

Questionnaire Selection Coverage List

**Category:** Contractors -- Construction **Risk:** Building Contractors

**GENERAL CLIENT INFORMATION**

Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency Number: \_\_\_\_\_

Producer: \_\_\_\_\_

Producer Number: \_\_\_\_\_

**BUSINESS LEGAL NAME MAILING ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Legal Entity:

Individual       Corporation       Partnership  
 Joint Venture       Sub-S Corp.       Not for profit  
 Limited Liability

SIC CODE(s) \_\_\_\_\_

FEDERAL ID NUMBER \_\_\_\_\_

YEARS IN BUSINESS \_\_\_\_\_

Number of years under present management: \_\_\_\_ years

Number of years experience of owner: \_\_\_\_ years

Number of years experience of manager: \_\_\_\_ years

Has the risk ever been involved in a bankruptcy procedure? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_

Names of subsidiary companies or joint ventures that are not part of this application: \_\_\_\_\_  
\_\_\_\_\_

IMPORTANT PEOPLE	NAME OF YOUR CONTACT	PHONE NUMBER
OWNER/PRINCIPAL	_____	_____
OTHER DECISION MAKERS	_____	_____
PLANT AND GROUNDS	_____	_____

FINANCIAL \_\_\_\_\_  
LEGAL \_\_\_\_\_  
CLAIMS \_\_\_\_\_

The applicant's primary operations are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The applicant's secondary and incidental operations are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The applicant used to be involved in the following operations but they have been discontinued:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The hours of operation are: \_\_\_\_\_

Number of days the business is open per week: \_\_\_\_\_

Is this a seasonal operation? \_\_\_ Yes \_\_\_ No

What is the season? From \_\_\_\_\_ To \_\_\_\_\_

Does the applicant have a safety program? \_\_\_ Yes \_\_\_ No

Name of safety director: \_\_\_\_\_

Phone number of safety director: \_\_\_\_\_

Attach copy of safety program.

Does the applicant have a disaster plan? \_\_\_\_\_

Name of disaster coordinator: \_\_\_\_\_

Phone number of disaster coordinator: \_\_\_\_\_

Attach a copy of the disaster plan.

### **SURETY BOND REQUIREMENTS**

Does the applicant provide a retirement benefit for their employees?

\_\_\_ Yes \_\_\_ No

Describe: \_\_\_\_\_

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Is the applicant required to obtain licenses or permits? \_\_\_ Yes \_\_\_ No

Describe: \_\_\_\_\_

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If so, are required bonds on file? \_\_\_ Yes \_\_\_ No

Is the applicant financially responsible for another? \_\_\_ Yes \_\_\_ No

Describe: \_\_\_\_\_

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Does the applicant bid for jobs? \_\_\_ Yes \_\_\_ No

Describe: \_\_\_\_\_

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Is the applicant required to guarantee payment for labor and supplies?

\_\_\_ Yes \_\_\_ No

Describe: \_\_\_\_\_

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Is the applicant required to guarantee completion of a construction project?

\_\_\_ Yes \_\_\_ No

Describe: \_\_\_\_\_

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Is the applicant required to guarantee the ability to supply goods and services?

\_\_\_ Yes \_\_\_ No

Describe: \_\_\_\_\_

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**FINANCIAL STATEMENT**

**FINANCIAL STATEMENT WORKSHEET-SHORT FORM**

**NAME:** \_\_\_\_\_

**BALANCE SHEET - SHORT FORM**

**AS OF:** \_\_\_\_\_

**ASSETS**

**CURRENT ASSETS:**

Cash (on hand and in bank): \$ \_\_\_\_\_  
Marketable Securities: \$ \_\_\_\_\_  
Accounts Receivable (minus uncollectables): \$ \_\_\_\_\_  
Inventory: \$ \_\_\_\_\_  
Prepaid Expense: \$ \_\_\_\_\_

**TOTAL CURRENT ASSETS:** \$ \_\_\_\_\_

**FIXED ASSETS:**

Machinery and Equipment: \$ \_\_\_\_\_  
Autos and Trucks: \$ \_\_\_\_\_  
Buildings/Structures: \$ \_\_\_\_\_  
    Minus Accumulated Depreciation: \$ \_\_\_\_\_  
    Plus Land: \$ \_\_\_\_\_

**TOTAL FIXED ASSETS:** \$ \_\_\_\_\_

**TOTAL ASSETS:** \$ \_\_\_\_\_

**LIABILITIES AND NET WORTH**

**CURRENT LIABILITIES (defined as within one year):**

Accounts Payable: \$ \_\_\_\_\_  
Taxes Accrued (income and payroll): \$ \_\_\_\_\_  
Notes Payable: \$ \_\_\_\_\_  
Payroll Due: \$ \_\_\_\_\_

**TOTAL CURRENT LIABILITIES:** \$ \_\_\_\_\_

**LONG-TERM LIABILITIES (over one year):**

Notes Payable: \$ \_\_\_\_\_  
Mortgage Payable: \$ \_\_\_\_\_  
Deferred Income Tax: \$ \_\_\_\_\_

**TOTAL FIXED LIABILITIES:** \$ \_\_\_\_\_

**NET WORTH OR STOCKHOLDERS' EQUITY:** \$ \_\_\_\_\_

**TOTAL LIABILITIES:** \$ \_\_\_\_\_

**COMMENTS:**

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**PROFIT AND LOSS STATEMENT-SHORT FORM**

FOR YEAR ENDING: \_\_\_\_\_

Annual Gross Sales:	\$ _____
Minus Returns and Allowances:	\$ _____
Net Sales:	\$ _____
Minus Cost of Sales:	\$ _____
Gross Profit:	\$ _____
Minus Expenses and Taxes	\$ _____
<b>NET PROFIT AFTER TAXES:</b>	<b>\$ _____</b>

COMMENTS:

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Information provided by:

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Title:

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Does the information provider state that the information provided is true, correct, accurate, and complete? \_\_\_ Yes \_\_\_  
No

Signature:

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Date:

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**MANAGEMENT PHILOSOPHY QUESTIONNAIRE**

**MANAGEMENT PHILOSOPHY QUESTIONNAIRE**

What is the mission statement of the applicant?

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To what extent do employees embrace that mission statement?

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What would the applicant state as his/her style of business?

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What is the applicant's philosophy regarding insurance?  
What does the applicant want insurance to accomplish for the company?

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What would be the maximum uninsured claim the applicant would be willing to afford?

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With small property claims, does applicant have personnel who can repair the damage?

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For the applicant's safety plan, what penalties are in place for noncompliance?

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If the applicant's most productive employee would repeatedly violate safety rules, what would be done?

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When injured, do the applicant's employees want to come back to work or do they try to maximize every claim to their

benefit?

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Who within the applicant's operations is responsible for the applicant's safety and insurance programs?

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How do the applicant's wages and benefits compare to those of the competition?

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How many traffic violations or accidents (either on or off the job) can an employee accumulate before applicant will no longer let the employee drive company vehicles or his/her own on company business?

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Are drivers given the opportunity to refuse to deliver goods if weather conditions or other situations pose imminent hazard? Would they be disciplined for their actions?

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What is applicant looking for from their insurance adviser or risk manager? Does applicant consult with others within the company before making a decision on insurance carriers or risk management decisions? What information does applicant need to make decisions?

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What has been the best insurance company the applicant has worked with and why?

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What was the worst insurance company the applicant has worked with and why?

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