

## Exclusive Hood & Duct Program Supplemental Questionnaire

Date:	Address:		
Insured:			
Owner/Partner (16,000 ea.):\$Employee Payroll:\$Uninsured Subcontractor Payroll:\$Subcontractor Cost:\$Total Payroll:\$Total Receipts:\$	Years in Busine        Years of Experi        % Residential	ence:	tion? YES NO)
Type of work done by you and your employees:			
Maximum number of stories: Any mobile equipment leased without operators? Any type of equipment leased? Any snow plowing operations? Has the insured been involved in any construction for in the past ten years?	YES NO		
Do you hold certifications? YES NO		No. of employees w/ certifications	
What precautions does the Insured take to properly v glue while refinishing or working on floors?	entilate the premises v	while applying or removing varnish, la	cquers, or
Any work on sprinkler systems? YES NO Any work on fire extinguisher and hood duct servicing	%		
List the last 5 jobs including the cost of those jobs.			
1.		\$\$ \$ \$\$	
Describe any losses:			
S	UBCONTRACTED WO	RK	
What work are the subcontractors hired to do?			
1% 2		% 3	%
Are certificates of insurance obtained prior to subcon Minimum Limits Required \$ Are you named as an additional insured on the subco Do subcontractors carry Worker's Compensation?	tractors starting work?		
I hereby certify that all inf	formation is accurate	to the best of my knowledge.	
Applicant Signature:	Date:		
Producer:	Date:		