



## BISA Workers' Compensation Supplemental Questionnaire

**Account Name:** [Click here to enter text.](#)

**Website Address:** [Click here to enter text.](#)

**Policy Number:** [Click here to enter text.](#)

**Effective Date:** [Click here to enter a date.](#)

### UNDERWRITING INFORMATION

#### OPERATIONS

**Percent of Work:**

Commercial:	<a href="#">Click here to enter text.</a>
Industrial:	<a href="#">Click here to enter text.</a>
Residential:	<a href="#">Click here to enter text.</a>
Union:	<a href="#">Click here to enter text.</a>
Non-Union:	<a href="#">Click here to enter text.</a>
Average # Years' Experience for Superintendents:	<a href="#">Click here to enter text.</a>
Average # Years' Tenure with Insured:	<a href="#">Click here to enter text.</a>
Number of Year's Insured has been in Operation:	<a href="#">Click here to enter text.</a>

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:

[Click here to enter text.](#)

List work subcontracted with # payroll and procedure for maintaining Certificates of Insurance:

[Click here to enter text.](#)

**Staff Information:**

Number of Employees:	<a href="#">Click here to enter text.</a>
Number of Full Time:	<a href="#">Click here to enter text.</a>
Number of Part Time:	<a href="#">Click here to enter text.</a>
Per Diem Staff:	<a href="#">Click here to enter text.</a>
Average Turnover:	<a href="#">Click here to enter text.</a>
Average Laborer Wage:	<a href="#">Click here to enter text.</a>
Average Supervisor/Foreman Wage:	<a href="#">Click here to enter text.</a>
Is Foreman/Supervisor/Owner on Jobsite on daily basis:	<a href="#">Click here to enter text.</a>
Are Employees Trained in First Aid:	<a href="#">Click here to enter text.</a>

## Exposures

Describe height work performed:

[Click here to enter text.](#)

**\*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)\***

Estimate the % of total overall work self-performed where employees are physically exposed to falls from over:

15 Feet? [Click here to enter text.%](#)      30 Feet? [Click here to enter text.%](#)

Is roofing work done as part of the operation? [Click here to enter text.](#)

If yes, is it Residential [Click here to enter text.%](#) or Commercial [Click here to enter text.%](#)?

If yes, Flat Roof [Click here to enter text.%](#) or Pitched Roof [Click here to enter text.%](#)?

Estimated number of roofing jobs per year? [Click here to enter text.](#)

To what maximum height can/do your employees work? [Click here to enter text.](#)Feet

Any hanging scaffolding, moveable scaffolds or scaffolds that on tracks used? [Click here to enter text.](#)

What type of systems do you use for work higher than three stories [Click here to enter text.](#)

Are jobs with severe height (over 35 ft) pre-planned: [Click here to enter text.](#)

If yes, please provide details: [Click here to enter text.](#)



Describe work performed below grade or underground:

[Click here to enter text.](#)

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

Estimate the % of total overall work self-performed where employees are physically exposed below grade? [Click here to enter text.%](#) or below 8 feet [Click here to enter text.%](#)

To what maximum depth will you employees work? [Click here to enter text.](#)

Is there any type of work that involves confined space? [Click here to enter text.](#)

If yes, please details/controls: [Click here to enter text.](#)

If yes, is Permit req'd [Click here to enter text.%](#) or No Permit req'd [Click here to enter text.%](#)

Describe demolition work performed:

[Click here to enter text.](#)

**\*Important to include in the description above detailed information for total building or structural demolition work (description, # of stories, frequency work performed, safety precautions, if you use high reach excavators for demolition work, please indicate how many stories. Please be detailed.\***

Is any exterior demolition work performed?

**YES:** [Click here to enter text.](#) **NO:** [Click here to enter text.](#) If **YES:** [Click here to enter text.%](#)

Is any structural demolition work performed?

**YES:** [Click here to enter text.](#) **NO:** [Click here to enter text.](#) If **YES:** [Click here to enter text.%](#)

Is any total building demolition work performed?

**YES:** [Click here to enter text.](#) **NO:** [Click here to enter text.](#) If **YES:** [Click here to enter text.%](#)

Do you use any explosives for demolition work?

**YES:** [Click here to enter text.](#) **NO:** [Click here to enter text.](#) If **YES:** [Click here to enter text.%](#)

Does structural demolition include dismantling of equipment? [Click here to enter text.](#)

If **YES**, are towers or stacks demolished?[Click here to enter text.](#)

Is there any Group/Crew transportation to/from jobsites?

If **YES:** [Click here to enter text.](#) **NO:** [Click here to enter text.](#) If **YES:** [Click here to enter text.%](#)

Is there any travel in the bed of pickup trucks: **YES:** [Click here to enter text.](#) **NO:** [Click here to enter text.](#)

## Additional Questions

	<u>YES</u>	<u>NO</u>
Are MVR's checked?	<input type="checkbox"/>	<input type="checkbox"/>
Is Group Medical coverage provided? If yes, participation <a href="#">Click here to enter text.%</a> funded by employer <a href="#">Click here to enter text.%</a> .	<input type="checkbox"/>	<input type="checkbox"/>
Is written employment application required?	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance If yes, conducted by whom? <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Are references checked?	<input type="checkbox"/>	<input type="checkbox"/>
Pre-employment drug screening required?	<input type="checkbox"/>	<input type="checkbox"/>
Are regular safety meetings held? Describe how often and type:	<input type="checkbox"/>	<input type="checkbox"/>
Is there a safety incentive program?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a formal modified/light duty return to work program?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any work done at any type of nuclear facility? If yes, please attach a full description of operations.	<input type="checkbox"/>	<input type="checkbox"/>
Any work done that would require USL & H coverage?	<input type="checkbox"/>	<input type="checkbox"/>
Describe upper management philosophy and involvement with employee safety:		

Please provide the name and phone # of the individual(s) responsible for the following:

1. Safety program, training & implementation:
2. Claim reporting, investigation & monitoring:

Please list and provide details on any State, Local or OSHA violations in the last 5 years:

Please attach a copy of the insured's formal written safety procedures. On file

Please provide an equipment list.

Please provide Current Work on Hand and Details of Five Largest Jobs:

This is NOT a binder of Coverage  
The application must be signed by the applicant or the applicant's representative  
The applicant represents that all statements made in this application are complete and true and that all material facts have been fully disclosed.

Name of Applicant and Subsidiaries:

Applicant's Signature: \_\_\_\_\_