



## 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: \_\_\_\_\_**