



WORKERS' COMPENSATION

Dedicated to Safety and Service



Workers Compensation Painting Contractors Supplemental Questionnaire

Name of Applicant: _____

FEIN / SSN#: _____

Number of years experience in this field: _____

What types of services does the insured perform? _____

Does the insured do extensive paint and wall covering removal and/or historic renovation? Yes No

What is the insured's radius of operations? _____

Does the insured belong to a trade association, such as the Painting and Decorating Contractors of America? Yes No

Has the insured completed an apprenticeship? Yes No

What is the level of training, experience and duties of the insured's employees?

What is the level of employee supervision? _____

Are adequate fall protection and prevention measures taken? Yes No

Explain: _____

What is the maximum height exposure for this risk? _____

How are flammables and combustible materials stored? _____

Does the insured comply with EPA regulations regarding storage and disposal of toxic substances? Yes No

Does the insured experience a peak season? Yes No

What is the method of payroll for employees? W-2 1099

Signature of Applicant: _____

Title of Applicant: _____

Date: _____

Signature of Agent: _____

Date: _____