

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