



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

4. Percentage of Interior: _____% Exterior: _____%

5. Does the insured perform any work above ground level? Yes _____ No _____ If so, how many stories? _____

6. How frequently are ladders or scaffolds inspected? _____ Do they have non-slip bases? Yes _____ No _____

7. Are adequate fall protection and prevention measures taken? Yes _____ No _____

8. Radius of travel: _____ Is there any out of state exposure, if so advise. _____

9. Are Motor Vehicle Records required for all drivers? Yes _____ No _____

10. Is there a driver selection process? Yes _____ No _____ If yes, explain: _____

11. Is there a driver safety program? Yes _____ No _____ If yes, explain: _____

12. Do all drivers have two or more years of commercial driving experience? Yes _____ No _____ If yes, explain: _____

13. What is the level of employee supervision? _____

14. Is any contract labor, cash labor or labor services used? Yes _____ No _____ If yes, explain: _____

15. How does the insured store flammable and combustible materials? _____

16. Are employees properly trained in equipment use including power-operated hand tools? Yes _____ No _____

17. Are first aid kits readily available on site or work trucks? Yes _____ No _____