

BUILDING MAINTENANCE QUESTIONNAIRE
CLASS CODES: 9000, 9012, 9014, 9015, 971

1. Description of properties maintained (occupancy, construction, number of stories:)

2. Describe duties of employees: _____

3. What is the employee turnover rate? _____

4. Do duties include any of the following (provide details):

- | | | |
|--|------------------------------|-----------------------------|
| a. Exterior window washing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Grounds maintenance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Painting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Carpentry | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Plumbing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Electrical | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Use of ladders, scaffolding or lift equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Security guards | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Roofing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Residential cleaning | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Fire and storm restoration | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Chimney or boiler cleaning | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5. Maximum height worked _____

6. Any work subcontracted? (Description and percentage)

7. Are certificates of insurance obtained from all subs? _____

8. Number of full time employees _____ part time _____
Maximum at any one location _____.

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: _____