



## 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)



# 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**