

FRAMING CONTRACTORS QUESTIONNAIRE

Company Name: _____ Company Contact _____

Address: _____

Cell # _____ Fax # _____ Email Address _____

GENERAL INFORMATION

Type of Work:	# of Owners on Jobsite _____	New Construction _____%
Industrial _____%	# of Employees _____	Additions _____%
Commercial _____%	Total Labor Payroll \$ _____	Remodeling _____%
Residential _____%	Total Receipts \$ _____	Repairs _____%
Condos & Town Homes _____%	Cost of Subcontractors \$ _____	100%
Apartment's _____%		
100%		

of Years Experience _____ # Years in Business Under Current Name _____

List all business names applicant has used in the past: _____

CONTRACTORS INFORMATION

Contractor License Number: _____ For State(s): _____

All Types of Work Performed by Your Company _____

Any work over two stories? _____# <input type="checkbox"/> Yes <input type="checkbox"/> No	On or near a body of water? <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
Using scaffolding? <input type="checkbox"/> Yes <input type="checkbox"/> No	EFIS installation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any design work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Underground work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Demolition/blasting? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lease employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you offer any warranties? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employ casual labor? <input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please attach a copy of the warranty.

Any mobile equipment leased without operators? Yes No

Type of equipment leased to you: _____

Do you lease equipment to others? Yes No If Yes, please list: _____

List 3 Typical Jobs:	<u>Work Done</u>	<u>Location</u>	<u>Job Receipts</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Any Other Work Performed Besides Framing? _____

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: _____

of Certificates You Need Issued Per Year _____ Lasts Year's Total Cost of Liability Insurance \$ _____

SUBCONTRACTED WORK

What work are the subcontractors hired to do?

_____ % _____ % _____ %

Are certificates of insurance for general liability obtained prior to subcontractors starting work? Yes No

What are the minimum limits required? \$ _____

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 Agent Signature _____ Date: _____