



Contractors Supplemental Questionnaire

Broker: _____

Insured: _____

Insured Address: _____

Effective Date: _____

Section I Operational Summary

Please provide a narrative of the Insureds operations **(Include all entities, and reference entities to be excluded, if any):**

Years in business _____ **(If under 5 years, please provide resume(s) of Principal(s) and/or Partners)**

of Employees: _____ Union or Non-Union: _____ If Union, % of participation: _____

	Current Year	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year
RECEIPTS:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
PAYROLL:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

List ALL States that the Insured operates in: _____

List ALL States where the Insured maintains a premises: _____

Service Sector (s): Residential _____% Commercial _____% Industrial _____%

Describe any / all Residential operations: _____

High Rise work is limited to a maximum of _____ stories.

High Rise / Scaffolding certifications: _____ Controls: _____

Describe the 5 largest contracts &/or jobs the Insured has had within the last 18 Months:

	Entity contracted with	Description of work	Receipts
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

Bridge or Tunnel Work	Yes	No	Details: _____
Electrical / Fiber-optic Work:	Yes	No	Details: _____
Traffic Signal Work:	Yes	No	Details: _____
Telephone Pole Work:	Yes	No	Details: _____
Airport / Runway Work:	Yes	No	Details: _____
Dam or Dike Work:	Yes	No	Details: _____
Work on Ships or Tankers:	Yes	No	Details: _____
Water Well, Seismic or other Drilling:	Yes	No	Details: _____
Tunneling / Boring Work:	Yes	No	Details: _____
Gas Main Work:	Yes	No	Details: _____
Pipeline Work:	Yes	No	Details: _____
Boiler Work:	Yes	No	Details: _____
HVAC Work:	Yes	No	Details: _____
Burglar &/or Fire Alarm Installation:	Yes	No	Details: _____
Sprinkler System Installation:	Yes	No	Details: _____

Section IV
Safety & Loss Control Provisions

Is a formal safety Director employed? Yes No
 If Yes, please provide: Name _____ Telephone: _____

Is there a formal safety program?	Yes	No	If No, explain below
Is there an employee training program?	Yes	No	If No, explain below
Are employee MVR's checked prior to hiring and monitored on a regular basis?	Yes	No	If No, explain below
Are pre-employment drug screens performed?	Yes	No	If No, explain below
Is there a formal vehicle maintenance program?	Yes	No	If No, explain below
Does the Insured follow OSHA standards for promoting a safe workplace?	Yes	No	If No, explain below
Does the Insured have a Certified Drug-Free workplace?	Yes	No	If No, explain below
Does the Insured conduct accident investigations:	Yes	No	If No, explain below
Is the public kept at a safe distance from all of the Insureds work areas?	Yes	No	If No, explain below
Is all equipment maintained in good condition?	Yes	No	If No, explain below
Is the premises in good condition and well maintained?	Yes	No	If No, explain below

Explanation: _____

Is the Insured currently involved in any open litigation?	Yes	No	If Yes, explain below
Is the Insured currently aware of any situation that may result in future litigation?	Yes	No	If Yes, explain below
Has the Insured ever been cited for safety violations?	Yes	No	If Yes, explain below
Has the Insured ever been involved in any construction defect lawsuits?	Yes	No	If Yes, explain below

Explanation: _____

Name

Title

Signature

Date