

CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

SECTION A

Applicant's Name _____

City _____ State _____ Zip _____

Fed. ID Number _____ Bureau ID Number _____

Phone Number _____ Cell or Pager Number _____

Contract for Inspection _____

List Current Job Sites				
1.	Exact Street Address	City	State	Zip
2.	Exact Street Address	City	State	Zip
3.	Exact Street Address	City	State	Zip

SECTION B

Does the applicant perform any of the following?

Roofing (repair or replacement) Yes / No

Work above ground Yes / No Maximum height _____

Work below ground Yes / No Maximum depth _____

Removal of Lead or Asbestos Yes / No

Demolition or Blasting Yes / No **If yes, describe below**

SECTION C

Does the applicant work in any other state? Yes / No **If yes see below**

What States? _____

Are local workers hired while out of state? Yes / No

OVER

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SECTION D

Employee & Payroll Information:

Do you require all employees to provide verification of employment eligibility?
Yes / No

Number of Full Time Employees: _____
Number of Part Time Employees: _____

Estimated Payroll: \$ _____

Are employees given W-2's or 1099's

Is casual or day labor used? Yes / No

What is the estimated annual cost for casual or day labor? \$ _____

Are subcontractors used? Yes / No

Percentage of Work Subcontracted: _____ %

Estimated annual cost: \$ _____

Describe the work that is subcontracted:

Are Certificates of Insurance required for all subcontractors? Yes / No

Copies of certificates will be required at time of audit

APPLICANT'S STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties.

(Date)

Signature of Applicant

(Date)

Signature of Agent