

CONTRACTOR'S SUPPLEMENTAL QUESTIONNAIRE

NAMED INSURED:	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION
DBA NAME (IF ANY):	
ADDRESS:	DESCRIPTION OF BUSINESS OPERATIONS:
CITY / COUNTY/ STATE / ZIPCODE :	
PHONE NUMBER:	GROSS RECEIPTS:
TOTAL NUMBER OF EMPLOYEES AND LEASED EMPLOYEES ONLY _____ ANNUAL EMPLOYEE AND LEASED EMPLOYEES PAYROLL ONLY \$ _____] NUMBER OF OWNERS / OFFICERS _____ (OWNER PAYROLL = 16,700 EA) TOTAL OWNER PAYROLL \$ _____ TOTAL ANNUAL EMPLOYEE / LEASED EMPLOYEES PAYROLL + OWNER / OFFICER PAYROLL = \$ _____	
DOES THE INSURED HIRE SUBCONTRACTORS YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES WHAT IS PERCENTAGE OF WORK SUB CONTRACTED OUT ? WHAT "TYPE OF WORK" IS DONE BY THE SUBCONTRACTORS: _____ _____ _____	
WHAT IS THE COST OF THE SUBCONTRACTORS? \$ _____ IF SUB CONTRACTORS ARE USED ANSWER THE FOLLOWING QUESTIONS. (IF, NO SUB CONTRACTORS USED CHOSE N/A) ARE CERTIFICATES REQUIRED WITH LIMITS EQUAL OR GREATER THAN APPLICANTS? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> IS APPLICANT ADDED AS ADDITIONAL INSURED? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
WRITE IN PERCENTAGE OF "RESIDENTIAL & COMMERCIAL WORK": RESIDENTIAL _____ % COMMERCIAL _____ %	
EXPLAIN ANY CLAIMS (PAID OR RESERVED, REPORTED OR NOT REPORTED) : _____ _____ _____	

PLEASE SIGN:

INSURED'S NAME:

PRINT INSURED'S NAME:

DATE:
