

# EXTERIOR & SIDING CONTRACTORS QUESTIONNAIRE

Company Name: \_\_\_\_\_ Company Contact \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Cell# \_\_\_\_\_

Email Address \_\_\_\_\_

**GENERAL INFORMATION**

Years in Business Under Current Name: \_\_\_\_\_ Years Experience: \_\_\_\_\_

Washington Contractor License Number: \_\_\_\_\_ Do You Work in Other States? \_\_\_\_\_

**ESTIMATES FOR THE NEXT 12 MONTH POLICY PERIOD**

Type of Work:	New Construction _____%	# of Owners on Jobsite: _____
Commercial _____%	Replacement _____%	# Employees on Jobsite: _____
Residential _____%	Additions _____%	Total Labor Payroll: \$ _____
Condos & Town Homes _____%	Repairs _____%	Total Receipts: \$ _____
100%	100%	Paid to Subcontractors: \$ _____

Siding \_\_\_\_\_% Windows \_\_\_\_\_% Doors \_\_\_\_\_% Gutters \_\_\_\_\_% \*Other \_\_\_\_\_% = 100%

\*Other Work is \_\_\_\_\_

**CONTRACTORS INFORMATION**

Any work over three stories? _____# <input type="checkbox"/> Yes <input type="checkbox"/> No	Using flammables? <input type="checkbox"/> Yes <input type="checkbox"/> No
Using hoists, cranes or elevators? <input type="checkbox"/> Yes <input type="checkbox"/> No	Using scaffolding? <input type="checkbox"/> Yes <input type="checkbox"/> No
Waterproofing done? <input type="checkbox"/> Yes <input type="checkbox"/> No	EFIS installation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any design work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Underground work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Demolition or blasting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you offer any warranties? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please attach a copy of the warranty.

List 3 Typical Jobs: <u>Work Done</u>	<u>City or County</u>	<u>Job Receipts</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**INSURANCE INFORMATION**

Any General Liability Claims in the Last 5 Years? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount Paid by Insurance Carrier \$ \_\_\_\_\_  
Describe any losses: \_\_\_\_\_

Has Your Insurance Ever Been Cancelled?  Yes  No If so give reason: \_\_\_\_\_

Lasts Year's Total Cost of Liability Insurance \$ \_\_\_\_\_

**SUBCONTRACTED WORK**

List trades that are subcontracted and give % of trade done by sub contractor and not by your company.  
\_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %

Are certificates of insurance for general liability obtained prior to subcontractors starting work?  Yes  No  
 Are subcontractor's limits of Insurance equal to yours?  Yes  No  
 Are you named as an additional insured on the subcontractor's policy?  Yes  No  
 Do subcontractors provide you with a hold harmless agreement?  Yes  No  
 Do subcontractors carry Worker's Compensation?  Yes  No

\*The above information is accurate to the best of my knowledge.

\*Insured's Signature \_\_\_\_\_ Date: \_\_\_\_\_

John McDaniel \_\_\_\_\_ Date: \_\_\_\_\_  
Exterior Contractors Program Manager