

Capitol Indemnity Corporation
P.O. Box 5900
Madison, WI 53705

Attn: Brenda

CONTRACTORS QUESTIONNAIRE

(to be attached to Acord Application)

Named Insured _____ Policy Number _____

1. List annual gross payroll (exclude owner, partners, officers) _____
2. Years of experience in this line of work _____
3. What percentage of your work is residential? _____
4. What percentage of your work is commercial? _____
5. Describe any seasonal business activities _____
6. Are subcontractors used? Yes No
 Are Certificates of Insurance obtained? Yes No
 If yes, what is total cost of sub contracted work? \$ _____
 If no certificate, annual payroll of independent contractors, \$ _____
7. Number of employees _____ Full time _____ Part time
8. Do you perform under written contracts Yes No
9. Do you perform under hold harmless agreements? Yes No
 If yes, please submit copies
10. Do you perform any trenching work? Yes No
 If yes, explain _____
11. Do you own or use any licensed or non-licensed mobile equipment? Yes No
 If yes, attach schedule.
12. What is maximum height at which you work? _____
13. If roofing is performed:
 - a. What materials and applications are used other than shingles?

 - b. What steps do you take to protect property from inclement weather?

Ineligible exposures: demolition, public utility work, asbestos abatement, underground exposure, excavations, hot tar roofing, any work with toxic or hazardous materials

"X"	DESCRIPTION	CLASS CODE	TOTAL EMPLOYEE PAYROLL
	Air conditioning, sales, service, installation		P
	Carpentry, NOC		P
	Carpentry - interior		P
	Carpentry - shop only		P
	Concrete construction		P
	Electrical apparatus - installation service		P
	Electrical work - within buildings		P
	Floor covering installation		P
	House furnishings - installation		P
	Insulation work - mineral, fiberglass		P+
	Janitorial services		P+
	Landscape gardening		P
	Masonry		P
	Painting - exterior - no spray painting		P
	Painting - interior		P
	Paperhanging		P
	Plastering or stucco work		P
	Plumbing - residential		P
	Roofers - residential		P
	Sheet metal work		P
	Siding - installation		P
	Sign painting		P
	Window cleaning		P+
	Other		
		Total annual payroll	

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE, AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE A POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT COMPLETION OF THIS QUESTIONNAIRE DOES NOT BIND THE COMPANY.

Signature of Applicant

Date