

**Contractor Supplemental Questionnaire  
(General Liability & Artisan)**

Insured \_\_\_\_\_

1. Does the Applicant perform any of the following?
- |                                 |                          |                          |                      |
|---------------------------------|--------------------------|--------------------------|----------------------|
|                                 | YES                      | NO                       |                      |
| Roofing (Repair or Replacement) | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| Work above ground               | <input type="checkbox"/> | <input type="checkbox"/> | Max. Height _____    |
| Work below ground               | <input type="checkbox"/> | <input type="checkbox"/> | Max. Depth _____     |
| Removal of lead or asbestos     | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| Demolition                      | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| Spray Painting                  | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| Snow Removal                    | <input type="checkbox"/> | <input type="checkbox"/> | If yes explain _____ |
2. Does the applicant work in any other state?  YES  NO If yes explain \_\_\_\_\_
3. Number of Full-time Employees? \_\_\_\_\_
4. Number of Part-time Employees? \_\_\_\_\_
5. Estimates Payroll? \_\_\_\_\_
6. Are employees given W-2's or 1099's? \_\_\_\_\_
- |  |                          |                          |   |
|--|--------------------------|--------------------------|---|
|  | YES                      | NO                       |   |
| 7. Does the insured use Casual or Day Labor? | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 8. Are Sub-contractors used                  | <input type="checkbox"/> | <input type="checkbox"/> | If yes percentage of work sub-contacted _____ % |
9. Describe all work sub-contracted. \_\_\_\_\_

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | YES                      | NO                       |
| 10. Are Certificates of insurance required for all subcontractors? | <input type="checkbox"/> | <input type="checkbox"/> |

**IF RISK IS A JANITORIAL CONTRACTOR INCLUDE THE FOLLOWING**

1. Please check the services that the insured now provides or would provide if requested.
- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | YES                      | NO                       |
| General Cleaning (includes dusting, floor or rug cleaning, restroom cleanup) | <input type="checkbox"/> | <input type="checkbox"/> |
| Carpet Cleaning  | <input type="checkbox"/> | <input type="checkbox"/> |
| Chimney Cleaning   | <input type="checkbox"/> | <input type="checkbox"/> |
| Pest Control/Exterminating   | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire Restoration   | <input type="checkbox"/> | <input type="checkbox"/> |
| Maid/Housekeeping Services   | <input type="checkbox"/> | <input type="checkbox"/> |
| Degreasing Service (Cleaning restaurant grease traps or Ansul Systems etc.)  | <input type="checkbox"/> | <input type="checkbox"/> |
| Industrial Cleaning  | <input type="checkbox"/> | <input type="checkbox"/> |
| Elevator Maintenance   | <input type="checkbox"/> | <input type="checkbox"/> |
| Parking Lot Maintenance  | <input type="checkbox"/> | <input type="checkbox"/> |
| Crime Scene Cleanup  | <input type="checkbox"/> | <input type="checkbox"/> |
| Building Security  | <input type="checkbox"/> | <input type="checkbox"/> |
| Cleaning/Renovating Outside Building Walls                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Building Construction or Renovation  | <input type="checkbox"/> | <input type="checkbox"/> |
| Landscaping (including lawn mowing)  | <input type="checkbox"/> | <input type="checkbox"/> |
| Floor waxing or buffing  | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior window cleaning above 1 story                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Heating/Ventilation/Air duct cleaning or service                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Aircraft service and maintenance   | <input type="checkbox"/> | <input type="checkbox"/> |

2. Describe any other operations that you perform that are not listed above.  
\_\_\_\_\_
3. If you have any commercial customers please indicate nature of their business.  
\_\_\_\_\_

Insured's Signature \_\_\_\_\_

Producer's Signature \_\_\_\_\_