



Paving Contractor Supplemental Questionnaire

Named Insured: _____

Describe insured's operations in detail: _____

Residential: _____% Commercial: _____% Industrial: _____%

New construction: _____% Remodeling: _____% Service or repair: _____%

List licenses held and jurisdiction: _____; _____

Operations:

Driveway or Parking Lot Paving _____%
Driveway or Parking Lot Construction _____%
Street or Road Paving _____%
Street or Road Construction _____%
Excavation or Grading (not incl. above) _____%
Other operations _____%

Breakdown of Street/Road Work:

State or Federal _____%
Municipal _____%
Private/Development _____%

Excavation or Grading (not incl. above) _____% **(Complete Excavation/Grading Questionnaire)**

Please list the last three largest jobs:

Description	Location	Date	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

General Information:

Number of employees: Part time _____ Full time _____ Payroll _____ Annual receipts _____

Do you sign a written contract with your customers? Yes No

Attach a sample copy.

Are subcontractors used? Yes No

Do you sign a contract with the subcontractors? Yes No

Attach a sample copy.

Subcontracted duties performed (two most recent jobs)	Cost
_____	_____
_____	_____

How are subcontractors and their work supervised? _____

Is the insured securing certificates of insurance for both GL and WC? Yes No

Required limits of insurance from subcontractors? _____

Is the insured named as an additional insured and held harmless on the subcontractor's GL policy? Yes No



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Paving Contractor Supplemental Application (continued)

Does the insured work as subcontractor? Yes No

Does the insured sign a written contract when working as a subcontractor? Yes No

Attach a copy.

Miscellaneous Information:

Any municipal work? Yes No

If yes, please describe: _____

Any construction, maintenance or repair of:

- | | | | |
|--------------------|--|----------------------|--|
| Airport runways | <input type="checkbox"/> Yes <input type="checkbox"/> No | Racetracks | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Railroad roadbeds | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bridges | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reservoirs or dams | <input type="checkbox"/> Yes <input type="checkbox"/> No | Garage parking decks | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Holding ponds | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sanitary landfills | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Are separate payroll records maintained for multiple operations? Yes No

Does the insured haul asphalt in owned vehicles? Yes No

If yes, what is the distance between plant and job sites (maximum distance)? _____

What method of traffic and pedestrian control is utilized by the insured? _____

Any hauling for hire or for others? Yes No

If yes:

Material hauled _____

Frequency of hauling _____

Radius of hauling _____

Vehicles used _____

Any underground storage tanks owned or operated by the insured? Yes No

If yes:

Construction _____

Age of tank (s) _____

Capacity _____

Contents _____

Does the insured own or operate?

Stationary hot mixing plant Yes No

Portable hot mixing plant Yes No

Gravel pit or quarry Yes No

Any snowplowing? Yes No

If yes, complete Snowplowing Questionnaire.

Attach a sample copy of the insured's standard written contract and a copy of the two most recent customer's written contracts if not included above.

Does the insured have an internet Website? Yes No

If yes please provide WWW. _____

Insured's Signature _____ Date _____

Agent's Signature _____ Date _____

