



## 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: \_\_\_\_\_

