



CONTRACTOR SUPPLEMENTAL INFORMATION

INSURED NAME: _____ DATE: _____

AGENCY: _____ AGENT NAME: _____

1. About the insured's employees:

How many workers do they employ full-time?	How many workers do they employ part-time?	How many seasonal employees?	What are their ages?	What are their duties?	What are their experience levels?	What is their training?

2. Are all employees required to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? _____ Yes _____ No. If no, explain _____

3. Does the insured ever hire workers "off the street?"

4. Does the insured use subcontractors? _____ Yes _____ No. If yes, what is the percentage? _____%.
Does the insured obtain certificates of insurance for all subcontractors? _____ Yes _____ No

5. What is the level of employee supervision?

6. What is the travel radius of the insured?

7. Percentage of Residential: _____% Commercial: _____% Industrial: _____%

8. Is any work performed above ground level? _____ Yes _____ No. What is the maximum number of stories? _____

9. Are adequate fall protection and prevention measures taken?

10. How does the insured store flammable and combustible materials?

11. Does company require Motor Vehicle Record's for all Drivers?

12. Does the company have a driver selection process?