

Name of Insured: _____

1. Number of Full Time Employees _____
2. Number of Part Time Employees _____
3. Does the Insured hire subcontractors? Yes No
 - a. Please explain. _____
 - b. What percentage of work is subcontracted? _____
 - c. Describe the work typically subcontracted. _____
4. Does insured typically use the same subcontractors on different jobs? Yes No
5. Does the Insured secure Proof of Insurance from subcontractors of at least \$1 Million? Yes No
6. Does the Insured engage in any of the following types of work:
 - a. Abatement or 'proofing' services (smoke, asbestos, pollution, water) Yes No
 - b. Cabinet/Furniture Making Yes No
 - c. Demolition/Blasting Yes No
 - d. Fireplace/Furnace Installation or Service Yes No
 - e. Roofing Yes No
 - f. Security, Theft or Fire Alarm Installation or Service Yes No
 - g. Snow plowing Services Yes No
 - h. Swimming Pool/Hot Tub or Spa Installation Yes No
7. Does the Insured rent or lease equipment to others? Yes No
8. Please describe the Insured's last three jobs:
 1. _____

 2. _____

 3. _____



- 9. Does Insured require a written contract with all clients? Yes No
- 10. Does Insured contact utilities prior to any digging? Yes No
- 11. Does Insured have job site safety procedures? Yes No
- 12. Does Insured store and secure all equipment when not in use? Yes No
- 13. Is the risk a commercial janitor service only? Yes No
- 14. Are there any temporary or subcontracted employees? Yes No
- 15. Does the Insured perform light commercial office cleaning work only? Yes No

Please explain. _____

- 16. Are there any flammable or combustible substances stored at the Insured premises? Yes No
 - a. If So, are they stored in UL approved cabinets? Yes No