



CONTRACTORS QUESTIONNAIRE – GENERAL LIABILITY

111 South Ridge St
Rye Brook, NY 10573

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Telephone: 914-937-1230
Fax: 914-937-1124

APPLICANT INFORMATION:

Full Name of Applicant: _____

Address: _____

Other Locations: _____

Contact Person Name: _____ Phone Number: _____

E-Mail Address: _____ Fax Number: _____

Description of your Operations: _____

Desired Effective Date for New Coverage: _____ Federal Tax ID Number: _____

What percentage of your work, if any, is performed in the five boro's of New York City: _____

Number of years in business under this name: _____ Number of years management experience: _____

Current Carrier: _____ Current Premium: \$ _____ Expiration Date: ____/____/____

OPERATIONS:

% of Operation as:	General Contractor	%	Sub-Contractor	%	Builder	%	Direct for Owner	%
Provide the following information on your 5 largest current projects:								
Location	\$ Value	On-Site Employees / # of Subcontractors	Start Date	End Date				
Does the applicant do any work over two stories in height from grade?						<input type="checkbox"/> Interior Only		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to above, list:		Maximum Number of stories:		Percentage of Total Work:		%		
Does the applicant do any work below grade?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes to above, list:		Maximum depth:		Percentage of Total Work:		%		

Is there always a written contract between the applicant and project owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there always written contracts between the applicant and the subcontractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have any operations other than contracting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If applicant has other operations, please explain:	
List the Dollar Value of your average completed job:	\$
Attach a list of all your major jobs completed within the last five years.	\$
Are hold harmless agreements obtained from subcontractors in favor of the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant named as an additional insured on the subcontractor's policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all of your subcontractors carry workers compensation for all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a standard subcontractor agreement used? If yes, attach a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No

CLAIMS HISTORY:			
Please provide 5 years of currently valued loss information:			
Year	Amount Paid	Amount Held in Reserve	Number of Claims

SIGNATURE OF INSURED	
<p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISON.</p>	
By Authorized Officer of Applicant,	
_____	_____
Print Name	Signature

Title	

Date	