



CONTRACTOR QUESTIONNAIRE

Account: _____

Date: _____

<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
Have you been in business over 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you had prior Workers' Compensation coverage?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you own any other businesses?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you do any industrial work?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you do any renovation/repair work?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you sub any work out to others?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you require certificates of insurance from all subs used?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you attempt to use the same subs for all jobs?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you perform any roofing operations?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you perform any demolition work?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you use any casual labor?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is any work performed over 10' in height or more than 1 story high?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you use scaffolding for elevated work?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you own any scaffolding used?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have a drug free workplace program that includes post-accident testing?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever had any work subject to USL&H or Jones Act?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you use W-2's for employees?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you use 1099's for employees?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have a tax ID number? (Please list if yes)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any storm or debris removal work in coastal areas?	<input type="checkbox"/>	<input type="checkbox"/>	_____

ADDITIONAL COMMENTS:

What type construction work do you do? _____

Give percentage of work for: _____% Residential _____% Commercial _____% Industrial

Give percentage of work for _____% New construction _____% Renovation/repairs _____% Service/repair

List states where work is performed: _____

List work performed by subs: _____

Percentage of work done by subs: _____% Number employees: _____ Full time _____ Part time _____ Casual labor

What percentage of your work is performed at a height over 10 feet? _____ %

Please indicate the highest level of your work in total feet and your percentage of work at this level: _____ ft _____ %