

The Amarr Garage Door Contractors Questionnaire

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer to any question is NONE, please state "NONE."
2. Application must be signed and dated by owner, partner or officer.
3. Fax completed questionnaire to Stratus Insurance F: 1-801-763-1374.

(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT

- a. Name of Business (Include all Entity Names):

- b. Mailing Address: _____ (Street) _____ (County)
 _____ (City) _____ (State) _____ (Zip)
- c. Phone: _____ E-Mail Address: _____
- d. Fax: _____
- e. Years in business under the present name _____ Years Experience in Trade _____
- f. Tax ID #: _____

2. General Liability

- a. Limit of Insurance: \$500,000 \$1,000,000
- c. Effective date: _____
- d. Payroll (Excluding Owners): _____
- e. Number Of Owners : ____ Number of Employees(Excluding Clerical & Salesman) :Full Time ____ Part Time ____
- f. Gross Annual Sales : _____
- g. Present Insurer: _____
- h. Current GL Premium: _____
- i. Do you operate as a General Contractor? _____ Are you licensed in the state where you work? _____
- j. Do you sub-contract work to others? Yes No If yes, please describe the type of work subcontracted an the cost of each:

	Type of Work Subcontracted	Annual Subcontracted Cost
1		
2		
3		

What percentage of your work is: (must add to 100%)

Residential/Habitational	Commercial	Industrial	Public works/ government	
%	%	%	%	= 100%

1 or 2 Family	Multi-Family (4 or More)	New Construction	Remodel's
%	%	%	%

k. On Average, how many jobs are you working on at the same time? _____

l. Approximately, how many jobs did you complete last year? _____

Do you engage in or perform any of the following operations?

- a. Rent or lease any equipment (with or without operators) or tools to others? Yes No
- b. Engage in or subcontract for demolition or blasting operations? Yes No
- c. Operations for lead paint or asbestos removal or abatement? Yes No
- d. Do you, or have you, worked with EIFS? Yes No
- e. Remove underground storage tanks? Yes No
- f. Do you draw plans, design specifications for others, or have you in the past? Yes No
- g. Participate in wrap-up projects? Yes No
- h. Operations to remove or remediate mold or mold damage? Yes No
- i. Been involved in a construction defect lawsuit in the past 10 years? Yes No

3. Risk Transfer

For work that you perform as a sub-contractor **for others**, please answer the following questions: **N/A**

- a. Do you have an attorney review the contracts that you enter into? Yes No
- b. Do you ever refuse jobs because of unacceptable contractual obligations? Yes No
- c. Do you keep copies of all of your contracts and certificates? Yes No

For work that you sub-contract **to others**, please answer the following questions: **N/A**

- a. Do you require all of your subcontractors to sign contracts Yes No
- b. If the answer is Yes, do your contracts require your subcontractors to indemnify you and hold you harmless? Yes No
- c. If the answer to "a" is Yes, do your contracts require your subcontractors to name you as additional insured on their Commercial Liability Policy? Yes No
- d. If the answer to "a" is Yes, do your contracts require your subcontractor to carry Commercial General Liability? Yes No
- e. Do you require all of your subcontractors to provide you with Certificates of Insurance? Yes No

4. Property Coverage

Property Coverage is Not Needed

- a. Construction: Brick Frame Metal
- b. Year Built: _____ If over 25 years old, please give year of updates for:
 _____ Heating _____ Roof _____ Plumbing _____ Electrical
- c. Square Footage: _____
- d. Is the building Sprinklered (Fire Suppression System)? Yes No
- e. Do you have an alarm? Yes No If Yes, is it: Central Station Local Gong Alarm

Physical Address	Building Coverage Limit	Business Personal Property Limit.	Business Income Limit	Deductible

4. Commercial Auto Liability

Commercial Auto Coverage Is Not Needed

a. Coverage Limits:

Liability Limit 300,000 500,000 1,000,000

Personal Injury Protection: 3,000

Medical Payments 3,000 5,000

Uninsured/Underinsured Motorist 300,000 500,000 1,000,000

Comprehensive Deductible: 100 250 500 1,000

Collision Deductible: 250 500 1,000

b. Current Insurance Carrier: _____

c. Effective date : _____

g. Current Auto Premium: _____

Vehicle Schedule:

Year	Make	Model	VIN#	GVW	Coverage Requested
					<input type="checkbox"/> Liability Only <input type="checkbox"/> Full Coverage
					<input type="checkbox"/> Liability Only <input type="checkbox"/> Full Coverage
					<input type="checkbox"/> Liability Only <input type="checkbox"/> Full Coverage
					<input type="checkbox"/> Liability Only <input type="checkbox"/> Full Coverage
					<input type="checkbox"/> Liability Only <input type="checkbox"/> Full Coverage
					<input type="checkbox"/> Liability Only <input type="checkbox"/> Full Coverage
					<input type="checkbox"/> Liability Only <input type="checkbox"/> Full Coverage
					<input type="checkbox"/> Liability Only <input type="checkbox"/> Full Coverage
					<input type="checkbox"/> Liability Only <input type="checkbox"/> Full Coverage
					<input type="checkbox"/> Liability Only <input type="checkbox"/> Full Coverage

Drivers List:

Name	Date of Birth	DL Number	Moving Violations?

Underwriting Information:

- a. Do you obtain MVR's on new and existing Drivers: Yes No
- b. Are any of your vehicles primarily used for personal use? Yes No
- c. Do you have a formal vehicle preventive maintenance program? Yes No

5. Contractors Tool Coverage

No Contractors Tool Coverage Is Needed

Please List any tool with a value of \$1,000 or more:

Year	Make	Model	Value

Replacement cost of all other tools valued under \$1,000: \$ _____

