

## Contractor Questionnaire

1. Named Insured \_\_\_\_\_

2. Phone Number \_\_\_\_\_ Contact \_\_\_\_\_

3. Please describe your operations \_\_\_\_\_  
\_\_\_\_\_

4. How long have you operated this venture as a business? \_\_\_\_\_

5. Will you perform any roof repair or roof replacement work? Yes/No \_\_\_\_\_

6. Will you perform any tree trimming above ground? Yes/No \_\_\_\_\_

7. Any work above ground? Yes/No \_\_\_\_ If yes, % of work above 15 feet \_\_\_\_ 20 feet \_\_\_\_ 30 feet  
\_\_\_\_ 40 feet \_\_\_\_

If work over 20'- please describe what fall protection controls you have in  
place \_\_\_\_\_

Any work performed using cranes or boom trucks? \_\_\_\_\_ If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

8. Any work below ground? Yes/No \_\_\_\_\_ If yes, to what depth? \_\_\_\_\_

9. Will you do any demolition or blasting work? Yes/No \_\_\_\_\_ If yes, please describe the  
demolition or blasting work \_\_\_\_\_  
\_\_\_\_\_

10. Will you work in any other state outside of your home state? Yes/No \_\_\_\_\_  
If yes, which states? \_\_\_\_\_

11. How many days a year is work performed in other states? \_\_\_\_\_

12. How far will you travel for a job? \_\_\_\_\_

Please list your last five jobs and describe the services provided

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

13. Expected payroll for the next year? \_\_\_\_\_ F/T employees \_\_\_ P/T \_\_\_  
Any seasonal Employees? \_\_\_\_\_ Expected total receipts for the next year? \_\_\_\_\_

14. Estimated annual cost for subcontracted work? \_\_\_\_\_

15. Percent of work subcontracted out? \_\_\_\_\_  
Please describe the work subcontracted out \_\_\_\_\_

16. Are certificates of insurance required from all subcontractors? Yes/ No \_\_\_\_\_  
If No, is the entire payroll for your uninsured subs included in the payroll shown on the application? \_\_\_\_\_

17. Do you use any cash, casual labor or labor services? Yes/No \_\_\_\_\_ If yes, how many days a year is it used? \_\_\_\_\_  
What is the estimated cost for cash, casual or labor services? \_\_\_\_\_

To the best of my knowledge all the information I have given about my business is true and correct. If information is found to be different as the result of my knowingly attempting to defraud the insurance company, or information is concealed for the purpose of misleading, or another person files an application for insurance containing materially false information the insurance company may send direct notice of cancellation.

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**Officer or owner of business**

**Date**