

## CONTRACTORS LIABILITY QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: \_\_\_\_\_

Website: \_\_\_\_\_

### PROHIBITED CIRCUMSTANCES

*If any of the questions in this section are answered "YES," you are not eligible for coverage.*

1. Are you involved or was any other business you owned (past, present or intended in future), in new residential construction, and/or development of more than 10 single family dwellings, town home units or condominium units, in one development, in any one year? (Units are defined as each town home unit or condominium unit.)  Yes  No
2. Are you a general contractor with no construction employees (paper contractor or > 30% subcontract costs), real estate developer or construction manager?  Yes  No
3. Do you have any current or prior projects involving the use of exterior insulation and finish systems (EIFS aka synthetic stucco)?  Yes  No
4. Do you perform window or siding installation?  Yes  No
5. Do you perform water extraction?  Yes  No
6. Do you perform work on buildings over three stories in height?  Yes  No
7. Have you ever done any type of remediation work?  Yes  No
8. Have you ever or do you plan on doing any water or fire restoration?  Yes  No
9. Have you been named in a suit for defective workmanship or incurred a construction defect claim?  Yes  No
10. Have you ever performed work in California?  Yes  No
11. Do you or have you ever sold, removed or installed any asbestos, lead or other hazardous materials including abatement and testing for Radon?  Yes  No

### GENERAL INFORMATION

1. Provide a complete description of your operations (type of work you do, new or remodeling/renovation, demolition/gutting and rebuild, tenant build out/improvements, complete buildings or room additions, non-structural remodels, seismic retrofit, etc.):  
\_\_\_\_\_  
\_\_\_\_\_
2. Do you do any work on foreclosed homes?  Yes  No

**OPERATIONS INFORMATION**

1. Breakdown of construction activities:

Type of Construction	Commercial	Residential	Industrial	% of Operations
New construction	%	%	%	%
Renovation	%	%	%	%

2. Special Hazards – if you or any employees perform any of the following you are not eligible for coverage however they may be acceptable if the work is subcontracted. Do you subcontract any of these activities?

	Yes	No		Yes	No
Use of cranes	<input type="checkbox"/>	<input type="checkbox"/>	Foundation repair	<input type="checkbox"/>	<input type="checkbox"/>
Waterproofing	<input type="checkbox"/>	<input type="checkbox"/>	Shoring or underpinning	<input type="checkbox"/>	<input type="checkbox"/>
Blasting	<input type="checkbox"/>	<input type="checkbox"/>	Pile driving	<input type="checkbox"/>	<input type="checkbox"/>
Structural alterations	<input type="checkbox"/>	<input type="checkbox"/>	Caisson or cofferdam work	<input type="checkbox"/>	<input type="checkbox"/>
Demolition of structures (other than interior)	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos removal	<input type="checkbox"/>	<input type="checkbox"/>
Other special hazards:	<input type="checkbox"/>	<input type="checkbox"/>			

Describe other: \_\_\_\_\_

3. Indicate whether the following types of work are performed by yourself/your employees or if they are performed by subcontractors:

	Emp.	Sub.	N/A		Emp.	Sub.	N/A
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plastering or Sheetrock - Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debris Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demolition - Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rain Gutters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drywall/Wallboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Siding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stucco or Plastering -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exterior

HVAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			

4. Do you have any mobile equipment that travels over public roads?  Yes  No
5. Do you rent or loan machinery or equipment to others?  Yes  No
6. Do you or have you ever built on hillsides, slopes, landfills, or other terrain susceptible to subsidence?  Yes  No
7. Do you employ any architects or engineers who draw any plans or blueprints used in your construction work?  Yes  No
8. Describe any types of operations or projects that you have **discontinued** (i.e. no longer build, did not complete, etc.):

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9. Complete the following regarding your last 5 jobs:

Description	Job Cost	Project Duration
	\$	
	\$	
	\$	
	\$	
	\$	



Capitol Indemnity Corporation  
 Capitol Specialty Insurance Corporation  
 Platte River Insurance Company

**IMPORTANT NOTICE**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

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Applicant Signature

Title

Date

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Producer Signature

Date