

**BISA**  
**Workers' Compensation - Supplemental Questionnaire**  
**FIRE & WATER RESTORATION CONTRACTORS ONLY**

Applicant Name and Website Address:

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**Operations:**

Percent of work: Commercial \_\_\_ %      Industrial \_\_\_ %      Residential \_\_\_ %

Union \_\_\_ %      Non-Union \_\_\_ %      Average Hourly Wage \_\_\_\_\_

Number of Years in Operation \_\_\_\_\_

Average # of years' experience for Superintendents: \_\_\_\_\_

Provide a detailed description of all operations and list states you work in. Include a description of the largest job performed in the last three years.

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List work subcontracted and procedure for maintaining Certificates of Insurance:

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**Exposures:**

Describe height work performed:

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Estimate the % of total overall work self-performed where employees are physically exposed to falls from height over 15 feet? \_\_\_%, over 35 feet? \_\_\_%. To what maximum height can/do your employees work? \_\_\_ feet.

Is roofing work done as part of the operation? \_\_\_\_\_ If yes, is it residential \_\_\_% commercial \_\_\_%

Is the roofing work limited to flat roofs? \_\_\_\_\_ Estimated number of roofing jobs yearly \_\_\_\_\_

***\*Important to include in the description above detailed information for work over 35 feet. ( description, frequency work performed , % roof work, % flat roof work, safety precautions)***

Describe work performed below grade or underground:

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Estimate the % of total overall work self performed where employees are physically exposed below grade? \_\_\_%, below 8 feet? \_\_\_%.

To what maximum depth will you employees work? \_\_\_\_\_ #feet

***\*Important to include in the description above detailed information for work performed below 8 feet (description, , frequency work performed, confined space work%, safety precautions)***

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Describe demolition work performed:

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Is any exterior demolition work performed?      yes \_\_\_ no \_\_\_ if yes, % \_\_\_  
Is any structural demolition work performed?    yes \_\_\_ no \_\_\_ if yes, % \_\_\_  
Is any total building demolition work performed? yes \_\_\_ no \_\_\_ if yes, % \_\_\_

***\*Important to include in the description above detailed information for total building or structural demolition work (description, # of stories, frequency work performed, safety precautions)***

Describe protocols for entering building sites after a fire or a flood.

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What type of personal protection equipment is used by employees? Example – non slip shoes, etc.

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Do employees move furniture within the job site?    Yes \_\_\_    No \_\_\_  
What is the maximum weight load that employees are allowed to handle? \_\_\_\_\_  
Do they move to storage facilities?    Yes \_\_\_    No \_\_\_  
Do you own the storage facilities?    Yes \_\_\_    No \_\_\_  
Do employees use forklifts or any other type of moving equipment? \_\_\_\_\_

Are you IICRC certified? Please provide other professional designations.

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Do you do any mold abatement? What type of safety program and equipment are set up to handle this work?

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Are vehicles used to haul crews to job sites?  
If so, what is the maximum number of employees per vehicle?  
Can you provide a copy of your vehicle safety program?

