

Desert Specialty Underwriters, Inc.
 9609B Comanche NE
 Albuquerque, NM 87111

CONTRACTOR QUESTIONNAIRE
 (COMPLETE IN ADDITION TO ACORD APPLICATION)

Phone (505) 332-4600 Fax (505) 332-4608

DATE: _____

Applicant's Name / Mailing Address	Agent's Name and Address
_____	_____
_____	_____
_____	_____

1. Risk is a (% of each): General Contractor _____% Subcontractor _____% Average # of employees: _____

2. Indicate type of construction work performed by Insured:

Blasting _____%	Insulation _____%	Sewer _____%
Bridge Building _____%	Maintenance _____%	Steel (ornamental) _____%
Carpentry _____%	Masonry _____%	Steel (structural) _____%
Concrete _____%	Mechanical _____%	Street/Road _____%
Drilling _____%	Painting _____%	Supervisory Only _____%
Electrical _____%	Plastering _____%	Tunneling _____%
Excavating _____%	Plumbing _____%	Wrecking/Demolition _____%
Gas Mains _____%	Roofing _____%	Other (describe) _____%

3. Indicate % of work performed in:

A. New Construction _____%	+	Remodeling _____%	Other* _____%	= 100%
B. Commercial _____%	+	Residential _____%		= 100%
C. Inside Building _____%	+	Outside Building _____%		= 100%

*Other (describe) _____

4. Does work require monitoring by: Certified Inspectors Part Time Resident Inspectors When Called

5. Length of time firm in business: _____ years. Prior industry related experience: _____

6. Area of operations: _____
 Radius of operations from main location: _____ miles.

7. Does the Insured currently or in the past build on hillsides, slopes, landfills or in subsidence areas?
 Yes NO If Yes, Explain: _____

8. Does the Insured have model home? Yes No If Yes, Give #: _____ Location: _____

9. Does the Insured have any other operations outside the realm of "contracting"? Yes No

10. Does the Insured use "subcontractors"? Yes No

11. Does Insured perform any work above two stories in height from grade? Yes No
 If yes, give % of total work: _____%

12. Does Insured perform any work below grade? Yes No
 If yes, Maximum depth: _____ ft. _____% of total work.

13. Does Insured lease any mobile equipment from others Yes No If yes, from whom? _____

Lease Basis? _____ Operators provided? Yes No Type of equipment leased? _____

14. Does Insured lease any mobile equipment to others? Yes No Frequency? _____ Lease Basis? _____
 Operators provided? Yes No Type of equipment leased? _____

15. Dollar value of average job completed \$ _____

Named Insured _____