



Exclusive Hood & Duct Program

Supplemental Questionnaire

Date: _____ Address: _____

Insured: _____

Owner/Partner (16,000 ea.):	\$ _____	Number of Employees:	_____
Employee Payroll:	\$ _____	Years in Business:	_____
Uninsured Subcontractor Payroll:	\$ _____	Years of Experience:	_____
Subcontractor Cost:	\$ _____	% Residential _____	(New residential construction? YES NO)
Total Payroll:	\$ _____	% Commercial _____	
Total Receipts:	\$ _____	% Industrial _____	

Type of work done by you and your employees: _____

Maximum number of stories: _____ Maximum depth below grade: _____ ft.

Any mobile equipment leased without operators? YES NO

Any type of equipment leased? _____

Any snow plowing operations? _____

Has the insured been involved in any construction for new residential properties ie. Custom homes, Tract or Condo developments in the past ten years? _____

Do you hold certifications? YES NO Type _____ No. of employees w/ certifications _____

What precautions does the Insured take to properly ventilate the premises while applying or removing varnish, lacquers, or glue while refinishing or working on floors? _____

Any work on sprinkler systems? YES NO _____ %

Any work on fire extinguisher and hood duct servicing and repair? _____

List the last 5 jobs including the cost of those jobs.

	Location	Type of Job	Job Receipts
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____

Describe any losses: _____

SUBCONTRACTED WORK

What work are the subcontractors hired to do?

1. _____ % 2. _____ % 3. _____ %

Are certificates of insurance obtained prior to subcontractors starting work? YES NO

Minimum Limits Required \$ _____

Are you named as an additional insured on the subcontractor's policy? YES NO

Do subcontractors carry Worker's Compensation? YES NO

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____