



CONTRACTOR'S SUPPLEMENTAL QUESTIONNAIRE

Applicant's Representative: _____
Address: _____
Effective date: _____ Quote needed by: _____
New application
Renewal of policy number

1) Name of applicant: _____

2) Website address: _____

3) Description of operations: _____

4) How long has the applicant been in business? _____

5) Is applicant in compliance with all OSHA standards?
If "no", explain: _____

6) Any OSHA violations or fines in the last 6 years?
If "yes", explain: _____

7) Does applicant have a full time safety professional on staff?
If "yes", please provide name and phone number: _____

- 8) Exposures:
a. Underground mining or sub aqueous operations?
b. Use of cranes?
c. Any demolition or wrecking work?
d. Do any operations involve blasting or use of explosives?
e. Any operations involving exposure to heights above 15 feet?
f. Are subcontractors allowed to start work without providing certificates of insurance?
g. Natural gas work?
h. Asbestos or lead exposure?

Explain any "yes" response and describe written and enforced loss control procedures: _____

- 9) Describe written and enforced loss control procedures for the following:
a. Drug testing
b. Use of cranes and heavy equipment, if applicable
c. Confined space, if applicable
d. Return to work
e. Soft tissue - material handling
f. Fall protection

10) Have there been any significant changes in exposure over the last 5 years?
If "yes", please explain: _____

11) Has applicant, or does applicant, intend to enter into a written contract with another party that requires them to waive their rights of subrogation?
If "yes", please explain: _____

SAFETY NATIONAL CASUALTY CORPORATION

12) Please provide a work completed/work in progress schedule or list last 10 jobs completed:

| JOB NAME, CITY AND STATE | DESCRIPTION OF WORK | DURATION OF JOB | RECEIPTS |
|--------------------------|---------------------|-----------------|----------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

13) Vehicle Information

Provide the number of owned or leased vehicles for the following and indicate the average number of employees occupying each vehicle.

| TYPE OF VEHICLE | NUMBER OF UNITS | AVERAGE NUMBER OF EMPLOYEES |
|---------------------------|-----------------|-----------------------------|
| 1. Passenger cars | | |
| 2. Vans | | |
| 3. Light & Medium trucks | | |
| 4. Heavy & X-Heavy trucks | | |
| 5. Truck tractors | | |
| 6. Trailers | | |

| TYPE OF VEHICLE | NUMBER OF UNITS | AVERAGE NUMBER OF EMPLOYEES |
|-----------------|-----------------|-----------------------------|
| 7. Motorcycles | | |
| 8. Buses | | |
| 9. *Other | | |

**Golf Carts, ATV's, Trams, etc.*

14) Comments: _____

This is NOT a binder of coverage. The questionnaire must be signed by the applicant or the applicant's representative. The applicant represents that all statements made in this application are complete and true and that all material facts have been fully disclosed.

Applicant's Representative's Signature: _____

(Please type name, title, and company of submitting broker)

Date: _____