

NAVIGATORS CALIFORNIA INSURANCE SERVICES, INC.

433 California Street, Suite 820, San Francisco CA 94104

Tel: (415) 399-9109 Fax: (415) 399-9468

License # 0785521

CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

Note: throughout this questionnaire the words "you" and "your" include all entities seeking coverage.

1. Applicant: _____

2. How many years of experience do you have in the contracting business? _____
 Years in business of entities seeking coverage? _____ License # _____

3. Expiration date of current or most recent General Liability insurance policy _____
 Note: if above policy was canceled prior to expiration, enter the cancellation date.

4. What percentage of your work is: (each line must add to 100%)

Residential/habitational	Commercial	Industrial	Public works/ government	Total
%	%	%	%	= 100%

New Construction	Structural remodel/additions	Non-structural remodels	Total
%	%	%	= 100%

Interior work (inside structures)	Exterior work (outside structures)	Total
%	%	= 100%

General contractor	Construction manager	Developer / spec builder	Artisan contractor	Total
%	%	%	%	= 100%

5. Do you use subcontractors? Yes No If yes, complete the following
 a. Percentage of your work subcontracted out _____% Annual costs \$ _____
 Note: costs to include both costs of subcontracted labor and materials.

b. List the trades of the subcontractors you use and give the percentage of your work they perform:
 _____% _____% _____%
 _____% _____% _____%

c. Do you always collect certificates of insurance from subcontractors? Yes No
 What minimum General Liability limit is required? _____

d. Do you always require subcontractors to name you as an additional insured? Yes No

e. Do you have a standard formal written contract with subcontractors? Yes No
 If yes, does it have a hold harmless / indemnification agreement in your favor? Yes No
 Note: you may be required to provide a copy of an executed subcontract to bind coverage.

f. Have the procedures listed above been followed for at least the past 3 years? Yes No

g. How long do you maintain records of the above documents? _____

6. Do you have any prior or planned jobs covered under "wrap-up" or OCIP policies? Yes No
 Please explain _____

7. States in which you operate: _____

8. Gross receipts for the next 12 months and last 4 years

Next 12 months: \$ _____ Last 12 months: \$ _____
 2nd year prior \$ _____ 3rd year prior \$ _____
 4th year prior \$ _____

9. Number of owners, officers, and partners active at job sites or performing supervisory duties: _____ x \$33,600 = \$ _____
 Payroll of employees other than owners, officers, partners & clerical \$ _____
 Cost of leased, temporary, staffing service, casual labor (if not included above) \$ _____
 Total Payroll (sum of above three lines) \$ _____

10. Describe your three largest projects currently underway or planned for the next year, including values:

Start date	End date	Value	Description

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

Year Completed	Value	Description

12. Dollar value of average job completed (including all materials, labor & equipment) \$ _____

13. a. How many new homes will you build as a general contractor in the next year? _____
 b. What is the greatest number of new homes you have built in any one year? _____

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

15. Do any prior operations differ substantially in nature from current operations? Yes No
 Please explain _____

16 a. Are you a licensed architect or engineer? Yes No
 b. Do you have any operations other than contracting? Yes No
 c. In the past 3 years have you owned, operated or controlled any businesses not listed on the application? Yes No

Description _____

17. Do you own vacant land, real estate development property, or model homes? Yes No
 Description _____

18. **Note: the following question applies to work done in any capacity, including general contractor, developer, artisan, remodeling contractor, site work contractor, supplier, etc.**

Have you performed, or will you perform work involving, related to, or about the premises of:

		Remodel/ repairs	New construction
a.	Condominiums, townhouses or lofts	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Apartments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c.	Tracts, Planned Unit Developments, or any other development, premises or project with more than 10 homes or lots, built or planned, including all phases	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d.	Assisted living facilities, retirement homes, military housing, student housing, or any other multi unit facility intended for permanent habitational occupancy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Description _____

19. Have you ever performed work on hillsides, hill tops, slopes, landfill, or other subsidence areas, or do you plan to in the future (other than non-structural work)? Yes No
 Maximum degree of slope? _____ Description _____

20. Have or will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques? Yes No
 Description _____
 If retaining walls have been or will be built, maximum height _____ ft.

21. Do you or have you performed repairs of fire damage, water damage, or mold damage? Yes No
 Percentage of operations? _____% Describe _____

22. Do you perform work above two stories in height (other than interior remodeling)? Yes No
 If so, what percentage? _____% Maximum height _____ ft
 Description _____

23. Do you perform any work below ground level? Yes No
 If so, what percentage? _____% Maximum depth _____ ft
 Description _____

24. Have you or will you perform work related to the following: gas stations, refineries, chemical plants, airports, public utilities, railroads, or hospitals? Yes No
 Description _____

25. a. Have you or will you work as a construction manager for a fee? Yes No
 b. Have you or will you supervise contractors paid by a different entity? Yes No
 Description _____

26. In the past 3 years have you been fired or replaced on a job in progress? Yes No

27. Note: the following questions apply regardless of whether you were at fault for a claim or incident, and regardless of whether the claim or incident was covered by insurance. "Legal actions" includes lawsuits, mediation, and arbitration. Explain any "yes" answers below:
- a. Have there been losses, claims or legal actions against you in the past 5 years? Yes No
 - b. Are there any claims or legal actions pending against you? Yes No
 - c. Do you 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 any entity named in the application? Yes No
 - d. Have you been accused of faulty construction in the past 5 years? Yes No
 - e. Have you been accused of breaching a contract in the past 5 years? Yes No
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28. Have you filed for bankruptcy in the past 5 years? Yes No

29. For each of the following activities check:
 Yes: if you have or will perform, supervise, or subcontract that activity
 No: if you have never performed, supervised, or subcontracted that activity and have no plans to do so.

	Yes	No		Yes	No
a. demolition	<input type="checkbox"/>	<input type="checkbox"/>	l. process piping	<input type="checkbox"/>	<input type="checkbox"/>
b. concrete tilt-up construction	<input type="checkbox"/>	<input type="checkbox"/>	m. swimming pool construction	<input type="checkbox"/>	<input type="checkbox"/>
c. LPG work	<input type="checkbox"/>	<input type="checkbox"/>	n. road/highway/bridge/overpass construction	<input type="checkbox"/>	<input type="checkbox"/>
d. seismic retrofitting	<input type="checkbox"/>	<input type="checkbox"/>	o. underground tank removal, repair, or installation	<input type="checkbox"/>	<input type="checkbox"/>
e. elevator or escalator work	<input type="checkbox"/>	<input type="checkbox"/>	p. work on gas lines or pumps	<input type="checkbox"/>	<input type="checkbox"/>
f. boiler installation/repair	<input type="checkbox"/>	<input type="checkbox"/>	q. asbestos or lead abatement	<input type="checkbox"/>	<input type="checkbox"/>
g. industrial machinery repair or installation (millwright work)	<input type="checkbox"/>	<input type="checkbox"/>	r. environmental cleanup	<input type="checkbox"/>	<input type="checkbox"/>
h. use of cranes	<input type="checkbox"/>	<input type="checkbox"/>	s. dam or levee work	<input type="checkbox"/>	<input type="checkbox"/>
i. rental of equipment to others	<input type="checkbox"/>	<input type="checkbox"/>	t. traffic signals/controls work	<input type="checkbox"/>	<input type="checkbox"/>
j. EIFS work (exterior finish insulation system or similar products).	<input type="checkbox"/>	<input type="checkbox"/>	u. alarm installation/repairs/monitoring	<input type="checkbox"/>	<input type="checkbox"/>
k. playground equipment install/repair	<input type="checkbox"/>	<input type="checkbox"/>	v. roofing – installation or repairs	<input type="checkbox"/>	<input type="checkbox"/>

Explain any "yes" answers below and state whether performed by insured or subcontracted:

WARNING: California law requires complete and truthful information by an applicant for insurance. That includes providing any information that would be material to your business organization, even if not specifically asked for on this application. Your failure to provide truthful answers and all material information can result in the insurance company electing to rescind your policy. This means they will not be responsible for any claims which are presented. To avoid such a situation, answer all of the foregoing questions truthfully and completely. **I Have Read And Understood All Of The Questions Asked And Have Provided All Information Required.**

Signature of Applicant* _____ Date _____

Name and Title* _____

* Must be owner, executive officer, or partner

**NAVIGATORS CALIFORNIA INSURANCE SERVICES, INC.
 HOMEBUILDERS ADDENDUM TO SUPPLEMENTAL QUESTIONNAIRE**

Named Insured:

This supplement is an addendum to the Navigators Contractors Supplemental Questionnaire and is required from all General Contractors and Developers involved in the construction of new homes.

Largest new homes currently under construction or planned for the next year:

Start Date	End Date	Location (street address & city)	Size (Sq Ft)	Insured's Interest*-- See Below	Constr Costs Incl Materials	Contract Value	Market Value

Largest new homes completed in the past 5 years:

Year Completed	Location (street address & city)	Size (Sq Ft)	Insured's Interest*-- See Below	Constr Costs Incl Materials	Contract Value	Market Value

- State **"GC"** if the insured builds the home as a General Contractor under contract with a homeowner or other party.
- State **"Spec/Dev"** if the insured builds the home on land that they own as a speculative builder or developer.