

Supplemental Questionnaire – Contractors

Business _____ Date _____

Year business began _____ / Total years experience _____ FEIN _____

Brief description of operations: (see attached narrative for detailed description)

Annual Receipts last 2 yrs _____ / _____ / Subcontract Cost _____

Residential work % _____ Commercial% _____ Industrial% _____

New Construction% _____ Refit/existing work% _____

Typical description of last couple of average size jobs; location, type of job, size

1. _____
2. _____

Do you perform any of the following? (please circle “yes or no”)

Alarm Installs	Y	N	Insulation work	Y	N
Asbestos Abatement	Y	N	LPG work	Y	N
Blasting (explosives)	Y	N	Lead Paint Abatement	Y	N
Boiler work (high pressure)	Y	N	Out of State work	Y	N
Boring	Y	N	Process Pipe work	Y	N
Bridges or Guardrails	Y	N	Snow Removal (for hire)	Y	N
EIFS, Waterproofing	Y	N	Tree trim/removal	Y	N
Fire Suppression work	Y	N	Trucking for others	Y	N
Highway or Road work	Y	N	Water or Sewer work	Y	N

Explain any Yes answers for listed work above:

Do you lease equipment to anyone? Y / N (With or Without operator)

Do you sell equipment? (other than equipment you're getting rid of) Y / N

Do you work with Cranes or Boom Trucks? Y / N (If so, OWN, LEASE, RENT)

If you own cranes, do you rent or lease them out? Y / N (With or Without operator)

Do you borrow, rent or lease Cranes FROM others? Y / N (With or Without operator)

Do you have contracts for any Crane related transaction? Y / N

Employees

of Employees _____ / Union – Y / N / Turnover rate - < 10%, 25%, 50%

Does turnover rate include seasonal workers? Y / N Annual payroll _____

% of work ground level _____ / 0-15' above _____ / 15-30' _____ / over 30' _____

Are drivers MVR's checked pre-hire? Y / N Annually thereafter? Y / N

Are employees allowed to use company vehicles for personal use? Y / N _____

Are employees allowed to take company vehicles home at night? Y / N _____

Do you have a written vehicle safety/usage program? Y / N _____

Pre-hire health questionnaire or physicals required? Y / N Pre-hire Drug Test? Y / N

Are employees drug tested upon accident, injury or work comp claim? Y / N

Are criminal background checks done on new hires? Y / N

Safety & Protective equipment provided by management? Y / N

Are health plans offered to all employees? Y / N

Subcontractors

Are subcontractors used regularly? Y / N Total Cost of Work _____

What kind of work is subcontracted? _____

Are Subs supervised by your management? Y / N Are you a General Contractor? Y / N

Do you obtain certificates of insurance from Subs? Y / N

Do you verify their validity? Y / N Are Certs required PRIOR to starting job? Y / N

Do you require subs to name you Additional Insured on their policy? Y / N

Do you use indemnification or hold harmless agreements with subs? Y / N

Do you require subs to have at least the same liability limits as you do? Y / N

Do any Subs work only and exclusively for you? Y / N

Safety / Loss Control

1. Do you have a written safety manual? Y / N Does this matter to you? Y / N
2. Do you have an employee manual? Y / N Safety Director? Y / N_____
3. Are workers required to sign off acknowledging the manuals' contents? Y / N
4. Are workers given routine safety training? Y / N How often?_____
5. Are workers taken to approved clinics or treatment facilities when injured? Y / N
6. Do you have a light duty return to work program? Y / N
7. Are employees given performance reviews? Y / N How often?_____
8. How often does management review safety and training issues?_____
9. Do you have a hazard reporting procedure? Y / N
10. Do you properly post MSDS visuals if applicable? Y / N
11. Do you have a written Lockout & Tagout policy? Y / N
12. Describe measure taken to protect or secure tools & equipment:_____
- _____
- _____
13. What type of Loss Control or Safety Training is currently being provided?_____
- _____
- _____
- _____
- _____

C. O. P. E. / Building Info

1. # of Buildings_____/ # of Locations_____/ Yr blt #1_____#2_____
2. # of owned buildings_____/ # of rented buildings_____
3. Square footage of each building/location - #1_____/ #2_____/ #3_____
4. Type of construction of each building - #1_____/ #2_____/ #3_____
5. Number of Stories of each bldg / location #1_____/ #2_____/ #3_____
6. Year Updated – HVAC_____, Plumbing_____, Elec_____, Roof_____,
7. Alarms – Burglar- (local or central) / Fire – (local or central)

Industry Specific Underwriting Info –

Name of person interviewed: _____ (print name)

Name of business being quoted: _____

Authorized signature: _____ Date: _____

Producing Agent: Matthew T. Szura
Szura Insurance Services

Date: _____



Szura Insurance Services

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