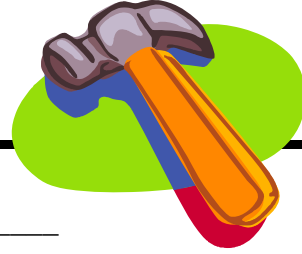


Contractors Questionnaire



Name of Applicant: _____

1. Percentage of:

Work as a General Contractor? _____%

Work as a Prime Contractors? _____%

Work as a Sub Contractor? _____%

2. Percentage of:

Residential work? _____%

Commercial work? _____%

Industrial work? _____%

3. Does the insured use subcontractors? _____ (Yes/No)

If so, what % of work is subcontracted? _____%

Please provide a description of the type of work subbed to others: _____

Are certificates of insurance required of subcontractors? _____ (Yes/No)

What limits are required of subcontractors? GL: _____

AL: _____

EL: _____

4. Please provide Payroll and Gross Receipts Information:

Coming Year: _____ Payroll _____ Gross Receipts

Prior Year: _____ Payroll _____ Gross Receipts

2nd Prior Year: _____ Payroll _____ Gross Receipts

3rd Prior Year: _____ Payroll _____ Gross Receipts

CONTRACTORS QUESTIONNAIRE (CONT.)

5. Provide Description of last three largest jobs:

<u>Job Description</u>	<u>Type Work performed</u>	<u># of stories</u>	<u>Job Cost</u>
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6. Any rental of cranes FROM others? _____ (Yes/No)

If "yes", with _____ or without _____ operators?

7. Any rental of cranes by the applicant TO others? _____ (Yes/No)

If "yes" with _____ or without _____ operators?

8. Any blasting or explosives? _____ (Yes/No)

9. Does the GL policy provide coverage for "XCU"? _____ (Yes/No)

10. Indicate by YES or NO whether the applicant's work does or has ever included:

Airport Runways/Aprons _____

Bridges _____

Demolition _____

Dam or Dikes _____

Tunnels _____

Pile Driving _____

High Rise Construction in excess of 6 stories _____

Elaborate regarding above classes of work performed.

The above statements given are true and accurate.

The applicant has not willfully concealed or misrepresented any material fact or circumstance on this Questionnaire.

Applicant's Signature

Date