



Contractors Supplemental Questionnaire

Insured's name:

State exposure:

FEIN:

Year business established:

of years' experience:

Description of operations:

Contact name:

Contact phone:

Contact email address:

Contractor's license #:

of owners:

Annual sales:

Payroll for direct employees excluding the owner: \$

Cost of subs: \$

% of work for commercial:

% of work for residential:

Please attach - 3 years currently valued loss runs

If you do not have 3 years currently valued loss runs please provide

Detailed experience narrative for the owner:

Five (5) completed jobs by this owner (not necessarily in this entity name)

Location

Type of job

Job receipts