

Houston P: (281) 759-4855 F: (281) 759-7245

Na	me of Applicant:				
1.	Work as a Prim	eral Contractor?% e Contractors?% Contractor?%			
2.	Percentage of: Residential wor Commercial wo Industrial work?	rk?%			
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 Pay	roll and Gross Receipts Inform			
	Coming Year:	Payroll	Gross Receipts		
	Prior Year:	Payroll	Gross Receipts		
	2 <sup>nd</sup> Prior Year: _	Payroll	Gross Receipts		
	3 <sup>rd</sup> Prior Year:	Payroll	Gross Receipts		

5.	Provide Description of last three largest jobs:  Job Description Type Work performed	# of stories	Job Cost	
6.	Any rental of cranes FROM others? (Yes/No) If "yes", with or withoutope	) erators?		
7.	Any rental of cranes by the applicant TO others? If "yes" with or without	(Yes/No) 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 do Airport Runways/Aprons Boring in excess of 4" diameter Bridges Demolition Dam or Dikes Tunnels Pile Driving High Rise Construction in excess of 6 stories EIFS  Elaborate regarding above classes of work performed.	es or has ever in	cluded:	
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				