

## 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:*

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)

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**