



**ABERDEEN INSURANCE GROUP, INC.**  
*SPECIALTY INSURANCE*

## Contractors Questionnaire Contractors Insurance Program - EIFS

### **General Business Information**

Business Name: \_\_\_\_\_

Other entity names: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Web Site Address: \_\_\_\_\_

Owners Name: \_\_\_\_\_

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

Total Number of Years in Business \_\_\_\_\_

FEIN Number \_\_\_\_\_

States in which you do business: \_\_\_\_\_

### **Classes of Work**

See attached supplemental questionnaire that needs to be completely filled out and returned with this survey.

<u>Class of Work Performed</u>	<u>Employee Payroll</u>	<u>Sub Contract Cost</u>
Carpentry-Commercial	\$ _____	\$ _____
Carpentry – Residential	\$ _____	\$ _____
Caulking/Sealing	\$ _____	\$ _____
Concrete-Driveways	\$ _____	\$ _____
Concrete-Flat Work	\$ _____	\$ _____
Drywall/Wallboard	\$ _____	\$ _____
Electrical Work – Within	\$ _____	\$ _____
Electrical-Other	\$ _____	\$ _____
Electrical Apparatus Install	\$ _____	\$ _____
Excavation	\$ _____	\$ _____
Fireproofing	\$ _____	\$ _____
Insulation	\$ _____	\$ _____
Grading of Land	\$ _____	\$ _____
Masonry	\$ _____	\$ _____
Painting-Interior	\$ _____	\$ _____
Painting Exterior	\$ _____	\$ _____
Plastering/Stucco-Commercial	\$ _____	\$ _____
Plastering EIFS–Commercial	\$ _____	\$ _____
Plastering/Stucco–Residential	\$ _____	\$ _____
Plastering EIFS–Residential	\$ _____	\$ _____
Plumbing-Residential	\$ _____	\$ _____
Roofing-Residential	\$ _____	\$ _____
Roofing-Commercial	\$ _____	\$ _____
Sewer Main	\$ _____	\$ _____
Street Road Construction	\$ _____	\$ _____
Street Road Paving-Repaving	\$ _____	\$ _____
Supervision of Job	\$ _____	\$ _____
Waterproofing	\$ _____	\$ _____
Other (explain) _____	\$ _____	\$ _____
Totals	\$ _____	\$ _____

**Labor**

Number of supervisors: \_\_\_\_\_

Total Number of workers (in field construction workers only) \_\_\_\_\_

Total Office Staff \_\_\_\_\_

1. Estimates for next 12 months:

Direct Payroll: \$	Sub-Contract Costs: \$	Gross Receipts: \$
-----------------------	---------------------------	-----------------------

Prior Years:

	Direct Payroll:	Sub-Contract Costs:	Gross Receipts:
First Prior	\$	\$	\$
Second Prior	\$	\$	\$
Third Prior	\$	\$	\$

Last 5 largest Job names and amounts

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

List 2 Jobs you are on currently

1. \_\_\_\_\_
2. \_\_\_\_\_

What type of buildings do you work on?  
(Give percentage of your total work below)

Commercial

Commercial \_\_\_\_\_%

Multi Unit Apartments \_\_\_\_\_%

Multi Unit Condos \_\_\_\_\_%

Hotels/Motels \_\_\_\_\_%

Residential

New Construction% \_\_\_\_\_ Remodel% \_\_\_\_\_

Custom \_\_\_\_\_ % Spec \_\_\_\_\_ % Tract \_\_\_\_\_ %

Do you work on buildings that are over 3 stories? \_\_\_\_\_ % \_\_\_\_\_

EIFS

Do you have any certifications? \_\_\_\_\_

Out of your total listed above, what is the anticipated gross revenue from EIFS related work over the next 12 months? \$ \_\_\_\_\_

Average number of EIFS jobs each year? \_\_\_\_\_

Give percentage for EIFS jobs that are: Commercial \_\_\_\_\_ Residential \_\_\_\_\_

Have you ever had an EIFS related loss? \_\_\_\_\_

Operational Information

Have you implemented any Special Safety Programs? (Please attach)

How often do you hold safety meetings? \_\_\_\_\_

Indicate the type of security used on a project:  Fencing  Lighting  Watchman

Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked?  Yes  No

Has any licensing authority taken any action against you?  Yes  No

Have you built or will you build on hillsides, terraces, landfills, or subsidence areas?

If "Yes" please explain: \_\_\_\_\_

Have you been involved or will you or any subcontractors be involved with blasting operations or hazardous or unusual work activity?  Yes  No

If "Yes" please explain: \_\_\_\_\_



If **yes**, do you warrant that during the term of the policy to which this application is attached you will continue to keep adequate records of certificates of insurance/additional insured endorsement and contractual agreements with subcontractors?

Yes  No

Has or will any of your work involve the construction of, or be for condominiums or townhouses?

Yes  No

If **yes**, is the work new construction?

Yes  No

Or Repair only?

Yes  No

Has or will any of your work involve the construction of, or be for apartments?

Yes  No

If yes, is the work new construction?

Yes  No

**Type:** Senior %  HUD %  Low Income %  Standard %

Any tract homes?

Yes  No

(If **yes**, maximum number of homes in tract: \_\_\_\_\_)

During the past five years, has any insurer ever cancelled, declined or refused to issue similar insurance to any applicant?

Yes  No

If **“Yes”** please explain: \_\_\_\_\_

---

Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company’s predecessors in business, or against any person, company or entities on whose behalf your company has assumed liability?

Yes  No

If **“Yes”** please explain: \_\_\_\_\_

---

---

Is your company aware of any facts, circumstances, incidents, situations, damages or accidents (including but not limited to: faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonable prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company?

Yes  No

If **“Yes”** please explain: \_\_\_\_\_

---

---

**Current Insurance Information** (all lines must be completed)

Current General Liability Insurance Carrier: \_\_\_\_\_

GL Renewal Date: \_\_\_\_\_

Current GL Premium: \$ \_\_\_\_\_

Current Umbrella/Excess Liability Insurance Carrier: \_\_\_\_\_

Umbrella/Excess Renewal Date: \_\_\_\_\_

Umbrella Limits: \_\_\_\_\_

Current Umbrella/Excess Premium: \$ \_\_\_\_\_

Workers Comp Current Mod \_\_\_\_\_

**Prior Insurance Carrier Information-General Liability**

(Please list who your insurance company was for the last 7 years)

	Carrier	Policy Number
2003-2004	_____	_____
2002-2003	_____	_____
2001-2002	_____	_____
2000-2001	_____	_____

**Attach the following Items: (if unavailable, state reason)**

- \*\* Copies of your EIFS certifications
- \*\*Copy of the subcontractor agreement you use with subs you hire
- \*\*Copy of your safety program
- \*\*5 Year Loss History

The "Applicant" is the party to be named as the "Insured"/"Assured" in any insuring contract if issued. By signing the Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the

Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage, (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued-, (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage" and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

\_\_\_\_\_  
(Principal Owner or Officer)

\_\_\_\_\_  
(Producer/Broker)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Trade or Company Name)

\_\_\_\_\_  
(Date)