

Your First Step in establishing a program that will provide excellent coverage is to complete the following questionnaire. Your information will be Processed against over 100 different companies and a proposal will be created. Providing as much information as possible will give you the best chance to get excellent rates.

Looking for Carpentry Contractors Insurance

Bridenstine and Associates

Fax 612-395-5233

Contact First Name _____ Contact Phone Number _____
 Contact Last Name _____ Fax _____
 Your Company Name _____ Your Web Page Address _____
 Mailing Address 1 _____ Email _____
 Mailing Address 2 _____ Evening Phone _____
 Mailing City _____ State _____ Zip Code _____ Cell Phone _____

Contact Notes _____

Location Address 1 _____
 Location Address 2 _____
 Location City _____ State _____ Zip Code _____

Years in business _____

Business Type Individual Corporation Partnership
 Joint venture LLC Other

Premises Type Owner Owner-Lessor Service
 Off ice Habitational

Program Retail Wholesale Service
 Off ice Habitational

Description of operations _____

Mortgagee name & address _____

Business liability _____ \$300,000, \$500,000, or \$1,000,000

Business personal property to cover _____ enter \$ amount

Deductible _____

Exterior glass Yes No Sign Yes No

Amount of Money & Securities ie \$10,000 Inside/\$2,000 outside _____

Systems breakdown - Boiler and Machinery Yes No

Accounts receivable Amount _____

Valuable papers _____

Business computer: Hardware _____

Software _____

Employee dishonesty _____

Additional insured name & address _____

Non-owned and hired automobile _____

Building Amount to insure _____
 Replacement cost _____
 Actual cash value _____
 Construction Frame Joisted masonry
 Masonry: Noncombustible
 Fire resistive
 Sq. foot area of each building _____
 Sq. foot area occupied by applicant _____
 Year of construction _____
 Number of stories _____

Annual Sales _____

Annual payroll _____

Number of Employees _____

Payroll Excluding Owner _____

Prior Insurance Description Past 3 Years (Company Name, Year's Covered)

Loss History (Descriptions, Dates, Amount paid)

Remarks

Carpentry Contractors Questionnaire

NAME OF CONTRACTOR _____ Federal Tax ID # _____
 TYPE OF CONTRACTOR _____ MN Unemployment ID # _____
 YEARS EXPERIENCE _____ # of Owners _____

LICENSE HOLDER: OWNER EMPLOYEE OFFICER OTHER: _____
 CORPORATION INDIVIDUAL PARTNERSHIP

[Coverage Checklist](#)

CONTRACTORS LICENSE NUMBER _____
 # EMPLOYEES FULL TIME _____ PART TIME _____
 % OF WORK RESIDENTIAL _____ COMMERCIAL _____ NEW CONST _____ REMODEL _____
 GROSS RECEIPTS PAST YEAR _____ PAYROLL PAST YEAR _____ TOTAL COST OF SUBCONTRACTED WORK PAST YEAR _____

MINIMUM GL LIMITS REQUIRED OF SUBCONTRACTORS
 OCC \$ _____ AGGREG _____

INDICATE IF ANY WORK IS DONE IN OR AROUND THE FOLLOWING EXPOSURES (FOR PAST OR PRESENT OPERATIONS)

	YES	NO		YES	NO		YES	NO
EXPLOSIVE ENVIRONMENTS (PAINTS SOLVENTS, ETC)	<input type="checkbox"/>	<input type="checkbox"/>	FIRE ALARM OR AUTOMATIC SPRINKLER DESIGN, INSTALL OR REPAIR	<input type="checkbox"/>	<input type="checkbox"/>	HOSPITALS	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY BACK-UP EQ	<input type="checkbox"/>	<input type="checkbox"/>	BURG ALARM DESIGN INSTALL OR REPAIR	<input type="checkbox"/>	<input type="checkbox"/>	POWER PLANTS	<input type="checkbox"/>	<input type="checkbox"/>
AIRPORT CONSTRUCTION OR REPAIR	<input type="checkbox"/>	<input type="checkbox"/>	HIGH VOLTAGE (OVER 480 VOLTS) OR HIGH AMPERAGE	<input type="checkbox"/>	<input type="checkbox"/>	TRAFFIC SIGNAL WORK	<input type="checkbox"/>	<input type="checkbox"/>
RELATED CONSTRUCTION	<input type="checkbox"/>	<input type="checkbox"/>	MAJOR ELECTRICAL CONTROL PANELS	<input type="checkbox"/>	<input type="checkbox"/>	OIL OR GAS REFINERIES	<input type="checkbox"/>	<input type="checkbox"/>
PETROCHEMICAL PLANTS	<input type="checkbox"/>	<input type="checkbox"/>	NUCLEAR PLANTS	<input type="checkbox"/>	<input type="checkbox"/>	POWER LINES	<input type="checkbox"/>	<input type="checkbox"/>
1 - DOES APPLICANT DRAW PLANS DESIGNS OR SPECIFICATIONS FOR OTHERS?*	<input type="checkbox"/>	<input type="checkbox"/>	9. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS'	<input type="checkbox"/>	<input type="checkbox"/>	10 ANY BOATS, DOCKS FLOATS OWNED OR LEASED?	<input type="checkbox"/>	<input type="checkbox"/>
2 DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?*	<input type="checkbox"/>	<input type="checkbox"/>	11 ANY ADVERTISING SIGNS AWAY FROM PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>	12. DOES AN EMPLOYEE OF THE APPLICANT HAVE DIRECT OVERSIGHT OF EACH JOB SITE IN PROGRESS? RADIUS OF OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?*	<input type="checkbox"/>	<input type="checkbox"/>	13. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS "	<input type="checkbox"/>	<input type="checkbox"/>	14. ANY OPERATION OR OWNED LEASED OR RENTED PROPERTY NOT COVERED BY THIS POLICY?	<input type="checkbox"/>	<input type="checkbox"/>
4 IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?*	<input type="checkbox"/>	<input type="checkbox"/>	15. ANY PRODUCT MANUFACTURED OR SOLD UNDER THE APPLICANT S NAME?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5, ANY DEMOLITION OR WRECKING WORK?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6, ANY USE OF CRANES?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
7 DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?*	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
8 ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A GERI FICATE OF INSURANCE 2'	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

EXPLAIN ALL "YES" RESPONSES IN REMARKS (FOR PAST OR PRESENT OPERATIONS)	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (FOR PASTOR PRESENT OPERATIONS)	YES	NO
AIR CONDITIONING & HEATING			EXCAVATION & GRADING OF LAND & SEPTIC INSTALLATION (CONTINUED)		
1. ANY BOILER WORK DONE? -	<input type="checkbox"/>	<input type="checkbox"/>	1. IS SHORING WORK DONE IN ACCORDANCE WITH STANDARDS (IF NO, EXPLAIN IN REMARKS)	<input type="checkbox"/>	<input type="checkbox"/>
2 ANY ASBESTOS REMOVAL DONE?"	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
CABINETMAKERS			INSULATION		
1. IS DUST COLLECTION SYSTEM PRESENT? (IF NO, EXPLAIN IN REMARKS)	<input type="checkbox"/>	<input type="checkbox"/>	1. ANY REMOVAL? IF YES, INDICATE WHAT TYPE AND DISPOSAL PROCEDURES	<input type="checkbox"/>	<input type="checkbox"/>
2. DOES SPRAY BOOTH MEET NFPA STANDARDS? (IF NO, EXPLAIN IN REMARKS)	<input type="checkbox"/>	<input type="checkbox"/>	2 ANY ENCAPSULATION OR, REMOVAL OF ASBESTOS?	<input type="checkbox"/>	<input type="checkbox"/>
CARPENTRY			LANDSCAPING		
1 ANY ROOFING DONE? IF "YES" WHAT ' . _____	<input type="checkbox"/>	<input type="checkbox"/>	1. ANY GRADING OF LAND OR EXCAVATION WK DONE? IF YES, WHAT ' . _____	<input type="checkbox"/>	<input type="checkbox"/>
2 ANY SHOP WORK DONE?	<input type="checkbox"/>	<input type="checkbox"/>	2. ANY SPRAYING OF BUSHES LAWNS ETC WITH PESTICIDES, HERBICIDES, OR FERTILIZERS' IF "YES" . PLEASE EXPLAIN EXTENT (HOW OFTEN AND WHAT IS USED?)	<input type="checkbox"/>	<input type="checkbox"/>
3 ANY RENOVATION WORK DONE? IF "YES" , WHAT ' . _____	<input type="checkbox"/>	<input type="checkbox"/>	3 ANY TREE TRIMMING WORK DONE ; IF YES WHAT ' . _____	<input type="checkbox"/>	<input type="checkbox"/>
4 ANY GUTTING OF INTERIOR LOAD BEARING WALLS?	<input type="checkbox"/>	<input type="checkbox"/>	4. ANY WORK DONE DURING "OFF-SEASON" MONTHS?	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL WIRING			5 ANY SNOWPLOWING DONE? IF YES WHAT c. _____	<input type="checkbox"/>	<input type="checkbox"/>
1, ANY UNDERGROUND CABLE WORK?	<input type="checkbox"/>	<input type="checkbox"/>	MASONRY WORK		
EXCAVATION & GRADING OF LAND & SEPTIC INSTALLATION			1 DO YOU EXCAVATE ALSO'	<input type="checkbox"/>	<input type="checkbox"/>
1. DEPTH	<input type="checkbox"/>	<input type="checkbox"/>	2. ANY RETAINING WALLS BUILT?	<input type="checkbox"/>	<input type="checkbox"/>
2. TYPE OF EXCAVATION	<input type="checkbox"/>	<input type="checkbox"/>	3. ANY MIX-IN TRANSIT?	<input type="checkbox"/>	<input type="checkbox"/>
WATER LINES	<input type="checkbox"/>	<input type="checkbox"/>	4. ANY WORK INVOLVING LOAD-BEARING WALLS?	<input type="checkbox"/>	<input type="checkbox"/>
SEWER	<input type="checkbox"/>	<input type="checkbox"/>	5, ANY BASEMENT WORK-,	<input type="checkbox"/>	<input type="checkbox"/>
SEPTIC	<input type="checkbox"/>	<input type="checkbox"/>	PAINTING		
BASEMENTS	<input type="checkbox"/>	<input type="checkbox"/>	1. INSIDE % _____ OUTSIDE % _____	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	2. ANY WORK DONE ABOVE 2 STORIES?	<input type="checkbox"/>	<input type="checkbox"/>
3. ANY WORK DONE IN STREETS OR ROADS?	<input type="checkbox"/>	<input type="checkbox"/>	3 ANY SCAFFOLDING USED? IF "YES" TO WHAT HEIGHT? _____	<input type="checkbox"/>	<input type="checkbox"/>
4. ARE EXCAVATIONS MARKED AND GUARDED AT END OF DAY?	<input type="checkbox"/>	<input type="checkbox"/>	4. ANY PAINTING OF TANKS, WATER OR GAS?	<input type="checkbox"/>	<input type="checkbox"/>
5. ARE UTILITIES STAKED BEFORE THE START OF EVERY DIG? IF TELEPHONE INQUIRIES ARE MADE IS A LOG MAINTAINED SHOWING DATE TIME PERSON SPOKE TO PLOT # AND MAP # REFERRED TO? (IFNO, EXPLAIN IN REMARKS	<input type="checkbox"/>	<input type="checkbox"/>	5, ANY PAINTING OF BRIDGES OR TOWERS?	<input type="checkbox"/>	<input type="checkbox"/>
6. ANY SNOWPLOWING?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

EXPLAIN ALL "YES" RESPONSES IN REMARKS (FOR PAST OR PRESENT OPERATIONS)	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (FOR PASTOR PRESENT OPERATIONS)	YES	NO
PAINTING (CONTINUED)			ROOFING		
6. ANY EXTERIOR SPRAY PAINTING? IF "YES". WHAT % _____			1. ANY WORK ABOVE TWO STORIES?		
7. ANY AIRLESS SPRAY GUNS USED?			2. SHOW PERCENT OF COMMERCIAL ROOFING VERSUS RESIDENTIAL ROOFING IN REMARKS		
8. ANY EPOXIES USED?			3. IS HOT TAR USED? IF SO WHAT SIZE ARE THE KETTLES AND IS TAR HEATED BEFORE TRAVELING TO JOB SITE OR UPON ARRIVAL. SHOW PERCENT OF WORK USING HOT TAR IN REMARKS.		
9. ANY LEAD PAINT REMOVAL DONE?			4. ARE WRITTEN PROCEDURES IN PLACE TO ASSURE THAN AN OPENING IN THE ROOF WILL NEVER BE LEFT UNATTENDED AND WILL BE PROPERLY COVERED AND ANCHORED BEFORE LEAVING THE JOB SITE? (IF NO, EXPLAIN IN REMARKS)		
PLUMBING					
1. ANY INSTALLATION OF HIGH PRESSURE SYSTEMS, CAUSTICS, FLAMMABLES, GASES OR CHEMICALS?					
2. ANY REFRIGERATION SYSTEMS INSTALLED?					
3. ANY MECHANICAL CONTRACTING OPERATIONS?					
4. ARE PROPER WRITTEN PROCEDURES IN PLACE WITH RESPECT TO "SWEATING" OF PIPES? (IF NO, EXPLAIN IN REMARKS)					
5. ANY SEPTIC TANK INSTALLATION?					
6. ANY ASBESTOS REMOVAL DONE?					

Annual Gross Sales

Total payroll

of Full Time Employees

of Part Time Employees

% Work Subcontracted:

Vehicle Used for Business:

More Locations Yes No

Prior work comp carrier _____

Description of business operation _____

3. INSURANCE RATING INFORMATION (required)

Class code	Duties of employees	Number of employees		2004-2005 est. annual payroll
		Parttime	Fulltime	
				\$
				\$
				\$
				\$
				\$

Experience modification, if any: _____

Have there been any workers' compensation losses in the past three years? (Use your mouse to check one)

Yes No

If "yes," please give the dollar amount of total losses: \$ _____