



PAINTING CONTRACTOR SUPPLEMENTAL QUESTIONNAIRE

Named Insured/Applicant

Policy/Quote Number

Describe Insured's operation in detail

Insured's website address:

Types of Jobs:

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

Does insured perform any painting of the following?

Bridges Yes No Receipts \$

Towers Yes No Receipts \$

Tanks Yes No Receipts \$

Pavement Markings Yes No Receipts \$

Does the insured perform any of the following?

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 \$

Describe "Other"

Maximum work at heights:

Interior	Feet	Stories
Exterior	Feet	Stories

Licenses and Jurisdictions:

License	Jurisdiction

Description of the 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

SUBCONTRACTOR QUESTIONS

1. Are subcontractors used? Yes No Cost of Subcontractors \$
2. Does the insured sign a contract with the subcontractors? (Attach a sample copy) Yes No
3. Does the insured work as a subcontractor? Yes No
4. Does the insured sign a written contract when working as a subcontractor? (If yes, attach a copy) Yes No
5. Subcontractor duties performed (two most recent jobs)

Description	Cost
	\$
	\$

6. How are subcontractors and their work supervised?
7. Does the insured obtain Certificates of Insurance for: GL Yes No Workers Comp Yes No
8. Limits of insurance required from subcontractors: \$
9. Is the insured named as an additional insured and held harmless on the subcontractors GL policy? Yes No
Attach a copy.

MISCELLANEOUS INFORMATION

1. Does the insured perform any municipal work? Yes No
If yes, provide description.
2. Does the insured perform any high pressure cleaning of building exteriors? Yes No
If yes, provide description.
3. Is there any use of "hot processes" for paint removal? Yes No
If yes, list the chemicals used.
4. Any chemicals used in paint removal or high pressure cleaning? Yes No
If yes, provide description of operations and chemicals.
5. Any work near high voltage towers or utility lines? Yes No
If yes, provide description.
6. How are waste materials and liquids disposed of by the insured?



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7. Does the insured own, use or rent the following

Ladders	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Maximum Height
Scaffolds	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Maximum Height
Cherry picker / bucket truck	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Maximum Height

8. Does the insured have any retail sales operations? Yes No Receipts \$

9. Does the insured perform any snowplowing? Yes No

If Yes, MU 7996 Snowplowing Questionnaire is required.

ATTACH A COPY OF THE INSURED'S STANDARD WRITTEN CONTRACT AND A COPY OF THE TWO MOST RECENT CUSTOMERS WRITTEN CONTRACTS.

Insured's Signature _____

Date _____

Agent Signature _____

Date _____