

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**GENERAL CONTRACTORS AND DEVELOPERS DISCOVERY QUESTIONNAIRE**

**THIS IS FOR QUOTATION PURPOSES ONLY—THIS IS NOT A BINDER**

PROPOSED EFFECTIVE DATE: \_\_\_\_\_

**General Information**

1. Applicant (as it would appear on the coverage contract): \_\_\_\_\_
2. Doing Business As: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Contact Person: \_\_\_\_\_ Years Experience: \_\_\_\_\_  
 Contact Person is:  Owner  Manager  Promoter  Management  Other: \_\_\_\_\_
5. Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_
6. Web Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_
7. Is this a new business?  Yes  No If no, how many years have you been in business? \_\_\_\_\_
8. Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_
9. Length of season: \_\_\_\_\_
10. Who was your last or is your current insurance carrier? \_\_\_\_\_
11. What is or was your annual premium? \_\_\_\_\_
12. Describe your claims and loss history: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Amount of Liability Required:

- |  |  |
|--|--|
| <input type="checkbox"/> 50,000 per accident / 100,000 annual aggregate    | <input type="checkbox"/> 100,000 per accident / 200,000 annual aggregate   |
| <input type="checkbox"/> 100,000 per accident / 300,000 annual aggregate   | <input type="checkbox"/> 200,000 per accident / 300,000 annual aggregate   |
| <input type="checkbox"/> 200,000 per accident / 500,000 annual aggregate   | <input type="checkbox"/> 300,000 per accident / 500,000 annual aggregate   |
| <input type="checkbox"/> 300,000 per accident / 300,000 annual aggregate   | <input type="checkbox"/> 500,000 per accident / 500,000 annual aggregate   |
| <input type="checkbox"/> 300,000 per accident / 1,000,000 annual aggregate | <input type="checkbox"/> 500,000 per accident / 1,000,000 annual aggregate |
| <input type="checkbox"/> 1mil per accident / 1mil annual aggregate         | <input type="checkbox"/> 1mil per accident / 2mil annual aggregate         |
| <input type="checkbox"/> 2mil per accident / 2mil annual aggregate         | <input type="checkbox"/> Other: _____                                      |

Self-Insured Retention desired:  \$1,000  \$2,500  \$5,000  Other: \$ \_\_\_\_\_

**1. Business Activities**

1. List all location(s) Owned, Leased, Rented, and where service and operations are conducted:  
 Contractor's license # \_\_\_\_\_ State in which you do business: \_\_\_\_\_  
 Percentage of operations: \_\_\_\_\_%
2. General Contractor \_\_\_\_\_% Subcontractor \_\_\_\_\_% Owner/Builder \_\_\_\_\_
3. List your estimate for next 12 months: Gross Receipts \$ \_\_\_\_\_
4. Indicate the amounts for prior years:  

Year	Amounts
20__	Direct Payroll \$ _____ Contract Costs \$ _____ Gross Receipts \$ _____

20\_\_\_ Direct Payroll \$ \_\_\_\_\_ Contract Costs \$ \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_  
 20\_\_\_ Direct Payroll \$ \_\_\_\_\_ Contract Costs \$ \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_

5. Indicate the percentage of construction work performed by you:  
 New Construction \_\_\_\_\_% Commercial \_\_\_\_\_% Inside Building \_\_\_\_\_%  
 Remodeling \_\_\_\_\_% Residential \_\_\_\_\_% Outside Building \_\_\_\_\_%  
 Other \_\_\_\_\_

6. Using percentage of payroll and percentage of contract costs (under Subbed), indicate the anticipated percentage of construction work you will perform over the next 12 months.

TYPE OF WORK	PAYROLL	SUBBED	TYPE OF WORK	PAYROLL	SUBBED	TYPE OF WORK	PAYROLL	SUBBED
Blasting			Earthquake Repair			Masonry		
Bridge Building			Electrical			Mechanical		
Carpentry			Excavation			Painting		
Concrete			Grading			Plastering		
Demolition			Insulation			Plumbing		
Drilling			Maintenance			Other (describe)		

7. Describe any significant projects (accounting for more than 10% of total revenue any one year) which you have performed during the past five (5) years:

8. List current projects or those scheduled to commence over the next twelve months: (Attach separate sheet if necessary.)

LOCATION	TYPE	START DATE	ENDING DATE	HARD COSTS	SOFT COSTS

9. Indicate the type of security used on a project:  Fencing  Lighting  Watchman

10. Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked?  Yes  No

11. Has any licensing authority taken any action against you?  Yes  No  
 If yes, please explain: \_\_\_\_\_

12. Have you built or will you build on hillsides, terraces, landfills, or subsidence areas?  Yes  No  
 If yes, please explain: \_\_\_\_\_

13. Have you been involved or will you or any subcontractors be involved with blasting operations or hazardous or unusual work activity?  Yes  No  
 If yes, please explain: \_\_\_\_\_

14. Have you built or will you build/construct buildings or other structures in excess of four stories?  Yes  No

15. Have you been involved or will you or your subcontractors be involved in any removal of asbestos, PCB's, or other hazardous materials?  Yes  No

16. Have you been involved or will you or your subcontractors be involved in removal or work on fuel tanks or pipelines?  Yes  No

17. If you are a roofing contractor or otherwise perform roofing work, what percentage of operations is:

Hot Tar	_____ %	Excess of four (4) stories	_____ %
Foam Application	_____ %	N/A	_____ %

18. Have you performed or will you or your subcontractors perform any work below grade?  Yes  No

19. Maximum depth \_\_\_\_\_; %of operations: \_\_\_\_\_%

20. Any shoring, underpinning, cofferdam, or caisson work?  Yes  No  
If yes, please explain: \_\_\_\_\_
21. Have you worked or will you or your employees work under U.S. Longshoremen's and Harbor Workers' Act or Jones Maritime Act?  Yes  No
22. Do you have operations other than contracting?  Yes  No
23. Covered by other insurance?  Yes  No  
If yes, please explain: \_\_\_\_\_
24. Are these operations to be covered by this Insurance?  Yes  No
25. If you are a general contractor or developer, are adequate records kept of certificates of insurance and contractual agreements with subcontractors?  Yes  No
26. Limit Required \_\_\_\_\_ Written contract?  Yes  No  
If no, during the pendency of the policy to which this application is attached, do you warrant that adequate records of certificates of insurance and contractual agreements with subcontractors will be kept?  
 Yes  No  
If yes, do you warrant that during the pendency of the policy to which this application is attached you will continue to keep adequate records of certificates of insurance and contractual agreements with subcontractors?  
 Yes  No
27. Has or will any of your work involve the construction of or for condominiums, townhouses, or apartments?  
 Yes  No  
If yes, is the work new construction?  Yes  No  
Repair only?  Yes  No
28. Any tract homes?  Yes  No  
If yes, maximum number of homes in tract: \_\_\_\_\_
29. During the past five years, has any insurer ever cancelled, declined, or refused to issue similar insurance to any applicant?  Yes  No  
If yes, please explain: \_\_\_\_\_
30. Has any lawsuit ever been filed; or any claim otherwise been made against your company, or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company, or entities on whose behalf your company has assumed liability?  Yes  No  
(For the purpose of this application, a claim means a receipt of a demand for money, services, or arbitration.)  
If yes, please explain: \_\_\_\_\_
31. Is your company aware of any facts, circumstances, incidents, situations, damages or accidents – including but not limited to faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company?  Yes  No  
If yes, please explain: \_\_\_\_\_
32. Number of Total Staff: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_
33. Number of non-operational employees (salesman, collectors, messengers, drivers, clerical, etc.)? \_\_\_\_\_
34. Provide list of equipment, using a separate form, to be insured under any coverage issued.
35. Explain use of any equipment to be insured for liability? \_\_\_\_\_
36. Total gross annual receipt for all business operations: \$ \_\_\_\_\_
37. Total gross annual receipt from building trades contracted services: \$ \_\_\_\_\_  
Note: May or may not be the same.
38. Indicate Gross Receipts by class of service performed:

<b>GROSS RECEIPTS BY TYPE OF SERVICE</b>	<b>GROSS ANNUAL PAYROLL BY TYPE OF SERVICE</b>
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	<b>GROSS RECEIPTS BY TYPE OF SERVICE</b>	<b>GROSS ANNUAL PAYROLL BY TYPE OF SERVICE</b>
Crane Rentals with operator services	\$	\$
General Contractor Services	\$	\$
Air Conditioning Systems or Equipment Dealers or Distributors, and installation, Servicing or repair (no household type Appliances or room air conditioners).	\$	\$
Appliances and Accessories Installation, servicing or repair – household (no television or radio receiving set installation, servicing or repair).	\$	\$
Carpentry – construction of residential Property not exceeding three stories in height (Including private garages).	\$	\$
Carpentry – interior (including installation of doors, floors, windows, cabinets, and hardwood or parquet flooring).	\$	\$
Carpentry – N.O.C. (no shop only operations).	\$	\$
Carpet, Rug, Furniture, or Upholstery Cleaning on customers' premises	\$	\$
Door, Window or Assembled Millwork - Installation – metal	\$	\$
Driveway, Parking Area or Sidewalk - Paving or repaving (no clearing of right –of-way, Earth or rock excavation, or filling or grading of land)	\$	\$
Drywall or Wallboard Installation	\$	\$
Electrical Work – within buildings (including wiring and installation or repair of electrical fixtures and appliances, and incidental outside work; no alarm, alarm systems or machinery installation).	\$	\$
Fence Erection Contractors	\$	\$
Floor Covering Installation – not ceramic tile or stone	\$	\$
Furniture or Fixtures – installation in offices or Stores – portable – metal or wood		
Glass Dealers and Glaziers (no shop only operations)	\$	\$
Heating or Combined Heating and Air Conditioning Systems or Equipment – dealers or distributors and Installation, servicing or repair (no liquefied petroleum Gas equipment sales or work).	\$	\$
House Furnishings installation (including incidental Upholstering and floor covering installation)	\$	\$
Interior Decorators	\$	\$
Landscape Gardening (no excavation)	\$	\$
Masonry Contractors	\$	\$
Metal Erection – decorative or artistic Metal Erection – in the construction of dwellings not exceeding two stories in height.	\$	\$
Metal Erection – nonstructural – N.O. C.	\$	\$
Office Machines – installation, inspection, Adjustment or repair.	\$	\$
Painting – buildings or structures (exterior painting does not exceed 10% of gross annual receipts)	\$	\$
Paperhanging	\$	\$
Plastering or Stucco Work	\$	\$

	GROSS RECEIPTS BY TYPE OF SERVICE	GROSS ANNUAL PAYROLL BY TYPE OF SERVICE
Plumbing – commercial and industrial (including building connections, shop and display)	\$	\$
Plumbing – residential or domestic (including house connections, shop and display rooms)	\$	\$
Tile, Stone, Marble, Mosaic or Terrazzo Work - Interior construction (including incidental exterior work).	\$	\$
Garage Door Installation	\$	\$
Storage Building and Carport Installation	\$	\$
Framing Contractor	\$	\$
Roofing Contractor Services	\$	\$
Siding Contractor Services	\$	\$
Gutter and Downspout Services	\$	\$
Sprinkler Service Contractor	\$	\$
Curb and Gutter Contractor	\$	\$
Stucco Contractor	\$	\$
Alarm System and Security Cameras	\$	\$
Television, Stereo DVD, and Related Home Sound Systems and Business.	\$	\$
All and any other – explain:	\$	\$
TOTAL (must equal all of the above):	\$	\$

Note: Only those services noted will be provided coverage under any insurance issued.

39. Identify, from the equipment list provided, the units with rubber tires, which are driven on the public roads: \_\_\_\_\_
- 
40. How many pieces of truck driven equipment are driven over public roads? \_\_\_\_\_  
 Explain: \_\_\_\_\_
41. How many of the above are registered and licensed as vehicles? \_\_\_\_\_
42. Are equipment operators required to be licensed in your state?  Yes  No
43. Are contractors using equipment with long booms required to obtain a permit prior to use in your city or state?  Yes  No
44. What type of license(s), i.e., general contractor, electrical, etc., do you hold? \_\_\_\_\_
45. Describe any contracting operation, or other business discontinued in the past five (5) years. \_\_\_\_\_
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46. Does Applicant perform renovation work involving structural change to load-bearing walls?  Yes  No
47. Does Applicant perform external work above three stories?  Yes  No
48. Does Applicant lease or rent equipment to others?  Yes  No
49. Does Applicant lease or rent equipment from others?  Yes  No
50. Does Applicant distribute or sell building materials or supplies for installation by others?  Yes  No
51. Do you hire sub-contractors?  Yes  No  
 If Yes, do you require certification and evidence of insurance?  Yes  No
52. Explain type of work sub-contracted to others: \_\_\_\_\_
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53. Do you draw plans, designs, or specifications for others?  Yes  No
54. Do you hire or lease any boats?  Yes  No
55. Do you rent any portion of your premises to others?  Yes  No

56. Note names of any partners, key employees, and principal owners involved in the business.

Title	Name	Years with Firm

57. Provide copies of:

- a. Advertisement, brochures, descriptive literature;
- b. Sample contract between you and your clients outlining the services to be rendered;**
- c. Any other information, which may help describe your operation.

58. Answer the following:

- a. Does any one client or contract represent more than 50% of annual gross income?  Yes  No  
If yes, explain. \_\_\_\_\_
- b. Do you ever perform services on a salary or annual retainer basis?  Yes  No  
If yes, explain. \_\_\_\_\_
- c. Has any Insured of your firm or organization ever been the subject of any complaint to or disciplinary action by authorities as a result of the professional services performed?  Yes  No  
If yes, provide detail on separate form.
- d. Are you owed any compensation that any client refuses or is unable to pay in whole or in part?  Yes  No  
If yes, provide separate statement providing detail.
- e. Have you filed any suit for the collection of fees during the past five (5) years?  Yes  No  
If yes, attach detail.

59. What steps are taken to prevent unauthorized use of machines and equipment? \_\_\_\_\_

60. Months or period your business is open: From: \_\_\_\_\_ To: \_\_\_\_\_

61. Do you have a formal safety program in operation?  Yes  No

62. Do you have personal property of others (not leased or rented equipment) in care, custody, or control?  Yes  No  
If yes, explain type: \_\_\_\_\_

63. Are all premises and equipment inspected or certified by any outside third party?  Yes  No  
If yes, please complete the following: (Use additional paper if necessary.)

- a. Local Agency  Yes  No Name: \_\_\_\_\_
- b. State Agency  Yes  No Name: \_\_\_\_\_
- c. Federal Agency  Yes  No Name: \_\_\_\_\_
- d. Private Agency  Yes  No Name: \_\_\_\_\_

64. What percent of your work is:

- a. Commercial over 3 stories? \_\_\_\_\_%
- b. Residential 3 stories or less? \_\_\_\_\_%
- c. All Other \_\_\_\_\_%

65. Would your company agree to participate in a sponsored Risk Management and Loss Control program if such were offered in your area?  Yes  No  
If no, please briefly describe why not, or if yes, please indicate the best month during a year that such a

meeting should be scheduled. \_\_\_\_\_

66. Attach a schedule of all equipment owned, rented or leased for which insurance is requested. Information not received will not be quoted, and no coverage will be provided should coverage be issued.

67. Is "OVER THE ROAD" coverage requested for:

- a. Mobile Equipment – “unlicensed”: Yes  No
- b. Equipment Mounted service vehicles – “licensed”: Yes  No

68. If Commercial Auto Liability is required, please complete a separate questionnaire to obtain a quote for this coverage.

69. If Commercial Building Property, Building Contents, Property in the open at the job site, or contractor's equipment coverage is required, please complete a separate questionnaire.

- Do you carry Workers' Compensation for all employees? Yes  No

### **REPRESENTATIONS AND WARRANTIES**

The “Applicant” is the party to be named as the “Insured” in any insuring contract if issued. By signing this Discovery Questionnaire, the Applicant for insurance hereby represents and warrants that the information provided in the Discovery Questionnaire, together with all supplemental information and documents provided in conjunction with the Discovery Questionnaire, is true, correct, inclusive of all relevant and material information necessary for the Association to accurately and completely assess the Discovery Questionnaire, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Association can and will rely upon the Discovery Questionnaire and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Discovery Questionnaire and all supplemental information and documents provided in conjunction with the Discovery Questionnaire are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of a Discovery Questionnaire or the payment of any premium does not obligate the Association or any Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Discovery Questionnaire, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Association, and its agents, to gather any additional information the Association deems necessary to process the Discovery Questionnaire for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Association has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Association in conjunction with consideration of the Discovery Questionnaire.

The Applicant further represents that the Applicant understands and agrees the Association: (i) may present a quote with a sub-limit of liability for certain exposures, (ii) may quote certain coverages with certain activities, events, services, or waivers excluded from the quote, (iii) will rate each quotation in the best interest of each Association member to the extent possible to meet the overall intent of the Association's program of insurance for all members, and (iv) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Association's accounting office receives the required premium payment, and the Applicant signs and returns the appropriate “Acknowledgement and Coverage Contract Receipt” form within 10 days of receiving an insurance coverage contract.

The Applicant agrees that the Association and any party from whom the Association may request information in conjunction with the Discovery Questionnaire may treat the Applicant's facsimile signature on the Discovery Questionnaire as an original signature for all purposes.

**IMPORTANT:** Each accepted Applicant is provided insurance as a participating member under a Master Group Policy of Insurance issued on behalf of the Transworld Building Trades and Contractors Liability Association, a qualified “Purchasing Group” under the Risk Retention Act of 1986—Public Law 97-45. Master Group Policies have been issued to the Association, formed and governed by the laws, rules, and regulations of the State of Utah, to which members will be added as “Participating Members.” The Association's program of insurance is a fully insured plan with an insurer permitted to provide insurance in each Association member's state of residence.

All coverage contract charges and service provider fees are minimum and fully earned as of the effective date of coverage. Membership in the Association is restricted to those whose business or activities are similar with respect to liability to which members are exposed by virtue of any common business, act, product, service, premises, or operations. The Applicant represents that the Applicant understands and agrees: (i) the Applicant's request for the Association to quote or otherwise effect coverage for the Applicant is without undue influence or incentive, (ii) the Applicant is individually procuring any insurance that may be provided as a participant in a Master Group Policy, where the benefits and coverage have already been approved by the Association's Purchasing Group, (iii) any coverage that may be provided will be provided under a Master Coverage Contract has been effected in the State of Utah as the state in which the Purchasing Group is organized and

domiciled, and where the Association's Purchasing Group's principal office is located, (iv) all rules and regulations applicable to the individual or self-procurement of insurance will govern any coverage provided, and (v) the Applicant is individually responsible for the direct payment of taxes related to coverage provided in the Applicant's state of residence. Should taxes be made a part of any quotation provided by the Purchasing Group to the Applicant, the Association may, as an accommodation and convenience to the Applicant, collect and remit any tax collected to the tax collection agency in the member's state of residence.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name