

Name Insured: _____ Producer: _____

- 1 Does risk perform work to depths greater than 6 ft? YES NO
 a. If "Yes", estimate the % of this to total work performed. _____
- 2 Does risk perform work at heights greater than one story? YES NO
 a. If "Yes", estimate the % of this to total work performed. _____
 b. Are scaffolds, lifts, ladders used for height work YES NO
 If "Yes" please explain _____
 c. Are safety harnesses and tie offs used while doing height work YES NO
 d. What is max height that insured will work _____
- 3 The carpentry payroll is _____ please provide a job description of their job duties and responsibilities.

- 4 Has risk been cited for any OSHA violations in last 3 years? YES NO
- 5 Does risk have a New Hire Orientation Program with pre-hire physicals, drug screenings etc? YES NO
- 6 Are safety meeting held on at least a quarterly basis; do managers and employees attend, and are attendance records kept? YES NO
 If less than quarterly, how often? _____
- 7 Does this risk have a formalized safety incentive program? YES NO
 If so give a description.

- 8 Is there a Safety Director on staff with no additional job duties? YES NO
- 9 Is there a formal accident investigation program? YES NO
- 10 Does this risk have a formal Return To Work Program in place? YES NO
- 11 Does risk have do pre-hire and post accident drug testing? YES NO
- 12 Are MVR's checked on risk drivers? YES NO
- 13 Are MVR's ordered on new employees before hire and then annually? YES NO
- 14 What % of the insured's work is Commercial _____ Residential: _____
- 15 What % of the insured's work is Remodel/Repair: _____ New: _____
- 16 Union? YES NO
- 17 Health benefits? YES NO
 Employee Participation _____ % Employer's Contribution _____ %
- 18 Does risk hire subcontractors? YES NO If "Yes" what is the % _____ %

List the types of work subcontracted

- a. Does risk obtain Certificates of Insurance from all subs? YES NO
- b. Does the risk use a diary system to track the expiration dates of COI's? YES NO
- c. Does risk require all subs to carry liability limits equal to their own? YES NO
- 19 Please provide 4 years of annual premium and payroll

Policy Term	Premium	Payroll
Expiring policy		
1st prior		
2nd prior		
3rd prior		

Signed _____

Dated _____