



Red Shield Insurance Company®

1411 SW Morrison Street, Suite 400
Portland, OR 97205-1945
800-527-7397 • Fax 800-742-5176

**CONTRACTORS QUESTIONNAIRE
Supplement A**

APPLICANT'S NAME	CCB #	STATE
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TYPE OF CONSTRUCTION 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	
CARPENTRY RESIDENTIAL		GRADING OF LAND		PRESSURE WASHING OF ROOFS	
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	

SPECIFY OTHER TYPE WORK NOT SHOWN ABOVE AND % OF OPERATIONS	% of OPS.
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A.	% of OPS.
NEW CONSTRUCTION	
REMODELING	
REPAIR	
TOTAL =	100%

B.	% of OPS.
COMMERCIAL	
INDUSTRIAL	
RESIDENTIAL	
TOTAL =	100%

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:	

DO YOU REQUIRE SUBCONTRACTORS TO PROVIDE A CERTIFICATE OF INSURANCE BEFORE COMMENCING WORK?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DO YOU REQUIRE SUBCONTRACTORS TO MAINTAIN LIMITS OF LIABILITY EQUAL TO OR GREATER THAN YOUR OWN? (subs must carry equal or greater limits)	YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU NAMED AS ADDITIONAL INSURED ON ALL SUBCONTRACTORS POLICIES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
PLEASE EXPLAIN ALL 'NO' ANSWERS:	

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT OVERALL OPERATIONS:

EMPLOYEE PAYROLL (EXCLUDING CLERICAL & OWNERS):	YEARS IN BUSINESS:
APPLICANT'S EXPERIENCE IN WORK PERFORMED:	
ANNUAL GROSS RECEIPTS:	
# OF EMPLOYEES:	F/T P/T # OF ACTIVE PARTNERS / CORP OFFICERS (excluding clerical)
ANNUAL COST OF FEES PAID TO EMPLOYMENT AGENCIES FOR TEMPORARY PERSONNEL PROVIDED TO THE INSURED:	

SUBMIT ANY YES ANSWERS FOR APPROVAL BEFORE BINDING

ANY PAST, PRESENT OR FUTURE OPERATIONS INVOLVING:	YOUR OPERATIONS	SUBS
ASBESTOS ABATEMENT	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
LEAD REMOVAL	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
POLLUTION CLEANUP OR SOIL REMEDIATION	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
PILE DRIVING	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
BLASTING	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
TUNNEL SHORING OR UNDERPINNING	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
DEMOLITION	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
EIFS OR SYNTHETIC STUCCO	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
TRACT HOUSING (Developments of more than 5 units in any one location)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
EXPOSURE TO RADIOACTIVE / NUCLEAR MATERIALS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
STORING, TREATING, DISCHARGING, APPLYING, DISPOSING OR TRANSPORTING OF HAZARDOUS MATERIAL	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
OPERATIONS SOLD, ACQUIRED OR DISCONTINUED IN LAST 5 YEARS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
ANY PAST OR CURRENT WORK OR OPERATION IN CA/WA/AK	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
CONSTRUCTION OF OR WORK ON CONDOS, TOWNHOUSES, APARTMENTS OR OTHER ATTACHED HOUSING	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
CONSTRUCTION ON SLOPES OR HILLSIDES GREATER THAN 10 DEGREES	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
ANY SPORTING OR SOCIAL EVENTS SPONSORED	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
STRUCTURAL ALTERATIONS CONTEMPLATED	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
ANY TORCH DOWN / HOT TAR ROOFING	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

ANY OPERATIONS OTHER THAN CONTRACTING	YES <input type="checkbox"/> NO <input type="checkbox"/>
ANY OTHER COMPANIES OWNED BY INSURED	YES <input type="checkbox"/> NO <input type="checkbox"/>
ANY OTHER POLICIES CURRENT OR PAST WITH RED SHIELD	YES <input type="checkbox"/> NO <input type="checkbox"/>
PLEASE EXPLAIN ALL 'YES' ANSWERS	

LOSS HISTORY:

HAVE YOU OR ANY COMPANY YOU OWNED HAD ANY LOSSES IN THE PAST FIVE (5) YEARS	YES <input type="checkbox"/> NO <input type="checkbox"/>
ANY KNOWLEDGE OF POTENTIAL CLAIMS	YES <input type="checkbox"/> NO <input type="checkbox"/>
ANY LOSSES, CLAIMS OR LITIGATION INVOLVING CONSTRUCTION DEFECTS	YES <input type="checkbox"/> NO <input type="checkbox"/>
EXPLAIN 'YES' ANSWERS	

DATE OF LOSS	TYPE (GL, PROPERTY)	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVED	OPEN/CLOSED

PLEASE DESCRIBE PROJECTS UNDERTAKEN BY YOU:

A. THREE LARGEST PROJECTS IN THE PAST 5 YEARS

DESCRIPTION	JOB COST	PROJECT DURATION	ACTED AS GC?
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>

B. CURRENT PROJECTS

DESCRIPTION	JOB COST	PROJECT DURATION	ACTED AS GC?
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.

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.