

LACKAWANNA INSURANCE GROUP

CONTRACTORS QUESTIONNAIRE

Named Insured: _____

1. Corporation _____ Partnership _____ Sole Proprietor _____

2. _____% General Contractor (Subcontract to others) _____% Tradesman (perform work yourself)

3. _____ Years Experience

Operations:

4. Detailed description of operations (please include ALL activities insured performs):

5. Do you Perform and/or Subcontract any of the following work? Please indicate below using P=Perform S=Subcontract:

P / S _ / _	P / S _ / _	P / S _ / _
Blasting	Fencing	Painting
_ / _	_ / _	_ / _
Cabinet	Insulation	Plumbing
_ / _	_ / _	_ / _
Carpentry	Landscaping	Roofing
_ / _	_ / _	_ / _
Concrete Work	Masonry	Septic/Sewer
_ / _	_ / _	_ / _
Dry Wall	Mechanical (HVAC)	Steel Erection
_ / _	_ / _	_ / _
Electrical	Heating	Janitorial
_ / _	_ / _	_ / _
Excavating	Welding	Abatement
_ / _	_ / _	_ / _
Bridge work	Other (please describe)	Snow removal
_ / _	_ / _	_ / _

6. Percentage of work performed:
 _____% New Construction _____% Remodeling/Additions _____% Demolition
 _____% Commercial _____% Residential

7. Maximum number of stories you will perform work? 1-3____, 3-6____, over 6____

8. a.) What percentage of your work involves roofing? _____%

b.) Please describe (project types, etc.). _____

9. a. Do you rent or loan equipment to or from others? Yes ____ No ____
b. Are operators included with rental? Yes ____ No ____
c. Please explain any yes answer, including type of equipment: _____

10. If your work involves ANY excavation, please complete the following:
a. Maximum Depth: _____ feet
b. Shoring procedures and practices: _____
c. Is there a supervisor on site for all shoring operations? _____
d. Types of projects performed: _____
e. Are utility lines properly marked before you begin work? Yes ____ No ____

Employees:

11. Number of Employees: Full Time _____ Part time _____
Average Years of Employment with You _____

12. Please answer the following with regard to subcontractors:
a. Are signed contractors obtained for every sub hired? Yes ____ No ____
b. Are Certificates of Insurance required from all subcontractors? Yes ____ No ____
c. Percentage of work you subcontract to others _____%

13. How many employees live in states other than PA? _____ Which states? _____

14. To what extent do you perform work in other states? _____ Which states? _____
Maximum job completion time _____

Safety:

15. Do you have a written safety policy? _____ (If yes, please provide a copy.)

16. Prior to beginning a specific job, do you:
a. Evaluate the potential hazards and problems? Yes ____ No ____
b. Develop a comprehensive safety plan? Yes ____ No ____
c. Identify and address any specific training needs prior to start? Yes ____ No ____

17 a. How are employees coached regularly regarding job safety? _____

b. Are employees rewarded for safe behavior? Yes ____ No ____ Please explain. _____

c. Are employees corrected for unsafe behavior? Yes ____ No ____ Please explain. _____

d. Is there a forum for employees to freely express safety concerns? Yes ____ No ____

18. Is there an accident investigation procedure in place? Yes ___ No ___ Please describe.

19. Describe last 3 projects/jobs:

1. _____
2. _____
3. _____

20. Describe your 5 biggest projects/jobs:

1. _____
2. _____
3. _____

Scaffolding:

21. If scaffolding is used:

- a.) Does an OSHA defined “competent person” select, train, direct & supervise employees who erect, move, alter or dismantle the scaffolds? Yes ___ No ___
Does this same person inspect all erected scaffolding daily? Yes ___ No ___
- b.) List scaffold types used. _____
- c.) Do all scaffolds have guardrails and/or personal fall arrest systems (full body harnesses) as required by 29CFR1926.451? Yes ___ No ___
- d.) What is used to protect employees walking or working below the scaffolding (toe boards, screens, debris nets, catch platforms, etc)? _____

22. Aerial lifts (if used instead of scaffolding); Please explain your requirements for operation & use. _____

Snowplowing:

23. If any snowplowing is performed please answer the following:

- a.) What percentage of revenue is generated from snow removal? _____%
- b.) Are any employees hired solely for snowplowing? Yes _____ No _____
Percent of revenue? _____%
- c.) What type of truck is used for plowing? (e.g. pickup, plow truck, ATV) _____
- d.) How many trucks are used for this purpose? _____
- e.) Are these trucks owned by the employer or employee? _____
- f.) Where are the trucks housed when not in use? _____
- g.) What types of plowing is done (please estimate a percentage):
_____ Commercial (parking lots) _____ Residential (driveways)
_____ City Streets _____ Housing development streets