



**Abram Interstate Insurance Services, Inc. CMGA**

2211 Plaza Drive, Suite 100  
 Rocklin, CA 95765  
 Phone (916) 780-7000 or (800) 955-4465  
 Fax (916) 780-7181  
 www.AbramInterstate.com

Construction Business Segment  
 Contractors Supplemental Questionnaire

To be submitted with ACORD Applications  
 apps@abraminterstate.com

1. Applicant:				
2. Physical Address:				
3. Mailing Address:				
4. Website Address:				
5. Has a lawsuit ever been filed, or any claim been made against your company or any partnership or joint venture of which you have been a member? (For this application only, a claim means a receipt of a demand for money, service or arbitration)				<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "yes", please explain:				
6. Describe all operations in detail:				
7. Length of time in business:				Years    Months
8. Years of experience				Years    Months
9. Are you licensed?				<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Kind of license:		b. Year license issued:		
c. License No.:				
10. Number of:				
a. Owners:		b. Partners		
c. Full Time Employees		d. Part Time Employees		
e. Leased Employees:		f. Day Laborers		
11. State / Area of operations: _____ / _____				
a. Radius of operations from main location:				Miles
12. List the past three projects including location, receipts, type of work performed, project start and end dates. If applicable, please provide the names of any partnerships, joint ventures, or corporations, etc.):				
Type of Work Performed	Receipts	Location	Start Date	End Date
13. Account history for prior 3 years:				
	<b>Current Year</b>	<b>Last Year</b>	<b>Year Before Last</b>	
<i>Employee Payroll</i>				
<b>Total Receipts</b>				
<b>Total Subcontracted Costs (Labor and Materials)</b>				
<b>Uninsured Sub-Cost*</b> <i>Coverage can be added via endorsement</i>				
14. Are certificates of insurance obtained from subcontractors?				<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Are all subcontractors required to carry GL limits equal to or higher than your GL policy?				<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are you named as an additional insured on the subcontractors' policies?				<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Do you normally use the same subcontractors?				<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Do you use a written contract for all your subcontractors that includes a hold harmless clause in your favor?				<input type="checkbox"/> Yes <input type="checkbox"/> No



**Abram Interstate Insurance Services, Inc. CMGA**

2211 Plaza Drive, Suite 100  
 Rocklin, CA 95765  
 Phone (916) 780-7000 or (800) 955-4465  
 Fax (916) 780-7181  
 www.AbramInterstate.com

Construction Business Segment  
 Contractors Supplemental Questionnaire

To be submitted with ACORD Applications  
 apps@abraminterstate.com

17. How long are certificates retained after the completion of work:				Years / Months	
18. Do you use a standard service contract or agreement that sets out your responsibilities?				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
a. Please attach a copy of your contract, agreement and/or warranty:				<input type="checkbox"/> Attached	
19. Do you ever assume responsibility for any injury or property damage the may occur regardless of who may have caused the injury or damage?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Are all jobs inspected by a foreman or supervisor upon completion?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Is there a written record of the inspection made and retained with the job file:				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
22. Operations performed by subcontractor for you:					
<b>Operation</b>				<b>Percentage</b>	
23. Indicate type of construction work performed by you or <b>your</b> employees:					
Maintenance		Alarm System Installation		Excavating	
Alarm Monitoring		Janitorial		Underground Cable Work	
Painting		Masonry		Wrecking / Demolition	
Exterior Spray Painting		Carpentry		Septic Tanks	
Lead Paint Removal		Floor Sanding, Stripping or Buffing		Snowplowing	
Plastering		Roofing		Sewer Mains	
Plumbing		Electrical		Gas Mains	
Mechanical		Insulation		Water Mains	
LPG Work		High Voltage Wiring		Pesticide / Herbicide Application	
Process Piping		Tree Trimming / Removal		Supervisory only	
Boiler work		Retaining Wall Construction or Repair		Concrete	
Blasting or Mining		Airport or Tower Work		Oilfield	
<i>Asbestos or Mold Removal</i>		<i>Other:</i>		<i>Other:</i>	
<b>TOTAL</b>					
24. Indicate % of work performed in:					
New construction		Repair / Remodeling		Demolition	
Commercial		Industrial		Institutional	
Residential		Condos		Single family dwellings	
Outside building		Inside building		Construction manager for fee	
Contract basis		Tracts		Time & material	
25. Are you currently or have you ever been involved as a General Contractor in the building of:					
a. Residential Homes?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Condominiums?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Townhouses?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Apartment Buildings?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. If yes, maximum number built during any 12-month period during the last five years:					
26. Any work performed above two stories in height from grade?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. Maximum number of stories:				Stories	



**Abram Interstate Insurance Services, Inc. CMGA**

2211 Plaza Drive, Suite 100  
Rocklin, CA 95765  
Phone (916) 780-7000 or (800) 955-4465  
Fax (916) 780-7181  
www.AbramInterstate.com

Construction Business Segment  
Contractors Supplemental Questionnaire

To be submitted with ACORD Applications  
apps@abraminterstate.com

27. Any work performed below grade?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Maximum depth:		ft
b. Percentage of total work:		
28. Is scaffolding owned, rented or erected?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Are other contractors at job site allowed to use it?		<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Do you have a formal safety program in operation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, please provide a copy:		<input type="checkbox"/> Attached
30. Do you own any vacant land or real estate development property?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, provide:	Location:	Acres
31. Is any heavy equipment, including cranes owned or operated?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Type of equipment:		
32. Any mobile equipment leased from others?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Type of equipment leased:		
b. Operators provided?		<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Lease basis:		
33. Are any of your employees subject to:		
a. U.S. Longshoremen's and Harborworkers' Act?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) If yes, what percent of payroll:		
b. Jones Maritime Act?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) If yes, what percent of payroll:		
34. Do you have Workers' Compensation coverage in force?		<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Do you do any work in the New Your or Colorado?		<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
PRODUCER'S SIGNATURE

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE:

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.