



## 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, **SNOWPLOVING QUESTIONNAIRE MU 7996** is required



ELECTRICAL CONTRACTORS  
SUPPLEMENTAL QUESTIONNAIRE

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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 \_\_\_\_\_