

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:	Work Done	City or County	Job Receipts
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are subcontractor's limits of Insurance equal to yours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you named as an additional insured on the subcontractor's policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do subcontractors provide you with a hold harmless agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do subcontractors carry Worker's Compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

*Insured's Signature _____ Date: _____

John McDaniel _____ Date: _____
Exterior Contractors Program Manager