



Contractor Supplemental Questionnaire

Entity Name:	
Primary Contact:	
Contractor License #:	
Application #:	
Phone:	
Email:	

Operations		
Indicate the percentage of work performed:		
<input type="checkbox"/> Exterior	<input type="checkbox"/> Interior	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Remodeling	<input type="checkbox"/> Restoration <input type="checkbox"/> Service/Repair
If exterior work performed, what is the maximum height?		
Is any work performed below grade?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is work performed in confined spaces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has OSHA visited or cited the insured in the past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any out of state or overnight travel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any employees work from home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there paid sick leave?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a group medical insurance plan provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a driving exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how often?	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly <input type="checkbox"/> Other
Is there group transportation of employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes...		
Number of employees transported per vehicle?	_____	
What is the radius of travel?	_____	
Does the insured have a safe driving policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are MVRs reviewed annually?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employees & Hiring Practices		
Number of full-time employees:	Number of part-time employees:	
How are employees paid?	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary <input type="checkbox"/> Piece Rate <input type="checkbox"/> Other
Is there a written employment application used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are criminal background checks performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is pre-employment drug testing performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Drug Free Workplace Program, meeting Idaho laws 72-1701 through 72-1715 and are interested in receiving premium credit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are work references checked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are pre/post-employment physicals required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are files documented with pre-existing injuries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is formal training provided to new employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Training/certification required for equipment operators?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are subcontractors used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes....		
Are certificates of insurance obtained and kept?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are updated certificates received annually?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What percentage of work is subcontracted?	_____	
What type of work is subcontracted?	_____	

Safety Programs & Practices		
Is there a formal, written safety program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is the plan reviewed with employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a designated safety professional?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is the name of the safety professional?	_____	
Is there a safety committee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes...		
Are committee meetings held regularly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the frequency of meetings?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other	
Are formal accident investigations performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an active safety incentive program used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, are all employees included in the program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do employees receive safety training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is the training formal and documented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please check all trainings/programs you participate in:		
<input type="checkbox"/> Safe Driving Program	<input type="checkbox"/> Equipment Training (including forklifts)	
<input type="checkbox"/> Excavation Program	<input type="checkbox"/> Respiratory Program	
<input type="checkbox"/> Fall Protection Program		
Is personal protective equipment (PPE) provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is proper wear of PPE strictly enforced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does all equipment have proper guarding, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the condition of equipment/machinery?	<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Average	
Who is responsible for equipment/machinery maintenance?	_____	
Are equipment inspections & maintenance documented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Medical Controls		
Is there a preferred medical provider selected and used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a Return-to-Work Program available to injured workers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is light/modified duty provided to injured workers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is CPR/First Aid training provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an emergency action or disaster plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the average distance in miles from medical care?	_____	