



## PAINTING & PAPERHANGING QUESTIONNAIRE

Date

Producer:		Insured Name and Mailing Address:		
Code		Website Address		
Subcode		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: \$ \_\_\_\_\_

- Annual subcontracted costs: \$ \_\_\_\_\_

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

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

Commercial	Residential	Exterior Painting	Interior Painting	Paperhanging
%	%	%	%	%

10. **Painting Operations-Special Hazards (indicate if applicable):**

- Waterproofing ☐ Bridges ☐ Tanks ☐
- Street Markings ☐ Towers ☐ Soundproofing ☐

11. **Clients**

- Multi-Family ☐ Offices ☐ Industrial ☐
- Institutional ☐ Retail ☐ Single Family Homes ☐

- ☐ ☐ Do you use temporary labor?
- ☐ ☐ Any work on condos, townhomes, or tract housing?
- ☐ ☐ Any high-pressure cleaning of exterior buildings?
- ☐ ☐ Do you perform any spray on siding?
- ☐ ☐ Any lead paint or abatement work?

- ☐ ☐ Any sandblasting?  
What is maximum height of work (stories)? \_\_\_\_\_
- ☐ ☐ Does insured use swing stage scaffold in their operations?  
How are paints and liquids disposed of by the insured?
- 

- ☐ ☐ Any caulking only services?
- ☐ ☐ Work in coastal areas?

**AUTO EXPOSURES:**

- |                                      |                          |                                   |                          |
|--------------------------------------|--------------------------|-----------------------------------|--------------------------|
| Fleet Safety and Maintenance Program | <input type="checkbox"/> | MVR ordered at hire/annual        | <input type="checkbox"/> |
| Distracted Driving Policy            | <input type="checkbox"/> | MVR Driver Acceptability Criteria | <input type="checkbox"/> |
| Vehicle Personal Use Policy          | <input type="checkbox"/> | Telematics                        | <input type="checkbox"/> |

- ☐ ☐ Any hauling for others?  
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 a return-to-work program?
- ☐ ☐ Any OSHA violations in the past?