

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 _____

Percent of Residential _____ Commercial _____?

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

How many years of experience in this same line of work? _____

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

Any work ABOVE ground? _____ If YES, what percent of work is above ground. Above-15' _____ Above-20' _____ Above-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 _____

Will you work in any other state outside of your home state? _____

If yes, which states? _____

How many days a year is work performed in other states? _____

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, and Oceans? _____

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

What radius in miles will you travel for a job? _____

Are local workers hired when work is performed in other states? _____

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

Has OSHA inspected your operation in the last three (3) years? Yes No

If yes, has OSHA issued any "Serious" Violations? Yes _____ No _____

If yes, please explain what has been done to correct these violations? _____

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

1. _____

2. _____

3. _____

4. _____

5. _____

To the best of my knowledge all the information I have given about my business is true and correct. If information is found to be different as the result of my knowingly attempting to defraud the insurance company, or information is concealed for the purpose of misleading, or another person files an application for insurance containing materially false information the insurance company may send direct notice of cancellation.

Officer or owner of business

Date

