

REMODELING CONTRACTORS QUESTIONNAIRE

Company Name: _____ Company Contact _____

Address: _____

Office Phone # _____ Fax # _____ Cell# _____

Email Address _____ Web Site Address www. _____

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

CONTRACTORS INFORMATION

Any work over three stories? _____#	Yes	No	Using flammables?	Yes	No
Using hoists, cranes or elevators?	Yes	No	Using scaffolding?	Yes	No
Waterproofing done?	Yes	No	EFIS installation?	Yes	No
Any design work?	Yes	No	Underground work?	Yes	No
Demolition or blasting?	Yes	No			
Do you offer any warranties? 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 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: _____
Remodeling Contractors Program President