



## Contractors Questionnaire

### General Information

Named Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

### Questionnaire

1. Please list all operations of the named insured (including any non-contracting operations).

\_\_\_\_\_

\_\_\_\_\_

2. How long has the insured been in business? \_\_\_\_\_ years \_\_\_\_\_ months

3. Please list the percentage of operations for the following.

\_\_\_\_\_ % General Contractor \_\_\_\_\_ % Sub-Contractor \_\_\_\_\_ % Owner/Builder

4. Describe the types of jobs in which the Insured specializes.

\_\_\_\_\_

5. Describe any other types of jobs that the insured has performed in the past three (3) years.

\_\_\_\_\_

6. List the five (5) largest jobs and/or projects (past/present/future).

Location	Value	On-Site Employees	Number of Subcontractors	Start Date	End Date
	\$				
	\$				
	\$				
	\$				
	\$				

7. Does the Insured do any work over fifteen (15) feet in height from grade? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. If yes, please answer the following:

- a) What percentage of total work is above fifteen (15) ft. or two (2) stories? \_\_\_\_\_%
- b) What percentage of work is Interior? \_\_\_\_\_% What percentage of work is Exterior? \_\_\_\_\_%
- c) What is the maximum height/number of stories on which work is performed? \_\_\_\_\_
- d) How often is this type of work performed? \_\_\_\_\_
- e) What types of ladders, lifts, scaffolds (including swing scaffolds) are utilized? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

f) What types of employee fall protection are provided by the Insured? (Describe the fall protection program.)

\_\_\_\_\_

\_\_\_\_\_

9. Does the Insured do any work below grade? \_\_\_\_\_ Yes \_\_\_\_\_ No

10. If yes, what is the maximum depth? \_\_\_\_\_ What is the percentage of total work? \_\_\_\_\_%

11. Estimated annual payroll? \$ \_\_\_\_\_

Please break down annual payroll by classification. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Four (4) prior years prior payroll:

1) \$ \_\_\_\_\_ 2) \$ \_\_\_\_\_ 3) \$ \_\_\_\_\_ 4) \$ \_\_\_\_\_

13. Indicate the percentage of construction work performed by the Insured:

\_\_\_\_\_ % New Construction      \_\_\_\_\_ % Commercial      \_\_\_\_\_ % Inside Building  
 \_\_\_\_\_ % Remodeling      \_\_\_\_\_ % Residential      \_\_\_\_\_ % Outside Building  
 \_\_\_\_\_ % Other      \_\_\_\_\_ % Other      \_\_\_\_\_ % Other

14. Is Insured responsible for completed project? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain: \_\_\_\_\_

\_\_\_\_\_

15. Are certificates of insurance required for all contractors? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, are the certificates kept on file? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain: \_\_\_\_\_

\_\_\_\_\_

16. a) Indicate anticipated percentage of construction work over the next twelve (12) months to be performed by the Insured using percentage of payroll under "Direct" and percentage of contract under "Sub-Contracted" as the basis.

Type of Work	Direct %	Sub-Contracted %	Type of Work	Direct %	Sub-Contracted %
Asbestos Removal			Blasting		
Bridge Building			Carpentry		
Concrete			Demolition		
Drilling			Electrical		
Excavating			Grading		

Type of Work	Direct %	Sub-Contracted %	Type of Work	Direct %	Sub-Contracted %
Insulation			Lead/Paint Removal		
Maintenance			Masonry		
Mechanical			Painting		
Plastering			Plumbing		
Roofing			Sewer		
Steel			Steel (Ornamental)		
Street/Road			Supervisory Only		
Water/Gas Mains			Other (Describe) _____		
_____					

b) Any use of cranes, with or without operators? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 c) Describe your electrical safety procedures for job sites. \_\_\_\_\_

17. Please list the number of vehicles, radius and operations used by the Insured. \_\_\_\_\_

18. Do employees take company vehicles home in the evening? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, please provide details. \_\_\_\_\_

19. Is any group transportation of employees allowed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, please provide details. \_\_\_\_\_

20. What is the Insured's policy regarding personal and family use of company vehicles? \_\_\_\_\_

21. Please list the Insured's driver's selection criteria.  
 a) Do they review motor vehicle records on prospective employees and then annually thereafter?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No  
 b) Does the Insured have specific criteria to determine acceptable/unacceptable-driving records?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

22. Claim Information - past five (5) years:

Year	Amount Paid	Reserved	Total Incurred	Number of Claims

23. How does the Insured handle employees with unacceptable driving records? (i.e., remove driving privileges, written warnings, probationary period, etc.) \_\_\_\_\_  
\_\_\_\_\_

24. Does the Insured have a written Workplace Safety Program in place? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Please attach if applicable)

If yes, please answer the following questions.

- a) Is a safety committee in place that meets at least quarterly? \_\_\_\_\_ Yes \_\_\_\_\_ No
- b) Is workplace training provided? \_\_\_\_\_ Yes \_\_\_\_\_ No
- c) Are workers informed about safety rules/procedures? \_\_\_\_\_ Yes \_\_\_\_\_ No
- d) Is management accountable? \_\_\_\_\_ Yes \_\_\_\_\_ No
- e) Are safety inspections made? \_\_\_\_\_ Yes \_\_\_\_\_ No
- f) Are employees provided with personal protection equipment? \_\_\_\_\_ Yes \_\_\_\_\_ No
- g) Is an early return to work policy in place? \_\_\_\_\_ Yes \_\_\_\_\_ No
- h) Is a drug free workplace program in place? \_\_\_\_\_ Yes \_\_\_\_\_ No

25. Any OSHA fines in past five (5) years? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please describe the nature of the fine and abatement action. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signatures**

\_\_\_\_\_  
*Signature of Producer*

\_\_\_\_\_  
*Signature of Applicant Principal Officer*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*