



# CARPENTRY INTERIOR, FRAMERS, DOOR & WINDOW, AND HANDYPERSON QUESTIONNAIRE

Date

Producer:

Insured Name and Mailing Address:

Code

Subcode

Website Address

Effective Date

Expiration Date

Policy/Account Number

YES NO

1. Years in business? \_\_\_\_\_

2. If new venture, years in trade? \_\_\_\_\_

3. States operating in? \_\_\_\_\_

☐ ☐ 4. Multiple Named Insured's? If multiple Named Insured's, explain operations for each:

5. Annual Payroll: \$ \_\_\_\_\_

6. Annual Receipts: \$ \_\_\_\_\_

7. Annual subcontracted costs: \$ \_\_\_\_\_

☐ ☐ 8. If subcontracted labor, is there a written agreement in place?

☐ ☐ 9. Do you have a formal recordkeeping procedure to maintain copies of all contracts and certificates of insurance for at least the statute of repose?

*If more than \$200,000 in annual subcontracted costs, please submit copy of subcontractor agreement.*

\_\_\_\_\_ % Commercial \_\_\_\_\_ % Residential

<b>*Acting as General Contractor</b>	New	%	Service, Repair, Remodel	%
<b>Subcontractor working for GC</b>	New	%	Service, Repair, Remodel	%
<b>Trade Contractor working directly for customer</b>	New	%	Service, Repair, Remodel	%

*\*If sub costs > 50%, complete General Contractor supplemental*

## 10. Type of Projects (Check box if applicable)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Condo/Townhome/Tract        | <input type="checkbox"/> Apartments      | <input type="checkbox"/> Truss Building        |
| <input type="checkbox"/> Dormitories/Student Housing | <input type="checkbox"/> Hardwood Floors | <input type="checkbox"/> Housing Doors/Windows |
| <input type="checkbox"/> Framing                     | <input type="checkbox"/> Decks           | <input type="checkbox"/> Commercial            |
| <input type="checkbox"/> Cabinets                    | <input type="checkbox"/> Roofing         | <input type="checkbox"/> Siding                |
| <input type="checkbox"/> Interior Trim               |  |  |

Number of projects per year? \_\_\_\_\_ Average value of projects? \$ \_\_\_\_\_

YES NO

11. **Job List (Attach or complete the following):**

Project	Nature of Work	Project Cost

☐ ☐ 12. Do you perform structural renovations? If yes, describe:

☐ ☐ 13. Do you install sunrooms or all-season rooms?

☐ ☐ 14. Do you perform any fire or water damage restoration work?

☐ ☐ 15. Do you buy and sell homes for personal investments?

☐ ☐ 16. If you are a cabinet maker, is there a UL Dust collection system (if property coverage)?

☐ ☐ 17. Do you build or supply trusses for large commercial buildings or tract home builders?

☐ ☐ 18. Do you perform demolition work?

19. What is your annual turnover? \_\_\_\_\_ %

☐ ☐ 20. Do you employ an architect, engineer or surveyor?

☐ ☐ 21. If yes, do you have Professional Liability in place?

**Auto Exposures:**

Fleet Safety and Maintenance Program ☐

MVR ordered at hire/annual ☐

Distracted Driving Policy ☐

MVR Driver Acceptability Criteria ☐

Vehicle Personal Use Policy ☐

Telematics ☐

How many drivers have a CDL? \_\_\_\_\_

**Workers' Compensation:**

What is your annual turnover? \_\_\_\_\_ %

☐ ☐ Do you have a formal Safety Program in place?

☐ ☐ Do you have and practice a fall protection program?

☐ ☐ Do you have a return-to-work program?

☐ ☐ Any OSHA violations in the past?