



InsuranceTek, Inc.
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Contractors Questionnaire

Applicant's Information

1 Applicant: _____ Contact Name _____
 2 Mailing Address: _____
 City, State, Zip _____
 3 Business Phone _____ Cell Phone _____
 Fax Number _____ Email: _____
 4 Contractors License Number _____
 5 States which you have or do work in _____
 6 Business Tax ID _____ UBI _____
 7 Number of years in business _____ Number of years experience _____

General Underwriting

8 Current Insurance Company _____
 Expiration Date _____ Premium _____
 9 Losses reported within the last 5 years: _____

10 Percentage of receipts: General Contractor: _____ Hired by General: _____
 Home Builder: _____ Sub-contractors used: _____

11 Estimates for the next 12 months:
 Employee Payroll _____ Sub-Contract Costs _____ Gross Receipts _____

12 Prior Years

20__	Employee Payroll	_____	Sub-Contract Costs	_____	Gross Receipts	_____
20__	Employee Payroll	_____	Sub-Contract Costs	_____	Gross Receipts	_____
20__	Employee Payroll	_____	Sub-Contract Costs	_____	Gross Receipts	_____

13 General Contractor	_____%	Residential	_____%	New	_____%
14 Sub-Contractor	_____%	Commercial	_____%	Repair	_____%
15 Artisan Contract or	_____%	Condo/Townhome	_____%	Remodel	_____%
				Non-Structural	_____%
				Structural (add on)	_____%

16 Type of Work Sub-Contracted to Others _____

17 Do you obtain certificates of insurance from each sub-contractor?	YES	NO		
18 Do you ensure their limits equal or are greater than yours?	YES	NO		
19 Do you use a sub-contract agreement?	YES	NO		
20 Do you have a hold harmless in your favor?	YES	NO		
21 Do you use contracts with your clients/generals?	YES	NO		
22 Do you lease or own equipment?	Own	Lease	\$ _____	EQP
23 Do you lease or own an office?	Own	Lease	\$ _____	BPP
24 Average size job?	\$ _____	Length of Average Job?	_____	
25 Highest job completed	\$ _____	Length of Job?	_____	

Notes: _____

Date of questionnaire _____ Taken by _____