

## 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 <sup>st</sup> Prior: |         |         |
| 2 <sup>nd</sup> Prior: |         |         |
| 3 <sup>rd</sup> 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)

