

## CONSTRUCTION SUPPLEMENTAL QUESTIONNAIRE

1. [Name Of Applicant] \_\_\_\_\_
2. [Description Of Operations] \_\_\_\_\_
3. [Fein Or SS Number] \_\_\_\_\_
4. [Contact Name] \_\_\_\_\_ [Contact Phone Number] \_\_\_\_\_  
[Email Address] \_\_\_\_\_
5. [Years In Business ] \_\_\_\_\_
6. Any prior w/c coverage?  Yes  No :: If so, forward loss runs for the last five years.
7. Safety Program in place?  Yes  No
8. Drug Testing Policy in place?  Yes  No
9. What % of work done is residential? \_\_\_\_\_ Commercial? \_\_\_\_\_
10. % of interior work? \_\_\_\_\_ % of exterior work? \_\_\_\_\_
11. What % of work is subbed out? \_\_\_\_\_
12. Are all employees LA residents and U. S. Citizens?  Yes  No
13. Is all work in LA?  Yes  No
14. Number of direct employees? \_\_\_\_\_
15. Number of other employees (contract laborers, uninsured subs)? \_\_\_\_\_
16. List the type of work done by contract laborers or uninsured subs.  
\_\_\_\_\_  
\_\_\_\_\_
17. List the type of work done by insured subs.  
\_\_\_\_\_  
\_\_\_\_\_
18. Does the applicant attempt to use the same subs for all jobs?  Yes  No
19. Does the homeowner or other property owner pay any subcontractors directly?  Yes  No
20. Is any roofing work done?  Yes  No
21. Is any work at or above 15 feet?  Yes  No :: If so, what work is done?
22. If no prior coverage, we will need a Work Experience form completed reflecting at least 5 years of experience in that line of work.

[Signature of Applicant] \_\_\_\_\_ [Date] \_\_\_\_\_