



## Contractor Supplement Questions

1. What is the max height of work performed above ground level? (i.e. using ladders, scaffolding, lifts, etc.)
2. Does the insured follow all OSHA guidelines for fall protection?

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3. What is the max depth worked?
4. What is the maximum weight lifted?

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5. Does the insured perform any excavation exposure?
6. Do the employees have any roof exposure?

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7. Does the insured perform any structural rough framing?
8. Is there any use of cranes, booms, or other heavy construction equipment?

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9. What is the percentage of work that is subcontracted out?
10. Is there any casual, migrant or day labor used?

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11. Are stilts used?
12. Is there any asphalt paving or repair?

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13. If the insured is performing electrical work, do they perform any work on poles or transformers?  
  
If yes, what is the maximum voltage they are exposed to?

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14. Are all workers provided and required to wear personal protective equipment?
15. How many vehicles do they have for business use?

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16. How many drivers do they have?
17. Are MVRs checked?



## Contractor Supplement Questions (Continued)

18. What is the maximum number of employees that would travel in one vehicle at a time?

19. How far does the insured travel for a job, (in miles)?

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20. List any states, outside their home state, that the insured may perform work:

21. With the exception of clerical and sales, are all of the workers paid with 1099's?

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22. Please list and describe 3 past and future projects (planned for the next 12 months):

**Project 1:**

**Project 2:**

**Project 3:**



## Contractor Supplement Questions (Continued)

23. Insured's type of work %:

Residential New Construction  
Residential Remodeling  
Residential Repair Work

Commercial New Construction  
Commercial Remodeling  
Commercial Repair Work

Industrial New Construction  
Industrial Remodeling  
Industrial Repair Work

TOTAL

24. Insured's location of work %:

Residential Interior  
Residential Exterior

Commercial Interior  
Commercial Exterior

Industrial Interior  
Industrial Exterior

TOTAL

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25. Any DOT (roadwork) exposure:

If yes, please explain:

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26. Any demolition exposure:

If yes, please explain:

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27. Any exposure or abatement to/from: lead, mold or asbestos?

If yes, please explain:

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28. Any septic tank installation or removal?

If yes, please explain:



## Contractor Supplement Questions (Continued)

29. Any sewer, drain or main line service installation or construction?

If yes, please explain:

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30. What is the percentage of well pump installation?

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Applicant

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Signature

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Date