



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** _____