

DRYWALL CONTRACTORS QUESTIONNAIRE

Company Name: _____ Company Contact _____

Address: _____

Office Phone # _____ Fax # _____ Cell# _____

Email Address _____

GENERAL INFORMATION

Years in Business Under Current Name: _____ Years Experience: _____

Contractor License Number: _____ What States Do You Work In? _____

ESTIMATES FOR THE NEXT 12 MONTH POLICY PERIOD

Type of Work:	New Construction _____%	# of Owners on Jobsite: _____
Commercial _____%	Remodel _____%	# Employees on Jobsite: _____
Residential _____%		Total Labor Payroll: \$ _____
Condos & Town Homes _____%		Total Receipts: \$ _____
	100%	Paid to Subcontractors: \$ _____

Work Other Than Drywall:

Siding _____% Windows _____ Doors _____% Gutters _____% *Other _____% = 100%

*Other Work is _____

CONTRACTORS INFORMATION

Any work over three stories? _____#	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Using hoists, cranes or elevators?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Using flammables?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Waterproofing done?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Using scaffolding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any design work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	EFIS installation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Demolition or blasting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Underground work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you offer any warranties? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please attach a copy of the warranty.			

List 3 Typical Jobs:	Work Done	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: _____

GCIS _____ Date: _____