

**Red Shield Insurance Company®**

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CONTRACTORS QUESTIONNAIRE**Supplement A****Page 1 of 3**

APPLICANT'S NAME:

CCB #

STATE:

STATES OF OPERATION:

TYPE OF **CONTRACTOR** WORK PERFORMED BY INSURED (List ALL Work Performed):

	% of OPS.		% of OPS.		% of OPS.
ALARM INSTALLATION		EXTERMINATING		PLUMBING - COMMERCIAL	
CARPENTRY INTERIOR		FENCE ERECTION		PLUMBING - RESIDENTIAL	
CARPENTRY NOC		FLOORING		PRESSURE WASHING FLATWORK ONLY	
CARPENTRY RESIDENTIAL		GRADING OF LAND		PRESSURE WASHING OF ROOFS/BLDGS	
CARPET CLEANING		HEATING & AIR		ROOFING - COMMERCIAL	
CHIMNEY CLEANING		IRRIGATION		ROOFING - RESIDENTIAL	
CONCRETE CONSTRUCTION		JANITORIAL		SHEET METAL WORK	
DEBRIS REMOVAL CONST.		LANDSCAPING		SIDING INSTALLATION	
DRYWALL		LAWN CARE		SPRINKLER SYSTEM INSTALL.	
ELECTRICAL APPARATUS		MASONRY		TILE, STONE, MOSAIC (INSIDE ONLY)	
ELECTRICAL WORK IN BLD		PAINTING – EXTERIOR		TREE PRUNING OR REMOVAL	
EXCAVATION		PAINTING – INTERIOR		WINDOW CLEANING	
				GUTTER CLEANING	

PLEASE PROVIDE A DESCRIPTION OF OVERALL OPERATIONS:

SPECIFY OTHER TYPE WORK NOT SHOWN ABOVE AND % OF OPERATIONS:

% of OPS.

	% of OPS.		% of OPS.
A. NEW CONSTRUCTION		B. COMMERCIAL	
REMODELING		INDUSTRIAL	
REPAIR		RESIDENTIAL	
TOTAL = 100%		TOTAL = 100%	

APPLICANT EXPERIENCE:HOW MANY YEARS OF OWNERSHIP EXPERIENCE DOES THE APPLICANT HAVE FOR THIS TYPE OF WORK PERFORMED?HOW MANY YEARS OF MANAGEMENT EXPERIENCE DOES THE APPLICANT HAVE FOR THIS TYPE OF WORK PERFORMED?

IF NO PRIOR OWNERSHIP OR MANAGEMENT EXPERIENCE, QUANTIFY AND DESCRIBE APPLICANTS EXPERIENCE IN WORK PERFORMED:

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT OVERALL OPERATIONS:

OF ACTIVE OWNERS:

ARE ALL OWNERS INVOLVED IN THE DAY-TO-DAY OPERATIONS OF THE BUSINESS? : YES NO

YEARS IN BUSINESS: ANNUAL GROSS RECEIPTS:

DOES APPLICANT NEED AN OREGON AGRICULTURE CERTIFICATE? YES NO

WHAT PERCENTAGE OF OVERALL OPERATIONS INVOLVE THE USE OF CRANES? %

DO ALL CRANE OPERATORS HAVE AT LEAST FIVE YEARS OF EXPERIENCE? YES NO

DO ALL CRANE OPERATORS HAVE DOCUMENTED SAFETY TRAINING WITH CURRENT NCCCO AND/OR STATE CERTIFICATIONS? YES NO

ARE ALL CRANES AND EQUIPMENT REGULARLY MAINTAINED ACCORDING TO MANUFACTURER RECOMMENDED SERVICE INTERVALS? YES NO

DOES THE APPLICANT USE ANY RENTAL EQUIPMENT? YES NO

APPLICANT'S EMPLOYEES:

EMPLOYEE PAYROLL (excluding clerical and owner payroll): \$

ANNUAL COST OF FEES PAID TO EMPLOYMENT AGENCIES FOR TEMPORARY PERSONNEL PROVIDED TO THE INSURED: \$

OF FULL-TIME EMPLOYEES:

OF PART-TIME EMPLOYEES:

IS THERE DOCUMENTED ANNUAL SAFETY TRAINING FOR ALL EMPLOYEES? YES NO

HIRING PRACTICES:

ARE EMPLOYMENT APPLICATIONS USED? YES NO ARE BACKGROUND CHECKS PERFORMED? YES NO

IS PROOF OF CURRENT LICENSE REQUIRED? YES NO

FOR EMPLOYEES WITH DRIVING DUTIES, ARE MOTOR VEHICLE REPORTS RUN? YES NO

IF YES, PLEASE DESCRIBE WHAT FREQUENCY AND WHAT STANDARDS ARE USED TO DISQUALIFY A CANDIDATE BASED ON DRIVING RECORD:

IS EMPLOYEE DRUG TESTING CONDUCTED? YES NO

IF YES, PLEASE DESCRIBE WHAT FREQUENCY AND WHAT STANDARDS ARE USED TO DISQUALIFY OR TERMINATE A CANDIDATE OR EMPLOYEE:

PLEASE ANSWER THE FOLLOWING QUESTIONS IF YOU USE SUB-CONTRACTORS:

TOTAL SUBCONTRACTOR COSTS (incl. labor, material, & equipment furnished): \$

LIST ALL SUBCONTRACTORS TRADES USED BY THE INSURED:

YESNO

DO YOU REQUIRE YOUR SUBCONTRACTORS TO PROVIDE YOU WITH A CERTIFICATE OF INSURANCE BEFORE COMMENCING WORK:

DO YOU REQUIRE YOUR SUBCONTRACTORS TO MAINTAIN LIMITS OF LIABILITY EQUAL TO OR GREATER THAN

YOUR OWN (subs must carry equal or greater limits):

ARE YOU NAMED AS ADDITIONAL INSURED ON ALL SUBCONTRACTORS POLICIES:

PLEASE EXPLAIN ALL 'NO' ANSWERS:

SUBMIT ANY YES ANSWERS FOR APPROVAL BEFORE BINDING

ANY PAST, PRESENT OR FUTURE OPERATIONS INVOLVING:

YOUR OPERATIONS

Yes No

SUBS

Yes No

ASBESTOS ABATEMENT:

LEAD REMOVAL:

POLLUTION CLEANUP OR SOIL REMEDIATION:

PILE DRIVING:

BLASTING:

ANY PAST, PRESENT OR FUTURE OPERATIONS INVOLVING:

YOUR OPERATIONS

Yes No

SUBS

Yes No

TUNNEL SHORING or UNDERPINNING:

DEMOLITION:

EIFS OR SYNTHETIC STUCCO:

TRACT HOUSING (Developments of more than 5 units in any one location):

EXPOSURE TO RADIOACTIVE / NUCLEAR MATERIALS:

STORING, TREATING, DISCHARGING, APPLYING, DISPOSING OR TRANSPORTING OF HAZARDOUS MATERIAL:

OPERATIONS SOLD, ACQUIRED OR DISCONTINUED IN LAST 5 YEARS:

MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS:

PAST OR CURRENT WORK OR OPERATION OUTSIDE OF OR, WA, ID OR UT:

CONSTRUCTION OF OR WORK ON CONDOS, TOWNHOUSES, APARTMENTS OR OTHER ATTACHED HOUSING:

(SEE PROGRAM GUIDELINES)

CONSTRUCTION ON SLOPES OR HILLSIDES GREATER THAN 10 DEGREES:

SPORTING OR SOCIAL EVENTS SPONSORED:

STRUCTURAL ALTERATIONS CONTEMPLATED:

TORCH DOWN/HOT TAR ROOFING:

ANY WORK BEING DONE ON TRIBAL LANDS?:

LOGGING OPERATIONS:
EXPOSURE TO FLOOR WAXING.....
IF "YES" TO THE ABOVE QUESTION, ANY PERFORMED IN PUBLIC SPACES OR RETAIL AREAS:
OPERATIONS OTHER THAN CONTRACTING:
OTHER COMPANIES OWNED BY INSURED:
OTHER POLICIES CURRENT OR PAST WITH RED SHIELD:

PLEASE EXPLAIN ALL "YES" ANSWERS:

LOSS HISTORY:	YOUR OPERATIONS		SUBS	
	Yes	No	Yes	No
HAVE YOU OR ANY COMPANY YOU OWNED HAD ANY LOSSES IN THE PAST FIVE (5) YEARS:				
ANY KNOWLEDGE OF POTENTIAL CLAIMS:				
ANY LOSSES, CLAIMS OR LITIGATION INVOLVING CONSTRUCTION DEFECTS:				

EXPLAIN "YES" ANSWERS:

DATE OF LOSS:	TYPE (GL, PROPERTY):	DESCRIPTION OF LOSS:	AMOUNT PAID:	RESERVED:	OPEN/CLOSED:
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PLEASE DESCRIBE PROJECTS UNDERTAKEN BY YOU:

A. THE THREE LARGEST PROJECTS IN THE PAST 5 YEARS:

DESCRIPTION:	JOB COST:	PROJECT DURATION:
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B. CURRENT PROJECTS

DESCRIPTION:	JOB COST:	PROJECT DURATION:
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APPLICABLE IN WA: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN OR: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

CONTRACTOR HAS PROVIDED TRUTHFUL INFORMATION REGARDING PAST, CURRENT AND FUTURE OPERATIONS AND STANDS BY ALL REPRESENTATIONS MADE

AGENT HAS PRESENTED ALL KNOWN INFORMATION REGARDING THE APPLICANT WHICH IS MATERIAL TO THE UNDERWRITING DECISION PROCESS

SIGNATURE OF INSURED

SIGNATURE OF AGENT

DATE

DATE

COVERAGE IS NOT BOUND UNTIL ACCEPTED BY THE COMPANY
COVERAGE FOR CONTRACTORS WILL NOT BE GRANTED WITHOUT THE SIGNATURE
OF THE CONTRACTOR OR OFFICER OF COMPANY

This form shall be attached to, and made part of, the fully completed Acord application by the applicant.