

Tim Parkman, Inc. □
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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