

Exclusive Hood & Duct Contractors Program

Supplemental Questionnaire



Date: _____ Insured Address: _____
 Insured: _____
 Agency Name: _____ Agency Address: _____
 Agency Phone: _____

Owner/Partner: \$ _____ Number of Employees: _____
 Employee Payroll: \$ _____ Years in Business: _____
 Uninsured Subcontractor Payroll: \$ _____ Years of Experience: _____
 Subcontractor Cost: \$ _____ % Commercial _____ % Service & Repair _____
 Total Payroll: \$ _____ % Industrial _____ % Install/New Unit _____
 Total Receipts: \$ _____

Any type of equipment leased? _____
 Any mobile equipment leased without operators? Yes No
 Do you hold certifications? Yes No Type _____ # of employees w/ certifications _____
 Any operations other than hood & duct? Yes No
 Describe: _____

Any work on sprinkler systems? Yes No _____ %
 Any work on fire extinguisher repair or servicing? _____
 List the last 5 jobs including the cost of those jobs:

Location	Type of Job	Job Receipts
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

Describe any losses: _____

SUBCONTRACTED WORK

What work are the subcontractors hired to do?
 1. _____ % 2. _____ % 3. _____ %
 Are certificates of insurance obtained prior to subcontractors starting work? Yes No
 Minimum Limits Required \$ _____
 Are you named as an additional insured on the subcontractor's policy? Yes No
 Do subcontractors carry Worker's Compensation? Yes No

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____
 Producer: _____ Date: _____