



## Contractor Supplement Questions

1. What is the max height of work performed above ground level (i.e. using ladders, scaffolding, lifts, etc.)?

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2. What fall protection systems are utilized? (Monitoring System (flat or < 4:12); Personal Fall Arrest (ropes/harness); Restraining System; Guard Rails; Safety Nets; Other OSHA Approved Measure)

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3. What is the max depth worked?

4. What is the maximum weight lifted?

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5. What safety devices do the insured's employees use when lifting?

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6. Does the insured perform any excavation exposure?

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7. Do the employees have any roof exposure?

If yes, does the insured install metal roofing?

If yes, does the insured subcontract all roofing construction to roofers who maintain workers' comp insurance?

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8. Does the insured perform any structural rough framing?

9. Is there any use of cranes, booms, bucket trucks, scissor/mechanical lifts or other heavy construction equipment?

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10. Are stilts used?

11. Is there any asphalt paving or repair?

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Applicant / Approver

Signature



## Contractor Supplement Questions (Continued)

12. If the insured is performing electrical work, do they perform any of the following?

(Work on poles; Work on transformers; Work on solar panels; Work on satellite dishes or turbines; Work on street lighting fixtures or traffic control devices)

If any apply, what is the maximum voltage they are exposed to?

13. Describe all personal protective equipment employees are required to wear.

14. How many vehicles do they have for business use?

15. How many drivers do they have?

16. What is used when working above ground level? (Ladders; Scaffolding; Cherry Picker/Boom; Scissor Lifts; Other)

If other, please describe:

17. 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:

18. Insured's location of work %:

Residential Interior:	Residential Exterior:
Commercial Interior:	Commercial Exterior:
Industrial Interior:	Industrial Exterior:



## Contractor Supplement Questions (Continued)

19. Check which apply to the insured's operations: (Solely does cabinetry, trim or wood flooring installation; Exclusively "finish" work for drywall (i.e. taping and or applying the finish); Carpentry/handyman exposure; Sandblasting; Industrial coatings; Install metal ceilings of erect "butler" or "quonset" type of building; Install, service or repair meat slicers or grinders; Performs blast or mass rock removal services; Performs work on tilt-up walls; Specializes in barbed wire or concrete panel fencing; Specializes in the installation service and repair of office copiers; Specializes in the services and repair of office copiers; Specializes in the service and repair of computer or computer related equipment; Is a pipe insulation contractor; Erects wooden bridges, derricks or platforms; Install/remove water heaters, foundation repair or foundation lifting work; Work on public utilities; Boiler work; Siding work; Silo erection; Tower work; Sawmill or chimney work; Blown insulation (pipe); Hardwood flooring or tile; Services/install of bleachers grandstands, trade booths, or structural steel; Crane work; Grain bin work; Solar panel install; Steel frame work; Gutter/flashing/skylight service/install; Barbed wire razor or electric wire; Perform work along highways/roads or construction sites; Stone cutting or installation of granite/solid surface countertops; Silica dust exposure; Has exposure to surveying, geophysical exploration, marine, mining, timber cruising, oil or gas geology; Manages construction projects; Holds an active contractor's license; Performs work on or adjacent to ships; Solely does floor covering; Solely does laying/finishing of hardwood flooring; Performs some cell tower erection or service operations of cell towers; Paints, waterproofs or clears the inside of tanks or any other confined spaces)



## Contractor Supplement Questions (Continued)

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

**Project 1:**

**Project 2:**

**Project 3:**

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21. Do any of the following apply? (Dot (roadwork) exposure; Structural demolition exposure; Lead, mold or asbestos exposure or abatement; Installation or removal of septic tanks, well pumps or oil pumps; Sewer, drain or main line service installation or construction; Pool construction or resurfacing; Any distribution, delivery/moving company or freight handling operations; Remediate radon exposure)

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22. Any work related to joint ventures or wrap-ups?



## Contractor Supplement Questions (Continued)

23. Does the insured require all employees exposed to welding operations to be certified by the American Welding Society (or another certifying body) and are checked to ensure they are in good standing?

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24. Does the insured require welders to wear proper eye and face protection equipment (i.e. welders helmets, fire retardant clothing, gloves etc)?

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25. Do workers report directly to the executive supervisor/superintendent?