



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:** _____