



**Bliss & Glennon, Inc. – Contractor’s Questionnaire**

*This Questionnaire endeavors to consolidate many of the major current questionnaires currently in use in the insurance marketplace. Underwriters may or may not accept this signed application for purposes of binding insurance; however all applicable questions and answers needed at binding will be contained herein for the majority of markets, and can easily be transcribed to the appropriate form(s).*

**GENERAL INFORMATION:**

1. Applicant: \_\_\_\_\_  
Years in business under current name: \_\_\_\_\_  
How many years of experience do you have in the contracting business? \_\_\_\_\_  
What is the expiration date of your current or most recent General Liability insurance policy? \_\_\_\_\_  
Describe your operations: \_\_\_\_\_  
Do you have any other operations active or inactive? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_
2. Contractor’s License Number: \_\_\_\_\_ States in which you do business: \_\_\_\_\_  
Any work in the 5 boroughs of the State of New York? Yes \_\_\_\_\_ No \_\_\_\_\_
3. List all other business names & Licenses active or inactive applicant has used in the past 10 years:  
\_\_\_\_\_  
What were the operations? \_\_\_\_\_
4. Does applicant currently own/operate any other businesses? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what are names and percentages of ownership? \_\_\_\_\_  
What are the operations? \_\_\_\_\_
5. Percentage of current operations: General Contractor: \_\_\_\_\_% Subcontractor: \_\_\_\_\_% Construction Mgr: \_\_\_\_\_%
6. Do you use subcontractors? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please complete the following:  
Percentage of subcontracted work: \_\_\_\_\_%  
Annual subcontracting costs (including labor & materials): \_\_\_\_\_
7. Do you collect additional insured certificates from all subcontractors? Yes \_\_\_\_\_ No \_\_\_\_\_  
What limits of liability do you require from these subcontractors? \$ \_\_\_\_\_  
Do you have a standard formal written contract with your subcontractors? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, does it have a hold harmless/indemnification provision in your favor? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have the procedures listed above been followed for at least the past 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_  
How long do you maintain records of the above documents? \_\_\_\_\_



14. Describe your four largest projects over the past five (5) years, including values:

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15. List projects currently underway or planned for the next 12 months, including values:

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16. Will you build any homes from the ground up in the next 12 months? Yes \_\_\_\_ No \_\_\_\_

If yes, how many new homes will you build from the ground up in the next 12 months? \_\_\_\_\_

17. Have you ever built any homes from the ground up in the past? Yes \_\_\_\_ No \_\_\_\_

How long ago did you build homes from the ground up? \_\_\_\_\_

How many homes did you build previously? \_\_\_\_\_

Maximum number of homes built in any one year? \_\_\_\_\_

18. Do you own vacant land, real estate development property, or model homes? Yes \_\_\_\_ No \_\_\_\_

If yes, explain: \_\_\_\_\_

19. How many additional insured endorsements do you anticipate needing in the next 12 months? \_\_\_\_\_

**QUALIFICATION INFORMATION:**

20. Have you or will you allow your license to be used by another entity? Yes \_\_\_\_ No \_\_\_\_

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

21. Have you or will you build on hillsides, terraces, landfills, or other subsidence areas? Yes \_\_\_\_ No \_\_\_\_

If yes, explain: \_\_\_\_\_

What is the maximum degree of slope?: \_\_\_\_\_

22. Have or will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques? Yes \_\_\_\_ No \_\_\_\_

If yes, explain: \_\_\_\_\_

Maximum height of retaining walls, if any: \_\_\_\_\_

23. Do you use scaffolding? Yes \_\_\_\_ No \_\_\_\_

If yes, explain: \_\_\_\_\_

24. Have you been or will you be involved with blasting or other hazardous work activity? Yes \_\_\_\_ No \_\_\_\_

If yes, explain: \_\_\_\_\_

25. Do your employees or subcontractors perform synthetic stucco (EIFS) work? Yes \_\_\_\_ No \_\_\_\_

26. Have you or will you build or demolish structures in excess of 4 stories? Yes \_\_\_\_ No \_\_\_\_

27. Do you perform work above two stories in height (other than interior remodeling)? Yes \_\_\_\_ No \_\_\_\_

If yes, explain: \_\_\_\_\_

28. Do you have a formal safety program in place? Yes \_\_\_\_\_ No \_\_\_\_\_
29. Have you or will you or your subcontractors perform any work below grade? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Maximum Depth? \_\_\_\_\_ % of Operations? \_\_\_\_\_
30. Have or will you or your employees work under the USL&H/Harbor Workers Act or Jones Maritime Act? Yes \_\_\_\_\_ No \_\_\_\_\_
31. Do you perform any work at airports? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_
32. Do you own, rent, or subcontract any cranes? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_
33. Have or will you or your subcontractors be involved in any removal of asbestos, PCB's, or other HazMat? Yes \_\_\_\_\_ No \_\_\_\_\_
34. Any removal or work on fuel tanks or pipelines? Yes \_\_\_\_\_ No \_\_\_\_\_
35. If you are a roofing contractor, subcontractor, or are performing roofing work, do you use:
- |                  |                    |
|------------------|--------------------|
| Hot Tar? _____%  | Yes _____ No _____ |
| Torch Down?      | Yes _____ No _____ |
| Hot Bitumen?     | Yes _____ No _____ |
| Cold Bitumen?    | Yes _____ No _____ |
| Hot Air Welding? | Yes _____ No _____ |
| Other: _____     |                    |
36. Do or have you or your subcontractors performed repairs or remediation of fire, water, or mold damage? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_
- |                                 |                    |
|---------------------------------|--------------------|
| Percentage of operations? _____ |                    |
| Is coverage in place?           | Yes _____ No _____ |
| Name of Carrier? _____          |                    |
37. Have or will you perform work related to the following: gas stations, refineries, chemical plants, airports, public utilities, railroads, or hospitals? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_
38. Are you a licensed architect or engineer? Yes \_\_\_\_\_ No \_\_\_\_\_
39. Have or will you work as a construction manager for a fee? Yes \_\_\_\_\_ No \_\_\_\_\_
40. Have or will you supervise contractors paid by a different entity? Yes \_\_\_\_\_ No \_\_\_\_\_
41. In the past three years, have you been fired or replaced on a job in progress? Yes \_\_\_\_\_ No \_\_\_\_\_
42. Do you or your employees directly perform (not subcontract) any of the following trades: Excavation, Shoring, Retaining Walls, Grading, Foundations, Framing, Roofing, or Flashings? Yes \_\_\_\_\_ No \_\_\_\_\_

**PROJECT DETAIL INFORMATION:**

43. Will any work involve the construction of or involvement with Condominiums or Townhouses? Yes \_\_\_\_\_ No \_\_\_\_\_
- |                                       |                    |
|---------------------------------------|--------------------|
| If yes, is the work new construction? | Yes _____ No _____ |
| Repair or remodel only?               | Yes _____ No _____ |
44. Will any work involve the construction of Apartments? Yes \_\_\_\_\_ No \_\_\_\_\_
- |                                       |                    |
|---------------------------------------|--------------------|
| If yes, is the work new construction? | Yes _____ No _____ |
| Repair or remodel only?               | Yes _____ No _____ |

45. Have you or will you ever convert Apartments or commercial buildings to Condominiums? Yes \_\_\_\_\_ No \_\_\_\_\_
46. Will any work involve the construction of new Duplexes, Triplexes, Fourplexes, or Patio Homes? Yes \_\_\_\_\_ No \_\_\_\_\_
47. Will you be working in new Tract developments? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, maximum number of homes in any one development (across multiple phases): \_\_\_\_\_
48. Have you ever worked in new Condominiums/Townhomes? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, how long ago? \_\_\_\_\_
49. Have you ever worked in new Apartment buildings? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, how long ago? \_\_\_\_\_
- How many units in the entire building? \_\_\_\_\_
50. Have you ever worked in new Tract developments? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, how long ago? \_\_\_\_\_
- How many units in the entire development? \_\_\_\_\_
51. Any current Wrap-Up/OCIP projects? Yes \_\_\_\_\_ No \_\_\_\_\_
- Name of Carrier(s): \_\_\_\_\_
52. Have you ever worked in new Assisted Living Facilities? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, how long ago? \_\_\_\_\_
- How many units in the entire building? \_\_\_\_\_
53. Any unusual exposures/operations not covered by this questionnaire? Yes \_\_\_\_\_ No \_\_\_\_\_
54. Have there been any losses, claims, or suits against you in the past five years? Yes \_\_\_\_\_ No \_\_\_\_\_
- Are there any claims or legal actions pending against any of your entities? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition, or damages to any person or property that may potentially give rise to any future claim or legal action against them? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you been accused of faulty construction in the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you been accused of breaching a contract in the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you ever filed any Mechanic Liens in the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Please contact your insurance broker if you require a definition for any term(s) contained herein.

**WARRANTY:** The purpose of the Supplemental Questionnaire is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore warrants that the information contained herein is true and accurate to the best of his or her knowledge, information and belief. The supplemental questionnaire and the application to which it is appended shall be the basis of any insurance policy that may be issued and will be part of such policy.

Signature of Applicant\*: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

\* Must be an owner, executive officer, or partner of the applicant's company

Submit by fax or email to the regional office that serves your primary location:



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