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CONTRACTOR'S QUESTIONNAIRE

•• NAMED INSURED: _____

•• INDIVIDUAL _____ PARTNERSHIP _____ CORP _____
JOINT VENTURE _____ OTHER _____

•• APPLICANT IS: GENERAL CONTRCATOR _____ % SUB-CONTRCATOR _____ %
COMMERCIAL _____ % RESIDENTIAL _____ %
INDUSTRIAL _____ %

•• NUMBER OF YEARS IN BUSINESS: _____

•• LIST SUBSIDIARIES **NOT** COVERED: _____

•• AREA OF OPERATIONS: _____

•• DESCRIBE **ALL** OPERATIONS: _____

•• TYPE OF CONSTRUCTION PERFORMED (IF APPLICABLE)

BLASTING: _____ %	INSULATION _____ %	PROCESS PIPING _____ %
BRIDGE WORK _____ %	LAND GRADING _____ %	ROOFING _____ %
CARPENTRY _____ %	MAINTENANCE _____ %	SEWER _____ %
CONCRETE _____ %	MASONRY _____ %	STEEL (ORNAMENTAL) _____ %
DAMS/LEVEES _____ %	MECHANICAL _____ %	STEEL(STRUCTURAL) _____ %
DRILLING _____ %	MEDICAL/LIFE SUPORT _____ %	STREET/ROAD _____ %
ELECTRICAL _____ %	PAINTING _____ %	SUPERVISORY _____ %
EXCAVATING _____ %	PLASTERING _____ %	TUNNELING _____ %
GAS MAINS _____ %	PLUMBING _____ %	WRECKING/DEMO _____ %

•• DOES THE INSURED HAVE **ANY** OPERATIONS OUTSIDE THE REALM OF "CONTRACTING" AND IF SO, EXPLAIN: _____

•• DOES THE INSURED CURRENTLY OR IN THE PAST, BUILD ON HILLSIDES,SLOPES,LANDFILLS OF OR IN SUBSIDENCE AREAS? YES _____ NO _____
IF YES, EXPLAIN: _____

• ANY SOIL COMPACTION TESTS PERFORMED? YES _____ NO _____ IF YES, DETAILS ON FIRM PROVIDING SERVICE: _____

• LIST BY PERCENTAGE ALL SUB-CONTRACTORS USED BY APPLICANT:

% _____	% _____	% _____	% _____
% _____	% _____	% _____	% _____
% _____	% _____	% _____	% _____

• ARE CERTIFICATES OF INSURANCE OBTAINED FROM ALL SUB-CONTRACTORS?
YES _____ NO _____ AT WHAT MINIMUM LIMITS? _____

• DOES THE APPLICANT OBTAIN A WRITTEN CONTRACT FROM ALL SUBCONTRACTORS WHICH INCLUDES A **HOLD HARMLESS** CLAUSE *IN FAVOR OF THE APPLICANT*?

YES _____ NO _____

• IS THE APPLICANT NAMED AS AN ADDITIONAL INSURED ON **ALL** SUBCONTRACTOR'S POLICIES?

YES _____ NO _____

• ANY PAST OR PRESENT **ASBESTOS** REMOVAL WORK PERFORMED? YES ___ NO ___
IF YES, EXPLAIN: _____

• DOES APPLICANT PERFORM ANY WORK AT **AIRPORTS**? YES ___ NO ___
IF YES, EXPLAIN: _____

• ANY WORK PERFORMED OVER **3 STORIES** IN HEIGHT FROM GRADE?

YES ___ NO ___ IF YES, EXPLAIN: _____

• DOES APPLICANT PERFORM ANY WORK **BELOW GRADE**? YES ___ NO ___
IF YES, EXPLAIN TYPE OF WORK AND DETAILS OF WORK: _____

• DOES APPLICANT LEASE **CRANES OR MOBILE EQUIPMENT FROM** OTHERS?
YES___ NO___ IF YES, FREQUENCY_____

OPERATORS PROVIDED YES___ NO___ TYPE OF EQT:_____

• DOES APPLICANT LEASE **CRANES OR MOBILE EQUIPMENT TO** OTHERS?
YES___ NO___ IF YES, FREQUENCY_____

OPERATORS PROVIDED YES___ NO___ TYPE OF EQT:_____

• DOES APPLICANT USE HELICOPTERS TO INSTALL MACHINERY OR EQUIPMENT?
YES___ NO___ IF YES, EXPLAIN:_____

• ANY EXPOSURE, PAST/PRESENT OR ANTICIPATED IN THE FUTURE WITH **EIFS WORK**?
YES___ NO___ IF YES, EXPLAIN:_____

- WHAT ARE :
 - TOTAL RECEIPTS _____
 - TOTAL COST _____
 - TOTAL PAYROLL _____

- ANY EMPLOYEES WORKING UNDER:
 - USL&H LONGSHOREMANS & HARBORWORKERS ACT? YES___ NO___
 - JONES MARITIME ACT? YES___ NO___
 - FEDERAL EMPLOYMENT LIABILITY ACT? YES___ NO___

IF YES, HOW MANY AND WHAT IS THE PAYROLL? _____

• PLEASE LIST THE LAST 5 JOBS COMPLETED AND THE CURRENT WORK IN PROGRESS, INCLUDING DOLLAR VALUE OF EACH JOB!!!!
USE A SEPARATE SHEET FOR THIS AND BE SPECIFIC!!!!!