



## ELECTRICAL CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

**Insured:**

Policy/Quote Number:

Does the insured have a website?

☐ Yes ☐ No

If yes, website address:

Describe insured's operation in detail:

**Types of Jobs:**

Residential Work	%	Commercial Work	%	Industrial Work	%
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**What percentage of the insured's work is:**

New Construction	%	Remodeling	%	Service or Repair	%	Other*	%
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\*Describe "Other":

**Licenses and Jurisdictions:**

License	Jurisdiction

Does the insured perform any operations other than electrical wiring? ☐ Yes ☐ No

If Yes, please describe:

**Description of last three largest jobs:**

Description of Job	Location	Date	Cost
			\$
			\$
			\$



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### GENERAL INFORMATION SECTION:

1. Number of Employees:      Full time              Part Time
2. Annual Payroll      \$                      Annual Receipts:      \$
3. Does the insured sign a written contract with its customers? (If yes, attach a sample copy)      ☐ Yes      ☐ No
4. Are subcontractors used?      ☐ Yes      ☐ No              Cost \$
5. Does the insured sign a contract with the subcontractors? (Attach a sample copy)      ☐ Yes      ☐ No
6. Subcontractor duties performed for the insured (two most recent jobs)

Description	Cost
	\$
	\$

7. How are subcontractors and their work supervised?
8. Does the insured obtain Certificates of Insurance for:      GL ☐ Yes      ☐ No      WC ☐ Yes      ☐ No
9. Limits of GL insurance required from subcontractors: \$              Occurrence      \$              Aggregate
10. Is the insured named as an additional insured and held harmless on the subcontractor's GL policy?      ☐ Yes      ☐ No
11. Does the insured work as a subcontractor?      ☐ Yes      ☐ No
12. Does the insured sign a written contract when working as a subcontractor? (If yes, attach a copy)      ☐ Yes      ☐ No

### MISCELLANEOUS INFORMATION SECTION

1. Any municipal work?      ☐ Yes      ☐ No  
If yes, please describe:
2. Any direct wiring, repair or installation of industrial equipment?      ☐ Yes      ☐ No  
If yes, please describe:
3. Any specialty wiring (explosion proof, dust, wet location, etc.)?      ☐ Yes      ☐ No  
If yes, please describe:
4. Any generator installation or repair?      ☐ Yes      ☐ No  
If yes, please describe:
5. Any fire or burglar alarm installation, service or repair?      ☐ Yes      ☐ No  
If yes, please describe:
6. Any traffic light or parking lot light installation, service or repair?      ☐ Yes      ☐ No  
If yes, please describe:
7. Any work in excess of two stories?      ☐ Yes      ☐ No  
If yes, please describe:
8. Does the insured repair electrical or gas household appliances on a regular basis?      ☐ Yes      ☐ No  
If Yes: What is the percentage of total receipts for repair of electrical appliances?      %  
What is the percentage of total receipts for repair of gas appliances?      %
9. Does the insured own any mobile equipment?      ☐ Yes      ☐ No  
☐ Cherry picker      ☐ Backhoe      ☐ Trench digger  
☐ Motorized Lift      ☐ Excavator      ☐ Other (describe)
10. Does the insured perform any snowplowing?      ☐ Yes      ☐ No  
If yes, **SNOWPLOWING QUESTIONNAIRE MU 7996** is required



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**ATTACH A COPY OF THE APPLICANT'S STANDARD WRITTEN CONTRACT AND A COPY  
OF THE TWO MOST RECENT CUSTOMER'S WRITTEN CONTRACTS.**

Insured's Signature \_\_\_\_\_

Date \_\_\_\_\_

Agent Signature \_\_\_\_\_

Date \_\_\_\_\_