



**DUAL COMMERCIAL LLC
CONTRACTOR'S QUESTIONNAIRE**

• NAMED INSURED: _____

• INDIVIDUAL _____ PARTNERSHIP _____ CORP _____

JOINT VENTURE _____ OTHER _____

• APPLICANT IS: **RESIDENTIAL:** _____ % **COMMERCIAL:** _____ %
 New Construction _____ % New Construction _____ %
 Remodeling _____ % Remodeling _____ %
 Other _____ %

- Tract housing: _____ % %new %remodel
- Condo _____ % %new %remodel
- Town home _____ % %new %remodel
- Custom home _____ % %new %remodel

• NUMBER OF YEARS IN BUSINESS: _____ WEBSITE: _____

• LIST SUBSIDIARIES **NOT** COVERED: _____

• AREA OF OPERATIONS: _____

• DESCRIBE **ALL** OPERATIONS: _____

• TYPE OF CONSTRUCTION PERFORMED (IF APPLICABLE)

Using percentage of payroll (under Direct) and percentage of contract costs (under Subbed), indicate the anticipated percentage of construction work you will perform over the next 12 months:

Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed
Airport Runways			Excavation			Roofing		
Blasting			HVAC			Seismic/Retrofitting		
Bridge Building			Grading			Sewer		
Carpentry			Insulation			Steel/Structural		
Concrete			Maintenance			Steel/Ornamental		
Demolition			Masonry			Street. Road		
Drilling			Mechanical			Supervisory Only		
Drywall			Painting			Traffic Signals		
Earthquake			Plastering			Water/Gas Mains		
Electrical			Plumbing			Other:		

• DOES THE INSURED HAVE **ANY** OPERATIONS OUTSIDE THE REALM OF “CONTRACTING” AND IF SO, EXPLAIN: _____

• DOES THE INSURED CURRENTLY OR IN THE PAST, BUILD ON HILLSIDES, SLOPES, LANDFILLS OF OR IN SUBSIDENCE AREAS? YES _____ NO _____

IF YES, EXPLAIN: _____

• ANY SOIL COMPACTION TESTS PERFORMED? YES _____ NO _____ IF YES, DETAILS ON FIRM PROVIDING SERVICE: _____

• LIST BY PERCENTAGE ALL SUB-CONTRACTORS USED BY APPLICANT:

% _____ % _____ % _____ % _____

% _____ % _____ % _____ % _____

% _____ % _____ % _____ % _____

• ARE CERTIFICATES OF INSURANCE OBTAINED FROM ALL SUB-CONTRACTORS? YES _____ NO _____ AT WHAT MINIMUM LIMITS? _____

• DOES THE APPLICANT OBTAIN A WRITTEN CONTRACT FROM ALL SUBCONTRACTORS WHICH INCLUDES A **HOLD HARMLESS** CLAUSE *IN FAVOR OF THE APPLICANT*?

YES _____ NO _____

• IS THE APPLICANT NAMED AS AN ADDITIONAL INSURED ON **ALL** SUBCONTRACTOR’S? POLICIES?

YES _____ NO _____

• ANY PAST OR PRESENT **ASBESTOS** REMOVAL WORK PERFORMED? YES ___ NO ___ IF YES, EXPLAIN: _____

• DOES APPLICANT PERFORM ANY WORK AT **AIRPORTS**? YES ___ NO ___ IF YES, EXPLAIN: _____

- ANY WORK PERFORMED OVER **3 STORIES** IN HEIGHT FROM GRADE?

YES___ NO___ IF YES, EXPLAIN:_____

- DOES APPLICANT PERFORM ANY WORK **BELOW** GRADE? YES___ NO___
IF YES, EXPLAIN TYPE OF WORK AND DETAILS OF WORK:_____

- DOES APPLICANT LEASE **CRANES OR MOBILE EQUIPMENT FROM OTHERS?**
YES___ NO___ IF YES, FREQUENCY_____

OPERATORS PROVIDED YES___ NO___ TYPE OF EQT:_____

- DOES APPLICANT LEASE **CRANES OR MOBILE EQUIPMENT TO OTHERS?**
YES___ NO___ IF YES, FREQUENCY_____

OPERATORS PROVIDED YES___ NO___ TYPE OF EQT:_____

- DOES APPLICANT USE HELICOPTERS TO INSTALL MACHINERY OR EQUIPMENT?
YES___ NO___ IF YES, EXPLAIN:_____

- ANY EXPOSURE, PAST/PRESENT OR ANTICIPATED IN THE FUTURE WITH **EIFS WORK?**
YES___ NO___ IF YES, EXPLAIN:_____

- ANY LOSSES, CLAIMS OR SUITS AGAINST YOU IN THE PAST FIVE YEARS?
YES___ NO___ IF YES, EXPLAIN:_____

- WHAT ARE :

- TOTAL ANNUAL RECEIPTS_____
- TOTAL SUB CONTRACTED COST_____
- TOTAL DIRECT PAYROLL_____

- ANY EMPLOYEES WORKING UNDER:
 - USL&H LONGSHOREMANS & HARBORWORKERS ACT? YES___ NO___
 - JONES MARITIME ACT? YES___ NO___
 - FEDERAL EMPLOYMENT LIABILITY ACT? YES___ NO___

IF YES, HOW MANY AND WHAT IS THE PAYROLL? _____

- PLEASE LIST THE LAST 5 JOBS COMPLETED AND THE CURRENT WORK IN PROGRESS, INCLUDING DOLLAR VALUE OF EACH JOB. USE A SEPARATE SHEET FOR THIS AND BE SPECIFIC.

SIGNATURE OF APPLICANT*: _____

NAME & TITLE: _____ DATE: _____

*Must be owner, executive officer or partner of the company