

CONTRACTOR QUESTIONNAIRE

APPLICANT / INSURED NAME: _____

1. Please check all services below that this insured provides for their customers and note any additional information below.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> A/C HEAT CONTRACTOR | <input type="checkbox"/> DEBRIS REMOVAL | <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> SAND-BLASTING |
| <input type="checkbox"/> ASBESTOS REMOVAL/COVERING | <input type="checkbox"/> DEMOLITION / WRECKING | <input type="checkbox"/> LAWN MAINTENANCE | <input type="checkbox"/> TREE TRIMMING / REMOVAL |
| <input type="checkbox"/> CABINET INSTALLATION | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MASONRY | <input type="checkbox"/> TRUCKING |
| <input type="checkbox"/> CARPENTRY | <input type="checkbox"/> ELECTRICAL APPARATUS | <input type="checkbox"/> PAINTING / PAPER-HANGING | <input type="checkbox"/> USE OF EXPLOSIVES |
| <input type="checkbox"/> CARPET INSTALLATION | <input type="checkbox"/> EXCAVATION | <input type="checkbox"/> PIPE FITTING | <input type="checkbox"/> WELDING |
| <input type="checkbox"/> CEILING / WALL CONTRACTOR | <input type="checkbox"/> FLOORING INSTALLATION | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> WINDOW CLEANING |
| <input type="checkbox"/> CHEMICAL / PESTICIDE WORK | <input type="checkbox"/> GENERAL CONTRACTOR | <input type="checkbox"/> RAILROADS | <input type="checkbox"/> OTHER (detailed below) |
| <input type="checkbox"/> CONCRETE WORK | <input type="checkbox"/> LAND-CLEARING / GRADING | <input type="checkbox"/> ROOFING (in past 3 years) | |

2. How long has the applicant/insured been in this line of work? _____

3. Is work or services performed on any oil-well/oil-field job sites? YES NO If yes, please provide explanation below.

4. Do any of the workers ever go out to oil-well/oil-field job sites? YES NO If yes, please provide explanation below.

5. Provide the percentage of work done for commercial and residential clients. Commercial: _____ Residential: _____

6. Is any of the insured's work performed on building rooftops? YES NO If yes, please provide explanation below.

7. What percentage of work sub-contracted out? _____ Types of work sub-contracted? _____

8. Is any work being covered under an OCIP or ROCIP policy? YES NO If yes, provide OCIP/ROCIP information.

OCIP/ROCIP Carrier: _____ Policy Number: _____
Project: _____ Policy Period: _____
Location of Project: _____ Insured's OCIP/ROCIP payroll: _____

9. What is maximum height of work done above/below ground (outside of buildings, etc)? Above?: _____ Below?: _____
Type of work?: _____

10. Is any work done on the outside of buildings above 2 stories? YES NO If yes, please provide explanation below.
If yes, please provide explanation: _____

11. Please explain how & by what method the insured, employees & sub-contractors reach work that is being done at 6 feet in height and over (such as ladders, scaffolds, stilts, etc.). _____

12. Is any scaffolding work done over 2-stories (outside or inside)? YES NO

13. Are stilts ever used by the employees or the sub-contractors? YES NO

14. Is the insured a General Contractor or ever act as the GC? YES NO

15. Are any workers transported in back of trucks to job sites? YES NO

16. How do the employees and/or contractors get to and from the job sites? _____

17. Is there any travel or work done outside the state of Texas? YES NO If yes, provide % of travel, states traveled to and the reason for travel: _____

18. Who provides & maintains the equipment and or tools used to complete the work? _____