

Contractor Supplemental Risk Questionnaire

1. Legal name:
2. Contractor's license number: Years in business:
3. How many years experience does ownership have in this trade?
4. What is the average experience level of the employees?
5. Detailed description of operations:

6. Payroll and premium information for the current year and last three (3) years:

Year	Payroll	Premium
Current:		
1 st Prior:		
2 nd Prior:		
3 rd Prior:		

7. Percentage of work performed on the following:

	Residential	Commercial	Industrial	
New Construction:				= 100%
Remodeling:				= 100%
Repair Work:				= 100%
Interior:				= 100%
Exterior:				= 100%

Please provide details of interior and/or exterior work performed:

8. Max height exposure: Fall protection systems used:
9. Max depth exposure:
10. Max weight lifted: Is there a lifting program in place? Yes No
11. Any excavation exposure? Yes No

If yes, explain depth:

Contractor Supplemental Risk Questionnaire (cont.)

12. Any roof exposure? Yes No

If yes, explain:

13. Is scaffolding used? Yes No

If yes, explain:

How many employees are on the scaffold at a given time?

14. Are any cranes, booms or other heavy construction equipment used? Yes No

If yes, please describe:

15. Any work done in confined spaces? Yes No

If yes, please provide details:

16. Any work or exposure involving the following?

	Yes	No		Yes	No
DOT (Road Work)			Demolition		
Explosives			High Voltage		
Asbestos			Lead or Mold Abatement		
Tree Trimming / Removal			Gas, Sewer and/or Water Main		
Chemicals			ULS&H		
Underground Tank Replacement					

If yes, please provide details:

17. Is any work sub-contracted? Yes No *If yes, percentage (%) sub-contracted:*

Describe the type of work sub-contracted:

18. Are certificates of insurance required from all sub-contractors? Yes No

If yes, please provide details on certs program:

19. Please list last five (5) projects and describe the services provided:

- 1)
- 2)
- 3)
- 4)
- 5)



Contractor Supplemental Risk Questionnaire (cont.)

20. Please list projects currently underway, or planned for the next twelve (12) months:

- 1)
- 2)
- 3)
- 4)
- 5)

21. Is there a formal training and safety program in place? Yes No

If yes, please provide details on the training provided for new hires and seasoned employees:

22. Number of company vehicles: Number of employees per vehicle:

23. Are MVR's checked? Yes No

If yes, how often are they checked?

24. How far will you travel for a job (radius of operations)?

25. Will you work in any other state outside of your home state? Yes No

If yes, which states? (Select all that apply.)

- | | | | | |
|-------------|-----------|---------------|----------------|---------------|
| Alabama | Hawaii | Massachusetts | New Mexico | South Dakota |
| Alaska | Idaho | Michigan | New York | Tennessee |
| Arizona | Illinois | Minnesota | North Carolina | Texas |
| Arkansas | Indiana | Mississippi | North Dakota | Utah |
| California | Iowa | Missouri | Ohio | Vermont |
| Colorado | Kansas | Montana | Oklahoma | Virginia |
| Connecticut | Kentucky | Nebraska | Oregon | Washington |
| Delaware | Louisiana | Nevada | Pennsylvania | West Virginia |
| Florida | Maine | New Hampshire | Rhode Island | Wisconsin |
| Georgia | Maryland | New Jersey | South Carolina | Wyoming |

To the best of my knowledge, all of the information I have given about my business is true and correct.

Officer or Owner of Business

Date

