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## Contractors Supplemental Questionnaire

Broker: \_\_\_\_\_

Insured: \_\_\_\_\_

Insured Address: \_\_\_\_\_

Effective Date: \_\_\_\_\_

### Section I Operational Summary

Please provide a narrative of the Insureds operations (**Include all entities, and reference entities to be excluded, if any**):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Years in business \_\_\_\_\_ (**If under 5 years, please provide resume(s) of Principal(s) and/or Partners**)

# of Employees: \_\_\_\_\_ Union or Non-Union: \_\_\_\_\_ If Union, % of participation: \_\_\_\_\_

	Current Year	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year
RECEIPTS:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
PAYROLL:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

List ALL States that the Insured operates in: \_\_\_\_\_

List ALL States where the Insured maintains a premises: \_\_\_\_\_

Service Sector (s): Residential \_\_\_\_\_% Commercial \_\_\_\_\_% Industrial \_\_\_\_\_%

Describe any / all Residential operations: \_\_\_\_\_

High Rise work is limited to a maximum of \_\_\_\_\_ stories.

High Rise / Scaffolding certifications: \_\_\_\_\_ Controls: \_\_\_\_\_

**Describe the 5 largest contracts &/or jobs the Insured has had within the last 18 Months:**

	Entity contracted with	Description of work	Receipts
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

**Section II  
Subcontractors**

% of work subcontracted out: \_\_\_\_\_

Describe the type of work that is subcontracted out: \_\_\_\_\_

Are Certificates of Insurance obtained from ALL subcontractors:      Yes    No    If no, please explain: \_\_\_\_\_

Subcontractors required insurance limits:    \$\_\_\_\_\_ Occurrence                      \$\_\_\_\_\_ Aggregate

**Provisions of Insureds Contract with Subcontractors**

Is Insured held harmless by subcontractors:                      Yes    No

Does Insured hold subcontractors harmless:                      Yes    No

Is Insured named as an Additional Named Insured on subcontractors Primary and Excess policies:    Yes    No

**Section III  
Activity Details**

Is excavation work performed?      Yes    No

If Yes, what percentage of the Insureds operations involves excavation? \_\_\_\_\_%

Maximum Depth: \_\_\_\_\_ Feet

Average Depth: \_\_\_\_\_ Feet

What service does the Insured use to identify the location of underground utilities? \_\_\_\_\_

Does the Insured use the "Dig Safe" method?                      Yes    No

What protocols are used by the Insured to avoid subsidence? \_\_\_\_\_

Does the Insured install, or contract to install, EIFS (Exterior Installation Finishing Systems)?      Yes    No

Does the Insured install, or contract to install, hardboard siding:                      Yes    No

Does the Insured rent &/or lease cranes to or from others:                      Yes    No

If Yes, with or without operators:                      With    Without

Does the Insured rent &/or lease scaffolding to or from others:                      Yes    No

If Yes, with or without operators:                      With    Without

Does the Insured perform mold inspection and or assessment operations?                      Yes    No

Does the Insured perform mold abatement and or remediate?                      Yes    No

Does the Insured perform mold remediation project supervision work for other?                      Yes    No

Does the Insured perform any mold prevention contracting?                      Yes    No

Does the Insured perform mold, fire, water, storm damage restoration contracting?                      Yes    No

Does the Insured perform any water extraction contracting?                      Yes    No

Has the Insured established any precautions to prevent mold development / exposure, and or claims / losses from mold                      Yes    No

**Insured Activities (Circle ALL that apply and Provide Detail)**

Structural Steel or Concrete Work:                      Yes    No    Details: \_\_\_\_\_

Pile Driving:                      Yes    No    Details: \_\_\_\_\_

Blasting Work:                      Yes    No    Details: \_\_\_\_\_

Demolition Work:                      Yes    No    Details: \_\_\_\_\_

Other Concrete Work:                      Yes    No    Details: \_\_\_\_\_

Storage Tank Work:                      Yes    No    Details: \_\_\_\_\_

Road or Street Work:                      Yes    No    Details: \_\_\_\_\_

Bridge or Tunnel Work                      Yes    No    Details: \_\_\_\_\_

Electrical / Fiber-optic Work:	Yes	No	Details: _____
Traffic Signal Work:	Yes	No	Details: _____
Telephone Pole Work:	Yes	No	Details: _____
Airport / Runway Work:	Yes	No	Details: _____
Dam or Dike Work:	Yes	No	Details: _____
Work on Ships or Tankers:	Yes	No	Details: _____
Water Well, Seismic or other Drilling:	Yes	No	Details: _____
Tunneling / Boring Work:	Yes	No	Details: _____
Gas Main Work:	Yes	No	Details: _____
Pipeline Work:	Yes	No	Details: _____
Boiler Work:	Yes	No	Details: _____
If Yes, High Pressure (greater than 15psi)	Yes	No	Details: _____
HVAC Work:	Yes	No	Details: _____
Burglar &/or Fire Alarm Installation:	Yes	No	Details: _____
Sprinkler System Installation:	Yes	No	Details: _____

**Section IV**  
**Safety & Loss Control Provisions**

Is a formal safety Director employed?      Yes      No  
If Yes, please provide:    Name \_\_\_\_\_      Telephone: \_\_\_\_\_

Is there a formal safety program?	Yes	No	If No, explain below
Is there an employee training program?	Yes	No	If No, explain below
Are employee MVR's checked prior to hiring and monitored on a regular basis?	Yes	No	If No, explain below
Are pre-employment drug screens performed?	Yes	No	If No, explain below
Is there a formal vehicle maintenance program?	Yes	No	If No, explain below
Does the Insured follow OSHA standards for promoting a safe workplace?	Yes	No	If No, explain below
Does the Insured have a Certified Drug-Free workplace?	Yes	No	If No, explain below
Does the Insured conduct accident investigations:	Yes	No	If No, explain below
Is the public kept at a safe distance from all of the Insureds work areas?	Yes	No	If No, explain below
Is all equipment maintained in good condition?	Yes	No	If No, explain below
Is the premises in good condition and well maintained?	Yes	No	If No, explain below

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Is the Insured currently involved in any open litigation?	Yes	No	If Yes, explain below
Is the Insured currently aware of any situation that may result in future litigation?	Yes	No	If Yes, explain below
Has the Insured ever been cited for safety violations?	Yes	No	If Yes, explain below
Has the Insured ever been involved in any construction defect lawsuits?	Yes	No	If Yes, explain below

Explanation: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date