



Business Name: _____ License Number: _____

Phone #: _____ Fax #: _____

General Liability Policy Expiration Date: _____ Limits of Insurance: _____

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

- a. Residential _____% Industrial _____% Commercial _____% Total = 100%
- b. New construction _____% Structural remodel/additions _____% Non-structural remodel _____% Total = 100%

Gross receipts for the next 12 months: \$ _____ Cost of subcontractors for the next 12 months: \$ _____

Type of work subbed out: _____

Personal Credit History: Good Bad Number of Employees: 1) Part Time _____ 2) Full Time _____

Number of active owners, officers, and partners: \$ _____
 Payroll of employees other than owners, officers, partners, and clerical \$ _____
 Payroll of casual laborers, leased employees, labor pool personnel \$ _____

Describe your operations in detail: _____

Average Job Value: \$ _____

Note: the following question applies to work done in any capacity, including general contractor, developer, artisan, remodeling contractor, site work contractor, supplier, etc.

Have you ever or will you perform work involving, related to, or about the premises of:

- a. Condominiums or townhouses (other than remodeling a single unit)? Yes No
- b. Tracts or subdivisions of 10 or more homes (including all phases)? Yes No
- c. Apartments (other than remodeling of a single unit) Yes No

Have you performed any of the following in the past 5 years as a general contractor, or do you plan to in the next year:

- a. Ground up construction? Yes No
- b. Room additions or structural repairs to a dwelling? Yes No
- c. Repair of fire damage, water damage, or structural termite/dry rot damage? Yes No
- d. Roofing exposure (excluding work subbed out to others) Yes No