

# 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.

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**Officer or owner of business**

**Date**

