



Painting Contractor Supplemental Questionnaire

Named Insured: _____

Describe insured's operations in detail: _____

Residential	_____%	Interior painting	_____%	Brush/Roller	_____%
Commercial	_____%	Exterior painting	_____%	Compressed air	_____%
				High-pressure	_____%
				Electrostatic	_____%

Any painting of the following:

Bridges	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receipts _____
Towers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receipts _____
Tanks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receipts _____
Pavement markings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receipts _____

List licenses held and jurisdiction: _____;
_____...

What is the maximum work at heights interior / exterior? _____/_____/_____feet or _____/_____/_____stories

Please list the last three largest jobs:

Description	Location	Date	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

General Information:

Number of employees: Part time _____ Full time _____ Payroll _____ Annual receipts _____

Do you sign a written contract with your customers? ☐ Yes ☐ No

Attach a sample copy.

Are **subcontractors** used? ☐ Yes ☐ No

Do you sign a contract with the subcontractors? ☐ Yes ☐ No

Attach a sample copy.

Subcontracted duties performed (two most recent jobs)	Cost
_____	_____
_____	_____

How are subcontractors and their work supervised? _____

Is the insured securing certificates of insurance for both GL and WC? ☐ Yes ☐ No

Required limits of insurance from subcontractors? _____



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Painting Contractor Supplemental Application (continued)

Is the insured named as an additional insured and held harmless on the subcontractor's GL policy?

☐ Yes ☐ No

Does the insured work as subcontractor?

☐ Yes ☐ No

Does the insured sign a written contract when working as a subcontractor?

☐ Yes ☐ No

Attach a copy.

Miscellaneous Information:

Any municipal work?

☐ Yes ☐ No

If yes, please describe: _____

Waterproofing

☐ Yes

☐ No

Receipts _____

Insulation

☐ Yes

☐ No

Receipts _____

Soundproofing

☐ Yes

☐ No

Receipts _____

Abrasive blasting (sand blasting)

☐ Yes

☐ No

Receipts _____

Lead paint or abatement work

☐ Yes

☐ No

Receipts _____

Other _____

☐ Yes

☐ No

Receipts _____

Any high pressure cleaning of building exteriors?

☐ Yes ☐ No

If yes, please describe _____

Any use of "hot processes" for paint removal?

☐ Yes ☐ No

If yes, please describe _____

Any chemicals used in paint removal or high-pressure cleaning?

☐ Yes ☐ No

If yes, please list the chemicals used _____

Any work near high voltage towers or utility lines?

☐ Yes ☐ No

If yes, please describe _____

How are waste materials and liquids disposed of by the insured? _____

Does the insured own, use or rent the following:

☐ Ladders

Own or Rent

Max height _____

☐ Scaffolds

Own or Rent

Max height _____

☐ Cherry picker or bucket truck

Own or Rent

Max height _____

Any retail sales?

☐ Yes

☐ No

Receipts \$ _____

Any snowplowing?

☐ Yes ☐ No

If yes, complete Snowplowing Questionnaire.

Attach a sample copy of the insured's standard written contract and a copy of the two most recent customer's written contracts if not included above.

Does the insured have an internet Website?

☐ Yes ☐ No

If yes please provide WWW. _____

Insured's Signature _____ Date _____

Agent's Signature _____ Date _____