

Residential Contractors Questionnaire

General Information

Insured's Name: _____ Website: _____

Mailing Address: _____ Postal Code: _____

Risk Address: _____ Postal Code: _____

Years Experience: _____ Years at this Location: _____

Comments: _____

Current Insurer: _____ Expiring Premium: \$ _____ Any previous cancellations or declines? No Yes
If yes, explain: _____

Claims History: (Five Year) _____

What action/ corrective measures have been taken to avoid further losses? _____

Underwriting Questions

Number of homes built per year _____ Number of apartment buildings per year _____ Number of condo units per year _____

Percentage of renovations % Percentage of new construction % Any Torch-On roofing Yes No Any spray painting done Yes No

Do sub-contractors (if any) carry insurance Yes No Do you require proof of Yes No Any U.S. work done Yes No

Any unusual building materials used Yes No If "Yes" describe _____