

Name Insured: \_\_\_\_\_ Producer: \_\_\_\_\_

- 1 Does risk perform work to depths greater than 6 ft?  YES  NO  
 a. If "Yes", estimate the % of this to total work performed. \_\_\_\_\_
- 2 Does risk perform work at heights greater than one story?  YES  NO  
 a. If "Yes", estimate the % of this to total work performed. \_\_\_\_\_  
 b. Are scaffolds, lifts, ladders used for height work  YES  NO  
 If "Yes" please explain \_\_\_\_\_  
 c. Are safety harnesses and tie offs used while doing height work  YES  NO  
 d. What is max height that insured will work \_\_\_\_\_
- 3 The carpentry payroll is \_\_\_\_\_ please provide a job description of their job duties and responsibilities.

- 4 Has risk been cited for any OSHA violations in last 3 years?  YES  NO
- 5 Does risk have a New Hire Orientation Program with pre-hire physicals, drug screenings etc?  YES  NO
- 6 Are safety meeting held on at least a quarterly basis; do managers and employees attend, and are attendance records kept?  YES  NO  
 If less than quarterly, how often? \_\_\_\_\_
- 7 Does this risk have a formalized safety incentive program?  YES  NO  
 If so give a description.

- 8 Is there a Safety Director on staff with no additional job duties?  YES  NO
- 9 Is there a formal accident investigation program?  YES  NO
- 10 Does this risk have a formal Return To Work Program in place?  YES  NO
- 11 Does risk have do pre-hire and post accident drug testing?  YES  NO
- 12 Are MVR's checked on risk drivers?  YES  NO
- 13 Are MVR's ordered on new employees before hire and then annually?  YES  NO
- 14 What % of the insured's work is Commercial \_\_\_\_\_ Residential: \_\_\_\_\_
- 15 What % of the insured's work is Remodel/Repair: \_\_\_\_\_ New: \_\_\_\_\_
- 16 Union?  YES  NO
- 17 Health benefits?  YES  NO  
 Employee Participation \_\_\_\_\_ % Employer's Contribution \_\_\_\_\_ %
- 18 Does risk hire subcontractors?  YES  NO If "Yes" what is the % \_\_\_\_\_ %

**List the types of work subcontracted**

- a. Does risk obtain Certificates of Insurance from all subs?  YES  NO
- b. Does the risk use a diary system to track the expiration dates of COI's?  YES  NO
- c. Does risk require all subs to carry liability limits equal to their own?  YES  NO
- 19 Please provide 4 years of annual premium and payroll

| Policy Term     | Premium | Payroll |
|-----------------|---------|---------|
| Expiring policy |         |         |
| 1st prior       |         |         |
| 2nd prior       |         |         |
| 3rd prior       |         |         |

Signed \_\_\_\_\_

Dated \_\_\_\_\_