



3D STAR INSURANCE SERVICES, INC.

### CONTRACTORS GENERAL LIABILITY SUPPLEMENTAL QUESTIONNAIRE

Applicant Instructions:

- Answer all questions. If the answer to any question is NONE, please state NONE.
- Questionnaire must be signed and dated by owner, partner or officer.
- PLEASE CAREFULLY READ THE STATEMENTS AT THE END OF THIS QUESTIONNAIRE.

THE TERM "WILL YOU" IN A QUESTION MEANS UNTIL THE EXPIRATION DATE OF THE POLICY.

1. Applicant: \_\_\_\_\_

Business Address: \_\_\_\_\_

2. Contractor's license #: \_\_\_\_\_ Years in business under current name: \_\_\_\_\_

List all business names which applicant has used in the past: \_\_\_\_\_

Describe your business operations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

States in which you are licensed to do business \_\_\_\_\_

3. Percent of operations: General Contractor \_\_\_\_\_% Subcontractor \_\_\_\_\_% Owner Builder \_\_\_\_\_%

4. Estimates for next 12 months: Number of Owners and Officers active at job sites \_\_\_\_\_

Direct Payroll: \$ \_\_\_\_\_ Sub-Contract Costs \$ \_\_\_\_\_ Gross Sales \$ \_\_\_\_\_

**Prior Years:**

yr \_\_\_\_\_ Direct Payroll \$ \_\_\_\_\_ Sub-Contract Costs \$ \_\_\_\_\_ Gross Sales \$ \_\_\_\_\_

yr \_\_\_\_\_ Direct Payroll \$ \_\_\_\_\_ Sub-Contract Costs \$ \_\_\_\_\_ Gross Sales \$ \_\_\_\_\_

yr \_\_\_\_\_ Direct Payroll \$ \_\_\_\_\_ Sub-Contract Costs \$ \_\_\_\_\_ Gross Sales \$ \_\_\_\_\_

yr \_\_\_\_\_ Direct Payroll \$ \_\_\_\_\_ Sub-Contract Costs \$ \_\_\_\_\_ Gross Sales \$ \_\_\_\_\_

5. Indicate the percentage of construction work performed by you:

New Construction \_\_\_\_\_% Commercial Projects \_\_\_\_\_% Inside Work \_\_\_\_\_%

Structural Remodeling \_\_\_\_\_% Industrial Projects \_\_\_\_\_% Outside Work \_\_\_\_\_%

Non-Structural Remodeling \_\_\_\_\_% Residential/Habitational Projects \_\_\_\_\_%

Repair/Service \_\_\_\_\_% Petro/Chem Refineries \_\_\_\_\_%

\_\_\_\_\_% Airport Projects \_\_\_\_\_%

\_\_\_\_\_% Hospital Projects \_\_\_\_\_%

Other \_\_\_\_\_% Other \_\_\_\_\_%

**Total** \_\_\_\_\_ **100%** **Total** \_\_\_\_\_ **100%** **Total** \_\_\_\_\_ **100%**

6. Indicate the anticipated percentage of construction work over the next twelve months to be performed by you using percentage of payroll under "Direct" and percentage of contract costs under "Subbed" as the basis:

	Direct	Subbed		Direct	Subbed		Direct	Subbed
Blasting	___%	___%	Environmental	___%	___%	Seismic Retro-Fitting	___%	___%
Boilers	___%	___%	Excavation	___%	___%	Sewer	___%	___%
Bridge or Overpass	___%	___%	Grading	___%	___%	Steel (Structural)	___%	___%
Carpentry	___%	___%	Insulation	___%	___%	Steel (Ornamental)	___%	___%
Concrete	___%	___%	Maintenance	___%	___%	Street/Road	___%	___%
Dams or Levees	___%	___%	Masonry	___%	___%	Stucco and/or EFIS	___%	___%
Demolition	___%	___%	Mechanical	___%	___%	Supervisory Only	___%	___%
Drilling	___%	___%	Painting	___%	___%	Traffic Signals	___%	___%
Earthquake Repair	___%	___%	Plastering	___%	___%	Water/Gas Mains	___%	___%
Electrical	___%	___%	Plumbing	___%	___%	LPG work	___%	___%
Elevator/Escalator	___%	___%	Roofing	___%	___%	Other (Describe)	___%	___%

7. Describe your largest projects that you have performed during the past five years, including cost:

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8. Describe current projects or those scheduled to commence over the next twelve months, including cost: (Attach separate sheet if necessary)

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9. Amount of work over 2 stories: \_\_\_%. Amount of work over 5 stories: \_\_\_%.

Maximum height you will work: \_\_\_ vertical feet; \_\_\_ stories.

10. Have you allowed, are you currently allowing, or will you ever allow your license to be used by any other contractor for a project on which you have not worked?

Yes  No  If yes, please provide details: \_\_\_\_\_

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Has any licensing authority taken any action against you? Yes  No

Explain any jobs you have done or will do that are covered under a "wrap-up" or Owner Controlled Insurance Program:

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11. Have you built, are you currently building, or will you build on hillsides, terraces, landfills or subsidence areas? Yes  No

If yes, please explain: \_\_\_\_\_

Maximum degree of slope where you have built or will build: \_\_\_\_\_

12. Have you been involved, are you currently involved, or will you or any subcontractors be involved with blasting operations or hazardous or unusual work activity? Yes  No  If yes, please explain:

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13. Has your work involved, does your work currently or will your work involve systems that provide: medical and/or industrial life support process piping? Yes  No  If yes, please explain:

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14. Yes  No   
 Have you been involved, are you currently involved, or will you or your subcontractors be involved in any removal or abatement of  mold,  asbestos,  lead,  PCB's or  other hazardous materials?  
 Installation or removal or work on fuel tanks or pipelines? Yes  No
15. Have you performed in the past or will you or your subcontractors perform any work below grade? Yes  No   
 Maximum depth: \_\_\_\_\_ % of operations: \_\_\_\_\_  
 Any shoring, underpinning, cofferdam or caisson work? Yes  No   
 If yes, please explain safety procedures regarding underground utilities: \_\_\_\_\_  
 \_\_\_\_\_
16. Have you worked, are you currently working, or will any of your employees work under U.S. Longshoremen's and Harbor Workers' Act or Jones Maritime Act? Yes  No
17. Do you have operations other than contracting? Yes  No   
 Are these operations to be covered by this insurance? Yes  No   
 If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_
18. If you are a general contractor or developer or **employ subcontractors**,  
 Are certificates of Worker's Comp and General Liability insurance obtained from all subcontractors? Yes  No   
 Are you named as Additional Insured on your subcontractors' policies? Yes  No   
 Are signed contracts with hold harmless agreements obtained from all subcontractors prior to being allowed on your job site? Yes  No   
 What General Liability policy limits do you require of subcontractors? \$ \_\_\_\_\_ per occurrence  
 \$ \_\_\_\_\_ General aggregate  
 \$ \_\_\_\_\_ Products/Completed Operations Aggregate  
 How many years are records of certificates of insurance and contractual agreements with subcontractors maintained by you? \_\_\_\_\_  
 Do you require that subcontractors name you as an additional insured on their General Liability insurance? Yes  No
19. Average number of Certificates of Insurance you provide each year: \_\_\_\_\_  
 Average number of entities you are contractually required to name as Additional Insured: \_\_\_\_\_
20. Do you or will you have a formal safety program in place? Yes  No
21. Explain past or present remodeling, repair or maintenance jobs done for Condo Owner Associations or any other Home Owner Associations or their Management Companies:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
22. Yes  No  :  
 In the past 10 years, present policy period or upcoming policy period, has or will any of your work involve new residential construction activities for  custom homes,  apartments or multi-unit residential projects including  condominiums,  townhouses,  timeshares,  tract home subdivisions or  master planned residential communities?

If yes, please provide details including developer/General Contractor that the work was/is/will be performed for and the location of such work (attach separate sheet if necessary):

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23. During the past five years, has any insurer ever canceled or non—renewed similar insurance to any applicant or has your insurance been canceled for non—payment of premium by any insurance or finance company? Yes  No  If yes, please explain: \_\_\_\_\_

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24. Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability? For the purpose of this application only, a claim means a receipt of a demand for money, service or arbitration. Yes  No  If yes, please explain including the name(s) of the person, company or entity and the name(s) and locations(s) of the projects where such operations were performed: (attach separate sheet if necessary)

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25. Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to: allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) at a location or project where your company has performed operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? Yes  No  If yes, please explain including the names(s) and location(s) of the projects where such operations were

performed: (attach a separate sheet if necessary) \_\_\_\_\_

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The undersigned Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the Applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The Applicant further understands that, if a policy of insurance is issued, this questionnaire will be incorporated into and form a part of such policy.

Signature of Applicant: \_\_\_\_\_

Title (Owner, Officer, Partner) \_\_\_\_\_

Date: \_\_\_\_\_

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE UNDERWRITING MANAGER TO PROVIDE THE INSURANCE.