



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**
 Page 1 of 2

APPLICANT'S NAME _____ CCB # _____ & STATE: _____

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

	YES	NO
DO YOU REQUIRE YOUR SUBCONTRACTORS TO PROVIDE YOU WITH A CERTIFICATE OF INSURANCE BEFORE COMMENCING WORK.....	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU REQUIRE YOUR SUBCONTRACTORS TO MAINTAIN LIMITS OF LIABILITY EQUAL TO OR GREATER THAN YOUR OWN (subs must carry equal or greater limits)	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU NAMED AS ADDITIONAL INSURED ON ALL SUBCONTRACTORS POLICIES	<input type="checkbox"/>	<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 _____ FT _____ PT # 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	
	Yes	No	Yes	No
ASBESTOS ABATEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEAD REMOVAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POLLUTION CLEANUP OR SOIL REMEDIATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PILE DRIVING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLASTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUNNEL SHORING or UNDERPINNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEMOLITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EIFS OR SYNTHETIC STUCCO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRACT HOUSING (Developments of more than 5 units in any one location).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXPOSURE TO RADIOACTIVE / NUCLEAR MATERIALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STORING, TREATING, DISCHARGING, APPLYING, DISPOSING OR TRANSPORTING OF HAZARDOUS MATERIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ANY PAST, PRESENT OR FUTURE OPERATIONS INVOLVING:

YOUR OPERATIONS SUBS

	Yes	No	Yes	No
OPERATIONS SOLD, ACQUIRED OR DISCONTINUED IN LAST 5 YEARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANY PAST OR CURRENT WORK OR OPERATION IN CA/WA/AK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONSTRUCTION OF OR WORK ON CONDOS, TOWNHOUSES, APARTMENTS OR OTHER ATTACHED HOUSING..... (SEE PROGRAM GUIDELINES)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONSTRUCTION ON SLOPES OR HILLSIDES GREATER THAN 10 DEGREES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANY SPORTING OR SOCIAL EVENTS SPONSORED.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STRUCTURAL ALTERATIONS CONTEMPLATED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANY TORCH DOWN/HOT TAR ROOFING.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ANY OPERATIONS OTHER THAN CONTRACTING..... YES NO

ANY OTHER COMPANIES OWNED BY INSURED YES NO

ANY OTHER POLICIES CURRENT OR PAST WITH RED SHIELD..... YES NO

PLEASE EXPLAIN ALL YES ANSWERS _____

LOSS HISTORY:

HAVE YOU OR ANY COMPANY YOU OWNED HAD ANY LOSSES IN THE PAST FIVE (5) YEARS YES NO

ANY KNOWLEDGE OF POTENTIAL CLAIMS YES NO

ANY LOSSES, CLAIMS OR LITIGATION INVOLVING CONSTRUCTION DEFECTS YES NO

EXPLAIN "YES" ANSWERS _____

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

PLEASE DESCRIBE PROJECTS UNDERTAKEN BY YOU:

A. THE THREE LARGEST PROJECTS IN THE PAST 5 YEARS

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

B. CURRENT PROJECTS

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

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