

Contractor Supplemental

Company Name: _____ Phone: () _____

Yes No

C01. Has there been a significant change in exposure over the past 12 months?
If yes, what changed: _____

C02. _____ % What percentage of the company's operations is commercial?

C03. _____ % What percentage of the company's operations is residential?

C04. _____ % What is the percentage of driving exposure, including but not limited to towing, roadside service, delivery, and/or transportation?

C05. _____ What radius, in miles, of driving exposure, including but not limited to towing, roadside service, delivery, and/or transportation? (If none, enter zero)

C06. Does the company have medical facilities or an on-site nurse?
If yes, what is the name of designated medical facility to send injured employees? _____

C07. Has there been any change in the type of work conducted in the past 12 months?
If yes, describe: _____

C08. Record the percentage the company has the following exposures, if none, enter zero.
 _____ DOT (road work) _____ Demolition _____ Explosives
 _____ High Voltage _____ Asbestos, Lead or Mold Abatement and/or removal
 _____ Tree trimming and/or removal _____ Gas, sewer and/or water main
 _____ Roofing (repair, replacement or installation)

C09. Fill in the following for the company's last five(5) jobs:

- Name of job: _____ Date of completion: _____ Type: Commercial Residential
 Location: _____ How many weeks did it last? _____ Total revenue: _____
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Thank you. This form should be attached and submitted with your company's RFQ.