

Contractor Questionnaire

Named Insured _____

Mailing Address _____

Phone Number _____ **Cell or Pager Number** _____

Contact for loss control survey _____

What day of the week and time can the loss control contact be called for a survey? _____

Please describe your operations _____

How long have you operated this venture as a business? _____

Will you perform any roof repair or roof replacement work? _____

Any work above ground? ___ If yes, % of work above 20'? ___ 30'? ___

Will you use any scaffolding? ___ Will you use any ladders? ___

Will you work below ground? ___ If yes, to what depth? ___

Will you do any lead paint or asbestos removal? _____

Will you do any demolition or blasting work? ___ If yes, please describe the demolition or blasting work _____

Do more than five (5) employees travel together in the same vehicle? ___

Any work performed on bridges? ___ Interstate highways? ___

Any work performed on waterways? ___ Rivers? ___ Bays? ___ Oceans? ___

Do you own, borrow, rent or lease aircraft? ___ Watercraft? ___

How far will you travel for a job? _____

Do you require all employees to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? _____

Expected payroll for the next year? ___ # F/T employees? ___ # P/T? ___

Seasonal Employees? ___ Expected total receipts for the next year? ___

Estimated annual cost for subcontracted work? _____

Percent of work subcontracted out? _____

Please describe the work subcontracted out _____

Are certificates of insurance required from all subcontractors? _____

Do you use any cash, casual labor or labor services? ____ If yes, how many days a year is it used? _____
What is the estimated cost for cash, casual or labor services? _____

Please list your last five jobs and describe the services provided

The applicant warrants and represents to the insurer that the information entered in this supplemental application is true and correct. The applicant acknowledges that the information presented herein is material to the decision of the insurance company to issue a policy, and that this issuance of a policy by the insurer is in reliance upon the sufficiency and accuracy of the information by the applicant in this supplemental application.

Authorized Representative: _____
Print Name / Title

Signature: _____ **Date:** _____