GENERAL CONTRACTORS QUESTIONNAIRE

Company Name:		Company Contact	
Address:			
Office Phone #	Fax #	Cell#	
Email Address			
GENERAL INFORMATION			
Years in Business Under Current Name: Washington Contractor License Number:	Years E:	xperience: Do you work in ot	ner states?
ESTIMATES FOR THE NEXT 12 MONT	H POLICY PERIOD		
Type of Work: Commercial % Residential % Condos & Town Homes % 100%	Repairs	% # of Owners on Jobsite % # Employees on Jobsite % Total Labor Payroll: % Total Receipts: 100% Paid to Subcontractors:	e: \$ \$
CONTRACTORS INFORMATION			
Any work over three stories?# Using hoists, cranes or elevators? Waterproofing done? Any design work? Demolition or blasting? Do you offer any warranties? Yes	Yes No Yes No Yes No Yes No Yes No No	Using flammables? Using scaffolding? EFIS installation? Underground work?	Yes No Yes No Yes No Yes No
List 3 Typical Jobs: <u>Work Done</u>		City or County	Job Receipts \$
INSURANCE INFORMATION Any General Liability Claims in the Last 5	Years? Yes	No Amount Paid by Insurance C	\$
Describe any losses:			
Has Your Insurance Ever Been Cancelle	d? Yes No	If so give reason:	
Lasts Year's Total Cost of Liability Insura	nce \$		
SUBCONTRACTED WORK			
List trades that are subcontracted and giv		%	
%		%	%
Are certificates of insurance for general li Are subcontractor's limits of Insurance ec Are you named as an additional insured Do subcontractors provide you with a hol Do subcontractors carry Worker's Compe	qual to yours? on the subcontractor d harmless agreeme	's policy? Yes No Yes No	ïes No
*The above information is accurate to the	e best of my knowled	ge.	
*Insured's Signature		Date:	
John McDaniel General Contractors Program President		Date:	