

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)

