



PAVING CONTRACTOR SUPPLEMENTAL QUESTIONNAIRE

Named Insured/Applicant

Policy/Quote Number

Describe Insured's operation in detail

Insured's website address:

Types of Jobs:

Residential	%	Commercial	%	Industrial	%
New Construction	%	Remodeling	%	Service or Repair	%

Licenses and Jurisdictions:

License	Jurisdiction

Operations:

Breakdown of Street/Road Work

Operation	%		Location	%
Driveway or Parking Lot Paving	%		State or Federal	%
Driveway or Parking Lot Construction	%		Municipal	%
Street or Road Paving	%		Private/Development	%
Street or Road Construction	%			
Excavation or Grading (not incl. above) **	%			
Other Operations*	%			

* Please describe Other:

** Requires MU 7989 Excavation/Grading Questionnaire

Description of the last three largest jobs:

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

GENERAL INFORMATION SECTION:

- Number of Employees: Full time Part Time
- Annual Payroll \$ Annual Receipts: \$
- Does the insured sign a written contract with its customers? (If yes, attach a sample copy) Yes No



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SUBCONTRACTOR QUESTIONS

1. Are subcontractors used? Yes No Cost of Subcontractors \$

2. Describe subcontracted work performed for you (two most recent jobs)

Description	Cost
	\$
	\$

3. Does the insured sign a contract with the subcontractors? (Attach a sample copy) Yes No

4. How are subcontractors and their work supervised?

5. Does the insured obtain Certificates of Insurance for: GL Yes No Workers Comp Yes No

6. Limits of insurance required from subcontractors: \$

7. Is the insured named as an additional insured and held harmless on the subcontractors GL policy? Yes No

8. Does the insured work as a subcontractor? Yes No

9. Does the insured sign a written contract when working as a subcontractor? (If yes, attach a copy) Yes No

MISCELLANEOUS INFORMATION

1. Does the insured perform any municipal work? Yes No

If yes, provide description.

2. Any construction, maintenance or repair of:

Airport Runways	<input type="checkbox"/> Yes <input type="checkbox"/> No	Racetracks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Railroad roadbeds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bridges	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reservoirs or dams	<input type="checkbox"/> Yes <input type="checkbox"/> No	Garage Parking Decks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Holding Ponds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sanitary Landfills	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Are separate payroll records maintained for multiple operations? Yes No

4. Does the insured haul asphalt in owned vehicles? Yes No

If yes, what is the distance between plant and job sites (maximum distance)

5. What method of traffic and pedestrian control is utilized by the insured?



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6. Any hauling for hire for others? Yes No
 Materials hauled
 Frequency of Hauling
 Radius of Hauling
 Vehicles used in hauling
7. Any underground storage tanks owned or operated by the insured? Yes No
 Construction Age of tank
 Capacity Contents
8. Does the insured own or operate:
 Stationary hot mixing plant Yes No
 Portable hot mixing plant Yes No
 Gravel pit or quarry Yes No
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 _____