

Contractor Questionnaire

1. Named Insured _____

2. Phone Number _____ Contact _____

3. Please describe your operations _____

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

5. Will you perform any roof repair or roof replacement work? Yes/No _____

6. Any work above ground? Yes/No ____ If yes, % of work above 15 feet ____ 20
feet ____ 30 feet ____ 40 feet ____

If work over 20' - please describe what fall protection controls you have in
place _____

7. Any work below ground? Yes/No ____ If yes, to what depth? _____

8. Will you do any demolition or blasting work? Yes/No ____ If yes, please
describe the demolition or blasting work _____

9. Will you work in any other state outside of your home state? Yes/No _____
If yes, which states? _____

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

11. How far will you travel for a job? _____

Please list your last five jobs and describe the services provided

1. _____

2. _____

3. _____

4. _____

5. _____

12. Expected payroll for the next year? _____ F/T employees___ P/T ___
Any seasonal Employees? _____ Expected total receipts for the next year? _____

13. Estimated annual cost for subcontracted work? _____

14. Percent of work subcontracted out? _____
Please describe the work subcontracted out _____

15. Are certificates of insurance required from all subcontractors? Yes/ No _____
If No, is the entire payroll for your uninsured subs included in the payroll shown
on the application? _____

16. Do you use any cash, casual labor or labor services? Yes/No ____ If yes, how
many days a year is it used?

What is the estimated cost for cash, casual or labor services? _____

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