

ASPEN INSURANCE BROKERS, INC.

Contractor's General Liability Renewal Questionnaire

This is a general questionnaire for all our contractors; therefore, some questions may not pertain to you.

1. Business Name: _____ Cell No.: _____
 State Employers ID No. (EDD): _____ Federal Tax ID No. (FEIN): _____
 E-Mail address: _____
 Web-Site Address: _____
 Hours of Operation: _____ # of Daily Shifts: _____

2. Any changes in your business operations? No or Yes If Yes, please describe: _____

3. Have you any bankruptcies, tax or credit liens? No Yes If yes, when? _____

4. Do you have knowledge of any pre-existing act, omission, event, condition or damages to any person or property including any undisclosed claims that may potentially give rise to any future claim or legal action against you?
 No or Yes If Yes, please describe (include a separate sheet if needed): _____

5. Please list the Names, titles, and percentage of ownership per owner, partner, or officer below:

Owner / Officer Name	Title	% of Ownership

OPERATIONS/YOUR WORK INFORMATION

Please note that most General Liability premiums are 100% earned and are based on the estimates provided. Please be conservative in your estimates, as the insurance companies do not return premium if overestimated.

6. Number of field employees: *Full Time* _____ *Part Time* _____

* * * * OCIP = "wrap": Owner Controlled Insurance Program; usually provided by large developers * * * *

7. Estimated annual payroll **excluding owners, officers, clerical employees and OCIP (wrap) projects**:

Next 12 Months \$ _____

8. Using your estimated payroll above, please provide the percentage breakdown for the trades being performed by your employees. Example: \$40,000 for Carpentry / Estimate Payroll \$70,000 = 57% Carpentry

*Must total 100% for **all (not each)** trade(s) performed.

- | | | | |
|----------|---|----------|---|
| A. _____ | % | B. _____ | % |
| C. _____ | % | D. _____ | % |
| E. _____ | % | F. _____ | % |

ASPEN INSURANCE BROKERS, INC.
Contractor's General Liability Renewal Questionnaire

9. What are your estimated annual gross sales **excluding OCIP** (wrap) projects?

Next 12 Months: \$ _____

10. What are your estimated annual gross sales **from OCIP** (wrap) projects?

Next 12 Months: \$ _____

11. What is your **average** contract size **excluding OCIP** (wrap) projects? \$ _____

12. Do you use any Subcontractors? No Yes **If yes, please complete the following:**

A. Estimated annual subcontracted costs **excluding OCIP (wrap)** projects: (Cost to include cost of labor & materials)

Next 12 Months: \$ _____

B. Using your estimated subcontracted costs above, please provide the percentage breakdown for the trades being performed. Example: \$40,000 for Carpentry / Estimate Subcontracted Cost \$70,000 = 57% Carpentry *Must total 100% for **all** trades performed

1. _____ %	2. _____ %
3. _____ %	4. _____ %
5. _____ %	6. _____ %

C. Do you always collect certificates of insurance from subcontractors? No Yes

D. What is the minimum General Liability Limit required? _____

E. Do you require subcontractors to name you as an Additional Insured? No Yes

F. Do you have a standard formal written contract with subcontractors? No Yes

If yes, does it have a hold harmless/indemnification agreement in your favor? No Yes

You may be required to provide a copy of an executed subcontract to bind coverage

13. Indicate the percentage (each line must equal 100%) of Work Performed Below **excluding OCIP (wrap)**:

Residential	%	Commercial	%	Industrial	%	=100%
New						
Const.	%	Remodeling	%	Demolition	%	=100%
General		Construction		Developer/		=100%
Contractor	%	Manager	%	Spec Bldr.	%	=100%

ASPEN INSURANCE BROKERS, INC.
Contractor's General Liability Renewal Questionnaire

Please provide a specific breakdown of any **RESIDENTIAL** work performed as follows excluding OCIP (wrap):

14. Custom Homes _____ % Tract Homes _____ % Condos/Townhouses _____ % Apartments _____ % =100%

<u>Custom Homes</u>	<u>Tract Homes</u>	<u>Condos/Townhouses</u>	<u>Apartments</u>
New Const _____ %	New Const _____ %	New Cost. _____ %	New Cost. _____ %
Repair _____ %	Repair _____ %	Repair _____ %	Repair _____ %
Remodel _____ %	Remodel _____ %	Remodel _____ %	Remodel _____ %
Total: 100%	Total: 100%	Total: 100%	Total: 100%
# Homes: _____	# Homes: _____	# Condo/TH: _____	# of Units: _____

PROJECT INFORMATION

15. List your major jobs performed over the last **five** years below **excluding OCIP (wrap)**:

Project Location	Type of Work	Contract Cost	Start Date	End Date

16. List your **current** jobs below **excluding OCIP (wrap)**:

Project Location	Type of Work	Contract Cost	Start Date	End Date

ASPEN INSURANCE BROKERS, INC.
Contractor's General Liability Renewal Questionnaire

17. If you are a **commercial contractor**, do any of your jobs require the **CG2010 11/85 Additional Insured** form?
 No Yes If yes, how many? _____

18. Do you perform underground work? No Yes If yes, what is the **maximum** depth? _____
Do you check with the local utility agency before digging? No Yes If no, explain: _____

19. If you perform any demolition, please describe below the following:
A. What type of demolition? _____
B. Do you use any cranes or ball and chain? _____
C. Do you handle any hazardous material? _____

TRADE SPECIFIC QUESTIONS

20. If you are an **electrical contractor**:
A. What is the percentage of inside work versus outside work? *Inside* _____ *Vs.* *Outside* _____
B. Do you perform any alarm work? No Yes If Yes, what percentage? _____ %
C. Do you remove under ground tanks? No Yes
D. Do you do your own trenching? No Yes
E. Do you do any Electric Gate installation? No Yes If Yes, what percentage? _____ %
F. Does your work involve medical and/or industrial life support? No Yes

21. If you are an **concrete contractor**:
A. Do you perform any foundation work? No Yes If yes, what is the percentage of total work? _____ %

22. If you are a **masonry contractor**:
A. Do you perform any retaining wall work? No Yes If yes, answer the following:
What percentage of your total work does this account for? _____ % What is the maximum height? _____

23. If you are an **roofing contractor**:
A. Is there any use of hot tar? No Yes If yes, what is the percentage? _____
B. What is the **maximum** number of stories worked on? _____

24. If you are a **painting contractor**, what is the percentage of the following:
A. _____ % Inside Painting _____ % Outside Painting
What is the Maximum number of stories? _____

ASPEN INSURANCE BROKERS, INC.
Contractor's General Liability Renewal Questionnaire

PRIOR WORK INFORMATION

Please provide a specific breakdown of any **residential work** performed
in the **last 10 years** as follows **excluding OCIP(wrap)**:

25. Custom Homes _____ % Tract Homes _____ % Condos/Townhouses _____ % Apartments _____ % =100%

***Please provide a specific breakdown of any residential work performed as follows excluding OCIP wrap.**

<u>Custom Homes</u>		<u>Tract Homes</u>		<u>Condos/Townhouses</u>		<u>Apartments</u>	
New Const	%	New Const	%	New Cost.	%	New Cost.	%
Repair	%	Repair	%	Repair	%	Repair	%
Remodel	%	Remodel	%	Remodel	%	Remodel	%
Total:	100%	Total:	100%	Total:	100%	Total:	100%
# Homes:		# Homes:		# Condo/TH:		# of Units:	

Comments: _____

The purpose of this Questionnaire is to assist the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his/her knowledge, information and belief.

Signature of applicant: _____ Date: _____

Print Name: _____ Title: _____

Please visit us at our web site, www.aspeninsbrokers.com