General Information

**Website**:

**Contractor license(s)#:**

**Breakdown of operations:**

Residential      %

Commercial      %

Industrial      %

***Must equal 100***

New Contract      %

Remodel      %

Service / Repair      %

***Must equal 100***

Interior      %

Exterior      %

***Must equal 100***

**Is there any use of day laborers or temporary/employee leasing?**

Yes  No

**If yes, please provide details:**

**Percentage of OCIP work anticipated in the upcoming year?**

     %

**DMV MCP filing#**

**How often are jobsites inspected for safety issues?**

**Who is accountable for jobsite safety and for inspection?**

**What are the consequences of violations?**

**Is there an enforced disciplinary program for violations of safety rules?**

Yes  No

**Can discipline lead to termination?**

Yes  No

Duties

**Indicate all work performed by the insured and their employees:**

Multi-story building

Concrete Tilt-ups

Wrecking/Demolition

Boilers

Traffic controls

Jackhammer ops

Debris removal

Waterways

Highways

Exterior framing

Scaffold set-up

Marinas

Solar installation/repair

Tanks

Crane work

USL&H

High Voltage (220+)

Utility Poles

Blasting

Over Passes

Sandblasting

Structural Steel

Tunneling

Welding

Bridge Work

Trenching 5+ft

Drilling

Gas Mains

Asbestos Removal

Dock/Sea Walls

Supervisory only

Overnight stays/night work

**For items checked, provide details:**

Equipment

**Types of machinery and heavy/mobile equipment are used?**

**Is there any use of cranes, booms, or similar heavy equipment?**

Yes  No

**Is appropriate machine guarding in place and enforced?**

Yes  No

Height/Depth

**What is the max depth of operations?**      ft

**What is the maximum height of operations?**      ft

**% of operations:**

0-6ft     %

7-15ft     %

16-25ft     %

Over 25ft     %

**Accessed Via:**

Ladders

Scaffolding

Cherry picker/boom

Scissor lift

Other

**If scaffolding is used, is it erected by employees or subcontractors with \*COIs?**

**If by employees, are employees certified annually?**

Yes  No

**Is there a formal/documented fall protection program in place?**

Yes  No

**If yes, provide details:**

**Is there any exposure to confined spaces?**

Yes  No

**If yes, provide details:**

**Percentage of roofs worked on:**

Flat Roof      %

Sloped Roof      %

**Slopes:**

0:12 to 4:12      %

5:12 to 7:12      %

>7:12      %

**Methods of construction used:**

Built up      %

Steep      %

Single-Ply      %

Spray-In-Place      %

**\*COIs – Certificates of Insurance**