



Supplemental Underwriting Questionnaire Window Washing

Please describe the type services performed. _____

Does insured use ladders? If yes, describe type and safety procedures? _____

Does the insured use Scaffolding? If yes, who installs? _____

Describe any mechanical Lifting devices used. _____

Describe measures taken to keep visitors away from job site. _____

Describe the training of employees. _____

Have there been any incidents in the last five years alleging damage to persons or property? Disposition? _____

Describe pre-employment screening procedures. _____

Is work performed during client business hours? Describe precautions taken _____

Is any work regularly subcontracted? Describe. _____

Is all work performed under a written agreement or contract? Describe any "ad hoc" work performed without a written agreement. _____

Is there any other type of work being performed on an regular basis other than Window Washing? Describe. _____

Is the insured responsible for any aspects of client security such as setting alarm systems, locking premises, etc. Describe any such activities _____

What is maximum # of stories at which the insured will do work? _____

Payroll: \$ Receipts: \$ Number of Employees: Full Time: Part Time:

Trade Name or Corporate Name

Owner or Officer of Insured

Date