



ELECTRICAL CONTRACTOR SUPPLEMENTAL INFORMATION

INSURED NAME: _____ DATE: _____

AGENCY: _____ AGENT NAME: _____

1. About the insured's employees:

How many workers do they employ full-time?	How many workers do they employ part-time?	What are their ages?	What are their duties?	What are their experience levels?	What is their training?

2. What is the level of supervision of employees?

3. Insured's license number: _____

4. Percentage of Residential: ____% Commercial ____% Industrial ____%

5. What is the travel radius of the insured? _____

6. What percentage of the insured's business is derived from:

- a. Sales ____%
- b. Installation ____%
- c. Service ____%
- d. Repair ____%

7. What portion of the insured's work is performed in buildings under construction?

8. Does the insured perform specialized services (i.e. neon sign or laser repair)?

9. Is the insured engaged in utility, construction, or maintenance electrical contracting? If so, please elaborate on jobs performed: _____



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10. What precautions do the insured's employees take when working at heights?

11. How frequently are ladders or scaffolds inspected?

12. Are employees trained in safe work practices?

13. Is the insured in compliance with all applicable OSHA standards, including OSHA standard 1910.137?

_____ Yes _____ No Electrical Protective Equipment? _____ Yes _____ No.

14. Does the insured store any flammable and combustible liquids on the premises? _____ Yes _____ No. If yes, is the insured in compliance with NFPA 30, Flammable and Combustible Liquids Code? _____ Yes _____ No.

15. Does the insured permit smoking on the premises? _____ Yes _____ No. If no, are "No Smoking" signs prominently posted in all areas where smoking is prohibited, such as storage rooms? _____ Yes _____ No.

16. Are all employees required to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? _____ Yes _____ No. If no, explain _____