



## BISA Workers' Compensation Supplemental Questionnaire

Account Name:

Website Address:

Policy Number:

Effective Date:

### UNDERWRITING INFORMATION

#### OPERATIONS

**Percent of Work:**

Commercial: \_\_\_\_\_

Industrial: \_\_\_\_\_

Residential: \_\_\_\_\_

Union: \_\_\_\_\_

Non-Union: \_\_\_\_\_

Average # Years' Experience for Superintendents: \_\_\_\_\_

Average # Years' Tenure with Insured: \_\_\_\_\_

Number of Year's Insured has been in Operation: \_\_\_\_\_

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:

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

**Staff Information:**

Number of Employees:

Number of Full Time:

Number of Part Time:

Per Diem Staff:

Average Turnover:

Average Laborer Wage:

Average Supervisor/Foreman Wage:

Is Foreman/Supervisor/Owner on Jobsite on daily basis:

Are Employees Trained in First Aid:

## Exposures

Describe height work performed:

\*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?	%	30 Feet?	%	
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Is roofing work done as part of the operation?

If yes, is it Residential		% or Commercial	%?
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If yes, Flat Roof		% or Pitched Roof	%? Estimated
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number of roofing jobs per year?

To what maximum height can/do your employees work?      Feet

Any hanging scaffolding, moveable scaffolds or scaffolds that on tracks used?

What type of systems do you use for work higher than three stories

Are jobs with severe height (over 35 ft) pre-planned:

If yes, please provide details:



Describe work performed below grade or underground:

**\*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? % or below 8 feet ?

To what maximum depth will you employees work?

Is there any type of work that involves confined space?

If yes, please details/controls:

If yes, is Permit req'd % or No Permit req'd %?

Describe demolition work performed:

**\*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: NO: If YES:

Is any structural demolition work performed?

YES: NO: If YES:

Is any total building demolition work performed?

YES: NO: If YES:

Do you use any explosives for demolition work?

YES: NO: If YES:  
text.%

Does structural demolition include dismantling of equipment?

If YES, are towers or stacks demolished?

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

If YES: NO: If YES:

Is there any travel in the bed of pickup trucks: YES: NO:

## 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: \_\_\_\_\_