

Contractor Supplemental Risk Questionnaire

Legal name:						
Contractor's license number:			Year	Years in business:		
How many years experience does ownership have in this trade?						
What is the average experience level of the employees?						
Detailed description of operations:						
Detailed description	i oi operations:					
Dayrall and promitir	m information fo	r tha curren	t year and last three (2) year			
	n information to		t year and last three (3) years	»: ————————————————————————————————————		
Year Current:		Payroll	Premium			
1st Prior:						
2 nd Prior:						
3 rd Prior:						
	'		•			
Percentage of work	performed on th	ne following	: 			
	Resident	ial	Commercial	Industrial		
New Construction:						
Remodeling:						
· ·						
Repair Work: Interior: Exterior:						
lease provide deta	ils of interior and	d/or exterior	work performed:			
ease provide deta	ils of interior and	d/or exterior	work performed:			
Max height exposu	re:	Fall prot	ection systems used:			
Max depth exposur	e:					
Max weight lifted:		Is there a	a lifting program in place?	Yes		
			31 3 1			

If yes, explain depth:



Contractor Supplemental Risk Questionnaire (cont.)

5)

12.	Any roof exposure? Yes	No							
	If yes, explain:								
13.	Is scaffolding used? Yes I	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:	If yes, please provide details:							
16:	Any work or exposure involving the following?								
	, ,	Yes	No		Yes	No			
	DOT (Road Work)	100		Demolition	100				
	Explosives			High Voltage					
	Asbestos			Lead or Mold Abatement					
	Tree Trimming / Removal			Gas, Sewer and/or Water Main					
	Chemicals			ULS&H					
	Underground Tank Replacement								
17	If yes, please provide details:	W	N	V		ı			
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)								



Contractor Supplemental Risk Questionnaire (cont.)

Officer or Owner of Business

20.	Please list projects	ase list projects currently underway, or planned for the next twelve (12) months:							
	1)								
	2)								
	3)								
	4)								
	5)								
21.	Is there a formal tra	aining and safety prog	gram in place? Yes	s No					
	If yes, please provid	e details on the training	g provided for new hires and	d seasoned employees:					
22.	Number of compa	ny vehicles:	Number of employ	rees per vehicle:					
23.	Are MVR's checked	? Yes	No	·					
	If yes, how often are	they checked?							
24.	How far will you tra	avel for a job (radius o	f 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 Alaska Arizona Arkansas California Colorado Connecticut Delaware	Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana	Massachusetts Michigan Minnesota Mississippi Missouri Montana Nebraska Nevada	New Mexico New York North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania	South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia				
	Florida Georgia	Maine Maryland	New Hampshire New Jersey	Rhode Island South Carolina	Wisconsin Wyoming				
To the	e best of my knowled	ge, all of the informati	ion I have given about my	business is true and cor	rect.				

(A) 4907 NW 43rd St., Ste B Gainesville, FL 32606 | (P) 866.415.8821 | (F) 866.203.0907

Date