

New Business Contractor Questionnaire – CQ

1. Named Insured: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Physical Address: \_\_\_\_\_
4. New Venture:      Yes          No      *If yes, complete resume section (pg. 3)*
5. Years in Business Under Current Name: \_\_\_\_\_
6. List all Previous Business Names: \_\_\_\_\_
7. Proposed Effective Date: \_\_\_\_\_
8. States in Which You Are Licensed to do Business: \_\_\_\_\_
9. Are you a licensed:    *(Select all that apply)*      GC      Artisan Contractor      Developer  
Contractor License Number(s): \_\_\_\_\_
10. Do you carry Work Comp for all employees?      Yes      No  
    - Would you like a WC quote?      Yes      No      *If yes, additional application needed*
11. Number of active owners in the field: \_\_\_\_
12. Do you or your subs perform work on **New Construction** Condo/Townhome/Tracts?      Yes      No  
If yes, a. Please select all that apply:      Condo      Townhome      Tract  
    b. Max units in entire development: \_\_\_\_\_  
    b. Max units you will perform on: \_\_\_\_\_
13. % of your work that is:  
    a. Commercial: \_\_\_\_\_  
    b. Residential: \_\_\_\_\_  
    c. Industrial: \_\_\_\_\_  
    d. Other (describe): \_\_\_\_\_
14. % of Work that is:  
    a. New Construction: \_\_\_\_\_  
    b. Repair/Remodel: \_\_\_\_\_  
    \*\*If 100% Repair/Remodel → What % is INTERIOR \_\_\_\_\_ vs. EXTERIOR \_\_\_\_\_
15. Figures for the past 12 months:  
    a. Payroll (excl. owners): \_\_\_\_\_  
    b. Total Sub-Contract Costs: \_\_\_\_\_  
    c. Sub-Contract Cost (excl. materials): \_\_\_\_\_  
    d. Sales: \_\_\_\_\_
16. Estimate for the next 12 months:  
    a. Payroll (excl. owners): \_\_\_\_\_  
    b. Total Sub Contract Costs: \_\_\_\_\_  
    c. Sub-Contract Cost (excl. materials): \_\_\_\_\_  
    d. Sales: \_\_\_\_\_
17. % of work done directly for Property Owner \_\_\_\_\_ vs. GC \_\_\_\_\_

18. Narrative of business operations or experience:

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19. Direct Payroll Work Performed – Excluding subcontractors, indicate the trade(s) and % of your operations:

Trade	Total = 100%	Trade	Total = 100%	Example:	
_____	_____	_____	_____	<b>Framing</b>	<b>25%</b>
_____	_____	_____	_____	<b>Concrete</b>	<b>20%</b>
_____	_____	_____	_____	<b>Int. Carpentry</b>	<b>55%</b>
_____	_____	_____	_____	<b>Total:</b>	<b>100%</b>
_____	_____	_____	_____		

20. Do any of your operations involve:

If Yes to any, explain: \_\_\_\_\_

- |                                |     |    |
|--------------------------------|-----|----|
| a. Asbestos Removal?           | Yes | No |
| b. Pile Driving?               | Yes | No |
| c. Blasting?                   | Yes | No |
| d. Shoring?                    | Yes | No |
| e. Underpinning?               | Yes | No |
| f. Demolition (not incidental) | Yes | No |
| g. Railroad Work?              | Yes | No |
| h. EIFS?                       | Yes | No |
| i. Foundation Work?            | Yes | No |

21. Do you perform any exterior contracting operations **exceeding 3 stories in height**: Yes No

22. If yes, explain including max height:

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23. Do you perform any Roofing Only projects? Yes No

24. If you perform any roofing operations, what % of those are:

- |                                  |        |
|----------------------------------|--------|
| a. Hot Tar?                      | _____% |
| b. Foam Application?             | _____% |
| c. Torch down?                   | _____% |
| d. Residential over (3) stories? | _____% |

If 100% roofer – complete additional roofing supplemental

Recent Jobs – Provide details on the 3 most recent projects:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

25. Subcontractors Exposure – if you **never** hire subs check here and skip this section.

- |   |     |    |
|---|-----|----|
| a. Do you always require subs to sign a hold-harmless in your favor?        | Yes | No |
| b. Do you utilize a standard contract with all your subs?                   | Yes | No |
| c. Do you require all subs to carry equal or higher GL limits?              | Yes | No |
| d. Do you require that you are named as an AI on their policy?              | Yes | No |
| e. Do you maintain records of insurance for your subs for at least 5 years? | Yes | No |
| f. Do you require your subs to carry worker's compensation insurance?       | Yes | No |

26. Are you involved in any work other than contracting? Yes No

If yes, explain \_\_\_\_\_

27. Have you, or will you, work as a construction manager/project manager for a fee? Yes No

If yes, explain \_\_\_\_\_

28. **Premium History** – complete chart

Year	Carrier	Limits – Occurrence/Aggregate/Products	Expiring Premium
_____	_____	_____/_____/_____	_____
_____	_____	_____/_____/_____	_____
_____	_____	_____/_____/_____	_____

29. Are you being non-renewed by your current carrier? Yes No  
If yes, why? \_\_\_\_\_

30. Have you ever had a lapse in insurance coverage? Yes No  
If yes, why? \_\_\_\_\_  
If yes, approximate dates of lapse: \_\_\_\_\_

**Loss History – Include 5 years Currently Valued Loss Runs with your submission, if available.**

31. Do you have 2 claims in the last 3 years? Yes No

32. If known losses exist, complete below:

Year	Open/Closed	Amount	Detailed Narrative
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

33. Safety Information:

a. Do you have a formal safety program in place? Yes No

34. Do any of your expected contracts require the following? *(Select all that apply)*

Blanket AI      Primary Wording      Waiver of Subrogation      Prod & Comp Ops AI      Stop Gap

35. Target Premium (needed to obtain best pricing): \$\_\_\_\_\_

36. Need by date: \_\_\_\_\_

**Owner's resume: (if new venture)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_