

NAME: \_\_\_\_\_ FEIN/SSN: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ WEBSITE URL: \_\_\_\_\_

1. Detailed description of operations (List of work performed): \_\_\_\_\_  
\_\_\_\_\_

2. Any prior coverage under this business name or any other?  Yes  No If so, forward any loss runs for the last 5 years

3. Years in business: \_\_\_\_\_

4. Is there an ACTIVE General Contractor's License in place?  Yes  No

If yes, provide license number(s): Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_

5. Has this company/owner ever been issued a violation by the Licensing Board for Contractors?  Yes  No

a. If yes, please explain: \_\_\_\_\_

6. Written Safety Program in place?  Yes  No

7. Written Drug Testing Policy in force?  Yes  No

8. Are all employees LA Residents?  Yes  No If no, please explain: \_\_\_\_\_

9. Are all employees US Citizens?  Yes  No If no, please explain: \_\_\_\_\_

10. List all states where work is performed: \_\_\_\_\_

a. % of work performed **OUTSIDE** of Louisiana \_\_\_\_\_

11. What % of work performed is Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_

12. What % of work performed is Interior: \_\_\_\_\_ Exterior: \_\_\_\_\_

13. Total number of employees (including 1099 workers): \_\_\_\_\_

14. How are employees paid? W-2  1099  Check  Cash

15. What % of work is sub-contracted? \_\_\_\_\_

a. List type of work done by INSURED sub-contractors \_\_\_\_\_  
\_\_\_\_\_

b. List type of work done by UNINSURED sub-contractors: \_\_\_\_\_  
\_\_\_\_\_

16. Are certificates of insurance obtained, verified and kept on file for all sub-contractors?  Yes  No

17. Explain certificate verification process: \_\_\_\_\_

18. Does the insured attempt to use the same sub-contractors for all jobs?  Yes  No If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

19. Who is responsible for daily jobsite supervision? \_\_\_\_\_

20. Please explain any payroll for class code 5606:

a. Does Executive Supervisor perform any manual labor?  Yes  No If yes, please explain: \_\_\_\_\_

b. Does Executive Supervisor work at the jobsite?  Yes  No If yes, please explain: \_\_\_\_\_

c. Does Executive Supervisor supervise workers daily?  Yes  No If yes, please explain: \_\_\_\_\_

# GENERAL CONTRACTOR SUPPLEMENTAL QUESTIONNAIRE

21. Any use of casual or day labor:  Yes  No If yes, please explain: \_\_\_\_\_

22. Does the property owner pay any sub-contractors directly?  Yes  No If yes, please explain: \_\_\_\_\_

23. Is any roofing work performed?  Yes  No If yes, please explain: \_\_\_\_\_

24. Is any work performed at or above 15 feet?  Yes  No If yes, please explain: \_\_\_\_\_

a. How are heights reached? \_\_\_\_\_

## **Exposures:**

25. Percentages of Work Performed:

a. New Construction (from ground up) \_\_\_\_\_% Structural Remodeling/Repair \_\_\_\_\_% Non-Structural Remodeling/Other \_\_\_\_\_%

26. Types of Structures:

a. Single Family (Spec) \_\_\_\_\_% Single Family (Custom) \_\_\_\_\_% Multi-Family \_\_\_\_\_% Commercial Buildings \_\_\_\_\_%

By initialing the below statements, I agree to the following:

\_\_\_\_\_ I understand and agree that I must obtain certificates of insurance proving current Workers' Compensation Insurance for all sub-contractors.

\_\_\_\_\_ I understand that I must verify all certificates of insurance given to me by sub-contractors

\_\_\_\_\_ I understand that, should I not be able to produce verifiable certificates of insurance for all sub-contractors, that I will be responsible for all additional premiums charged for covering these sub-contractors

\_\_\_\_\_ I understand and agree that I must retain an insured\* roofing sub-contractor to perform ANY and ALL roofing work. This work includes, but is not limited to, new construction, repairs and renovations of existing structures. Once coverage is bound, I understand that failure to use an insured\* subcontractor for roofing work may result in cancellation.

\* Sub-Contractor must have current Worker's Comp insurance

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_