



Applicant/Insured:	Producer:
Contractors License No. (attach copy)	Producer E-mail:
Applicant Web site:	Applicant Telephone No.:

1. Approximate percent of work. (Each column must total 100%. Please describe any operations below.)

		Commercial Work		Residential Work		All Work	
Commercial	%	Retail	%	New Construction	%	Direct	%
Residential	%	Office	%	Remodeling	%	Sub-contracted	%
Total	100%	Industrial	%	Repair/Service	%	Total	100%
		Other	%	Other	%		
		Total	100%	Total	100%		

* Describe other work performed by applicant:

NOTE: On the next page, please explain in detail any of the following questions with answers marked by an asterisk (*).

2. Do you have any other business ventures, current or future, or operated under other licenses?	Yes*	No
3. Have you been involved with new construction of: residential dwellings, residential condos, townhomes, loft conversions or tract housing in the past, at the present, or in the future?	Yes*	No
4. Do you use sub-contractors? If yes, describe type of work sub-contracted.	Yes*	No
a. If yes, do you obtain certificates of insurance from your subcontractors?	Yes	No*
b. If yes, do you require limits equal to or greater than your liability limits?	Yes	No*
c. Are you named additional insured on their policies for both ongoing and completed operations?	Yes	No*
d. Do you obtain a standard subcontractor agreement with hold harmless provisions in your favor?	Yes	No*
e. Do you require your subcontractors to carry workers' compensation insurance?	Yes	No*
5. Do you do any work for general contractors? If yes, explain and provide a list of GCs.	Yes*	No
6. For janitorial services, do you perform any exterior window washing over 1 story? # stories _____	Yes*	No
a. Do you do any floor waxing? If yes, explain % of receipts and safety precautions taken	Yes*	No
7. Do you use any scaffolds? If yes, explain if you or a subcontractor sets them up.	Yes*	No
8. Do you do any trenching or ditch work? If yes, provide max. depth ___ ft. below grade	Yes*	No
a. Are underground utilities marked by a utility locator service prior to any work?	Yes	No*
9. Do you service or repair any property in your care, custody or control? If yes, where is the work performed?	Yes*	No
10. Do you sell any products? If yes, describe products and are they sold under your label?	Yes*	No
11. Do you rent or lease out your equipment (attach copy of rental contract)? If yes, with or without operators?	Yes*	No
12. Do you do any work for Condominium or Homeowner Associations? If yes, please describe the type and frequency of operations performed.	Yes*	No
13. Do you do any work presently or in the past involving EIFS or Chinese Drywall?	Yes*	No
14. Painting Contractors Only: ___% Exterior ___% Interior Painting. Do you perform spraying operations? If yes, explain over-spray precautions	Yes*	No
15. Do you perform, or do others perform on your behalf, any roofing work?	Yes*	No
a. Does any work involve hot tar, open flame, or any type of torch work?	Yes*	No
b. Provide details on loss prevention related to open holes, weather protection, fire watches, or other measures taken.		
16. Does any of your work involve blasting, demolition or wrecking of any buildings or other structures?	Yes*	No

