJECT SPECIFIC): _____
   a. Payroll $ _____ b. Sub-Contract Cost $ _____ c. Gross Receipts: $ _____
   i. Field Employee Count (#): _____ ii. Owners/Executive Supervisors (in the field) #: _____
   (do not include clerical, sales, admin employees)

   8b. 4 Years Prior History if Applicable: 1st Year Gross Receipts: $ _____
   2nd Year Gross Receipts: $ _____
   3rd Year Gross Receipts: $ _____
   4th Year Gross Receipts: $ _____
9. Estimates for next 12 months – WRAP/Project Specific Only (if not applicable, state such)
   a. Payroll $ _____ b. Sub-Contract Cost $ _____ c. Gross Receipts: $ _____

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10. Indicate the percentage of construction work performed by you: (MUST TOTAL 100%)

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

*Commercial Construction includes Habitational (APARTMENTS, ASSISTED LIVING, DORMITORY, ETC, PLEASE SEE PAGE 5 FOR DEFINITION)

11. 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 Payroll	% Subbed	Type of Work (continued)	% Direct Payroll	% Subbed
Airport Runways			Masonry		
Blasting			Mechanical		
Bridge Building			Painting		
Carpentry			Plastering		
Concrete			Plumbing		
Demolition			Roofing		
Drilling			Seismic/Retrofitting		
Drywall			Sewer		
Earthquake			Steel/Structural		
Electrical			Steel/Ornamental		
Excavation			Street/Road		
HVAC			Supervisory Only		
Grading			Traffic Signals		
Insulation			Water/Gas Mains		
Maintenance			Other:		
			GRAND TOTAL: (must equal 100%)	100%	100%

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

Project Name/Project Description	Value
1.	
2.	
3.	
4.	

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

Project Name/Project Description	Value
1.	
2.	
3.	
4.	

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

15. Have you ever built a home from the ground up? ☐ Yes ☐ No

    a. How long ago? _____ b. How many? _____

16. How many additional insured endorsements do you anticipate needing in the next year? _____

17. How many Waivers of Subrogation do you anticipate needing in the next year? _____

18. 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

19. Have you built or will you build on hillsides, terraces, landfills or Subsidence areas? ☐ Yes ☐ No

    a. 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

    a. If yes, please explain: _____

21. Do you perform synthetic stucco work (EIFS)? ☐ Yes ☐ No

22. Do any of your subcontractors perform EIFS work? ☐ Yes ☐ No

23. Have you built/demolished or will you build/demolish buildings or structures in excess of four (4) stories? ☐ Yes ☐ No

    a. If yes, please explain: _____

24. Equipment:

    a. Do you own, rent or subcontract any cranes?

        i. If Yes, Is equipment rented with operator?

        ii. If Yes, please explain _____

    b. Do you own or use scaffolding?

        i. If Yes, please explain _____

25. Do you perform work above two stories in height? (other than interior remodel) ☐ Yes ☐ No

    a. If yes, what percentage? _____% Maximum Height? _____

    b. Please describe: _____

26. Do you perform any work at Airports? ☐ Yes ☐ No

    a. 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. Are you a roofing contractor, sub-contractor, or do you perform roofing operations ☐ Yes ☐ No

    If yes, complete the following:

    a. Roofing Operations:

Building Type	Percentage of Work
Residential	%
Commercial	%
Industrial	%
Other	%

Slope	Percentage of Work
Pitched	%
Low Slope	%
Flat	%
Other	%

    b. Method and % of work ☐ Yes ☐ No

        Hot Tar _____% ☐ Yes ☐ No

        Torch Down ☐ Yes ☐ No

        Modified Bitumen (HOT) ☐ Yes ☐ No

        Modified Bitumen (COLD) ☐ Yes ☐ No

        Hot Air Welding _____% ☐ Yes ☐ No

        Other: _____ ☐ Yes ☐ No

    c. Do you perform roof tear off operations? ☐ Yes ☐ No

    d. Do you subcontract roof tear off operations to others? ☐ Yes ☐ No

    e. Please describe your weather detection procedures (or attach copy of procedures)

    f. Do you have a procedure for limiting the amount of roof to be opened at a time?

        i. Please describe the procedure utilized.

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

    a. Maximum Depth: _____ % of operations: _____ %

33. Any shoring, underpinning, cofferdam or caisson work? ☐ Yes ☐ No
    a. 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?
35. Do you have a formal safety program in place? ☐ Yes ☐ No
36. Will any upcoming work involve the construction of or involvement with condominiums? ☐ Yes ☐ No
    a. If yes, is the work new construction?
        i. If yes, is all new condo work covered by a WRAP? ☐ Yes ☐ No
            If yes, skip to part B – if no, answer ii & iii below.
        ii. Max number of units in any given condo development _____
        iii. Max number of units you will physically work on (if less): _____
    b. Repair or Remodel only? ☐ Yes ☐ No
        i. If yes, is the work for the individual unit owner or HOA? _____
37. Have you ever worked in new condominiums? ☐ Yes ☐ No
    a. If yes, how long ago? _____
    b. If yes, was it under a WRAP? _____
        i. If it was not done under a WRAP, please complete the following:
        ii. Max number of units in any given condo development _____
        iii. Max number of units you have physically worked on (if less) _____
38. Will any upcoming work involve the construction of or involvement with townhouses/patio homes?
    a. If yes, is the work new construction? ☐ Yes ☐ No
        i. If yes, is all new townhome work covered by a WRAP? _____
        If it was not done under a WRAP, please complete the following:
        ii. Max number of units in any given townhome development _____
        iii. Max number of units you will physically work on (if less): _____
    b. Repair or Remodel only? ☐ Yes ☐ No
        i. If yes, is the work for the individual unit owner or HOA? _____
39. Have you ever worked in new townhouses/PATIO HOMES? ☐ Yes ☐ No
    a. If yes, how long ago? _____
    b. If yes, was it under a WRAP? _____
        i. If it was not done under a WRAP, please complete the following:
        ii. Max number of units in any given townhome development _____
        iii. Max number of units you have physically worked on (if less) _____
40. Will any work involve the construction of or involvement with apartments? ☐ Yes ☐ No
    a. If yes, is the work new construction? ☐ Yes ☐ No
        i. How many units in the entire Project? _____
    b. Repair or Remodel only? ☐ Yes ☐ No

41. Have you ever worked in new apartments?
    a. If yes, how long ago? _____ How many units in the entire building? _____
42. Have you or will you ever convert apartments to condominiums? ☐ Yes ☐ No
43. Will any upcoming work involve the construction of or involvement with new tract work? ☐ Yes ☐ No
    a. If yes, maximum number of homes in ENTIRE TRACT DEVELOPMENT _____
    b. What is the maximum number of homes you will work on? _____
44. Have you ever worked in new tract developments? ☐ Yes ☐ No
    a. If yes, how long ago?_____
    b. What is the largest development you have worked in?_____
    c. What is the maximum number of homes you have worked on in any one tract?_____
45. Any current Wrap-Up/OCIP Projects? ☐ Yes ☐ No
    a. Name of Carrier?_____
46. Any unusual exposures/operations not otherwise covered by this questionnaire? ☐ Yes ☐ No
    a. If yes, please explain: _____
    a. Are there any claims or legal actions pending against any of the entities? ☐ Yes ☐ No
    b. Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against them? ☐ Yes ☐ No
    c. Have you been accused of faulty construction in the past 5 years? ☐ Yes ☐ No
    d. Have you been accused of breaching a contract in the past 5 years? ☐ Yes ☐ No
    e. Have you ever filed any Mechanic Liens in the past 5 years? ☐ Yes ☐ No

DEFINITIONS:

EIFS – Exterior Insulation Finishing Systems – multi layered exterior wall systems (which resemble stucco in appearance) that are used on both commercial buildings and residential homes.

GENERAL CONTRACTOR – A contractor who subcontracts work to others in excess of 50% of total receipts, exercises primary control of the job site, and is named in the construction documents as general contractor of record.

RESIDENTIAL CONSTRUCTION – Single or multi-unit-family housing, condominiums and townhouses, planned unit development and tract housing or similar planned communities, where the resident will hold title to the unit or home they occupy.

SUBSIDENCE – Any movement of the land or earth including landslides, mudflow, earth sinking, rising and shifting, collapse or movement or 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.

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

TRACT HOUSING – Dwellings that are built within a real estate development or planned community on tracts of land which are subdivided into individual lots similar in size and square footage.

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

WARRANTY: The purpose of the Supplemental Questionnaire is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore warrants that the information contained herein (consisting of five pages) is true and accurate to the best of his or her knowledge, information and belief. The Supplemental Questionnaire, and the application to which it is appended, shall be the basis of any insurance policy that may be issued and will be part of such policy.

Signature of Applicant*: _____

Name & Title: _____ Date: _____