

General Liability Insurance Application
(Contractors Supplemental Questionnaire)

Note: Throughout this questionnaire the words “you” and “your” include all entities seeking coverage.
Note: This and other forms are available 24/7 on our website at www.metroinsurance.com

1. Applicant: _____

2. How many years of experience do you have in the contracting business? _____
years in business of entities seeking coverage? _____ License # _____

3. Expiration date of current or most recent General Liability insurance policy: _____
Note: if above policy was canceled prior to expiration, enter the cancellation date.

4. What percentage of work is: (each line must total to 100%)

Residential/habitational	Commercial	Industrial	Public works / government	
%	%	%	%	=100%

New Construction	Structural remodel / additions	Non-structural remodels	
%	%	%	=100%

Interior work (inside structures)	Exterior work (outside structures)	
%	%	=100%

General contractor	Construction manager	Developer/spec builder	Artisan contractor	
%	%	%	%	=100%

5. Do you use subcontractors? Yes No If yes, complete the following:
a. Percentage of your work subcontracted out: _____% Annual Costs: \$ _____

Note: Costs to include both costs of subcontracted labor and materials.

b. List the trades of the subcontractors you use and give the percentage of your work they perform:
 _____% _____% _____%
 _____% _____% _____%

c. Do you always collect certificates of insurance from subcontractors? Yes No
What minimum General Liability limit is required? _____

d. Do you always require subcontractors to name you as an additional insured? Yes No

e. Do you have a standard formal written contract with subcontractors? Yes No
If yes, does it have a hold harmless / indemnification agreement in your favor? Yes No

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

f. Have the procedures listed above been followed for at least the past 3 years Yes No

g. How long do you maintain records of the above documents? _____

6. Do you have any prior or planned jobs covered under “wrap-up” or OCIP policies? Yes No
Please explain: _____

7. States in which you operate: _____

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8. Gross receipts for the next 12 months and last 4 years
 Next 12 Months: \$ _____ Last 12 months: \$ _____
 2nd year prior: \$ _____ 3rd year prior: \$ _____
 4th year prior: \$ _____

9. Number of owners, officers, and partners active at job sites or performing supervisory duties:
 _____ x \$33,600 = \$ _____
 Payroll of employees other than owners, officers, partners & clerical: \$ _____
 Cost of leased, temporary, staffing services, casual labor: (if not included above) \$ _____
 Total Payroll: (sum of above three lines) \$ _____

10. Describe your three largest projects currently underway or planned for the next year including values:

Start Date	End Date	Value	Description

11. Describe your four largest projects over the past five years, including values:

Completed	Value	Description

12. Dollar value of average job completed (including all materials, labor and equipment) \$ _____

13. a. How many new homes will you build as a general contractor in the next year? _____
 b. What is the greatest number of new homes you have built in any one year? _____

14. How many additional insured endorsements do you anticipate needing in the next year? _____

15. Do any prior operations differ substantially in nature from current operations? Yes No
 Please explain: _____

16. a. Are you a licensed architect or engineer? Yes No
 b. Do you have any operations other than contracting? Yes No
 c. In the past 3 years have you owned, operated or controlled any business not listed on the application? Yes No

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17. Do you own vacant land, real estate development property, or model homes? Yes No
Description: _____

18. **Note: The following question applies to work done in any capacity, including general contractor, developer, artisan, remodeling contractor, site work contractor supplier, etc.**
Have you performed, or will you perform work involving, related to, or about the premises of:

	Remodel/Repairs	New Construction
a. Condominiums, townhouses or lofts	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Apartments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Tracts, Planned Unit Developments, or any other development, premises or project with more than 10 homes or lots, built or planned, included all phases	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Assisted living facilities, retirement homes, military housing, student housing, or any other multi-unit facility intended for permanent habitational occupancy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Description: _____

19. Have you ever performed work on hillsides, hill tops, slopes, landfill, or other subsidence areas, or do you plan to in the future (other than non-structural work)? Yes No
Maximum degree of slope? _____ Description: _____

20. Have or will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques? Yes No
Description: _____
If retaining walls have been or will be built, maximum height _____ ft.

21. Do you or have you performed repairs of fire, water or mold damage? Yes No
Percentage of operations: _____% Describe: _____

22. Do you perform work above two stories in height (other than interior remodeling)? Yes No
If so, what percentage? _____% Maximum height _____ ft.

23. Do you perform any work below ground level? Yes No
If so, what percentage? _____% Maximum depth _____ ft.
Description: _____

24. Have you or will you perform work related to the following: gas stations, refineries, chemical plants, airports, public utilities, railroads, or hospitals? Yes No
Description: _____

25. a. Have you or will you work as a construction manager for a fee? Yes No
b. Have you or will you supervise contractors paid by a different entity? Yes No
Description: _____

26. In the past 3 (three) years have you been fired or replaced on a job in progress? Yes No

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27. Note: The following questions apply regardless of whether you were at fault for a claim or incident, and regardless of whether the claim or incident was covered by insurance. "Legal actions" includes lawsuits, mediations, and arbitration. Explain any "yes" answers below on the blank lines.

- a. Have there been any loses, claims or legal actions against you in the past 5 years? Yes No
- b. Are there any claims or legal actions pending against you? Yes No
- c. Do you have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against any entity named in the application? Yes No
- d. Have you been accused of faulty construction in the past 5 years? Yes No
- e. Have you been accused of breaching a contract in the past 5 years? Yes No

28. Have you filed for bankruptcy in the past 5 years? Yes No

29. For each of the following activities check:

Yes: if you have or will perform, supervise, or subcontract that activity

No: if you have never performed, supervised, or subcontracted that activity and have no plans to do so.

- | | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| a. demolition | <input type="checkbox"/> | <input type="checkbox"/> | l. process piping | <input type="checkbox"/> | <input type="checkbox"/> |
| b. concrete tilt-up construction | <input type="checkbox"/> | <input type="checkbox"/> | m. swimming pool construction | <input type="checkbox"/> | <input type="checkbox"/> |
| c. LPG work | <input type="checkbox"/> | <input type="checkbox"/> | n. road/highway/bridge/overpass construction | <input type="checkbox"/> | <input type="checkbox"/> |
| d. seismic retrofitting | <input type="checkbox"/> | <input type="checkbox"/> | o. underground tank removal, repair, or installation | <input type="checkbox"/> | <input type="checkbox"/> |
| e. elevator or escalator work | <input type="checkbox"/> | <input type="checkbox"/> | p. work on gas lines or pumps | <input type="checkbox"/> | <input type="checkbox"/> |
| f. boiler installer / repair | <input type="checkbox"/> | <input type="checkbox"/> | q. asbestos or lead equipment | <input type="checkbox"/> | <input type="checkbox"/> |
| g. industrial machinery repair or installation (millwright work) | <input type="checkbox"/> | <input type="checkbox"/> | r. environmental cleanup | <input type="checkbox"/> | <input type="checkbox"/> |
| h. use of cranes | <input type="checkbox"/> | <input type="checkbox"/> | s. dam or levee work | <input type="checkbox"/> | <input type="checkbox"/> |
| i. rental of equipment to others | <input type="checkbox"/> | <input type="checkbox"/> | t. traffic signals/controls work | <input type="checkbox"/> | <input type="checkbox"/> |
| j. EIFS work (exterior finish insulation system or similar products.) | <input type="checkbox"/> | <input type="checkbox"/> | u. alarm installation/repairs/monitoring | <input type="checkbox"/> | <input type="checkbox"/> |
| k. playground equipment install/repair | <input type="checkbox"/> | <input type="checkbox"/> | v. roofing - installation or repairs | <input type="checkbox"/> | <input type="checkbox"/> |

Explain any "yes" answers below and state whether performed by insured or subcontracted:

30. Provide your previous carrier information:

	2008/2007	2007/2006	2006/2005	2005/2004	2004/2003
Carrier					
Policy Number					

Signature Page

WARNING: California law requires complete and truthful information by an applicant for insurance. That includes providing any information that would be material to your business or organization, even if not specifically asked for on this application. Your failure to provide truthful answers and all material information can result in the insurance company electing to rescind your policy. This means they will not be responsible for any claims which are presented. To avoid such a situation, answer all the foregoing questions truthfully and completely.

I Have Read And Understood All Of The Questions Asked And Have Provided All Information Required.

Signature of Applicant* _____ Date: _____

Name and Title* _____

*Must be owner, executive officer, or partner

Application Submission

If you filled out this form electronically you may EMAIL it to us at:

tom@metroinsurance.com

If you printed out this form you may FAX it to us at:

(714) 573-7202

If you wish to mail us this form please MAIL it to:

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Note: No coverage in force until bound by carrier.