



Street & Road Program
 A Division of NSM Insurance Group
 555 North Lane, Suite 6060
 Conshohocken, PA 19428
 P. 800.970.9778 F. 610.941.9889

SUPPLEMENTAL QUESTIONNAIRE

Full Company Name _____ Years in Business _____

Mailing Address _____ City _____ State _____ Zip Code _____

Street Address _____ City _____ State _____ Zip Code _____

Business Tel# _____ Fax# _____ Cell# _____

Email Address _____ Web Site _____

FEIN# _____ # of Employees _____

Association Memberships or Certifications _____

1. Years in business under current name: _____ (Attach list of other names under which you have conducted business)
 2. States in which you will do or have done business: _____
 3. Description of Operations: _____
-
4. Percentage of operations subcontracted _____%
5. Direct Payroll, Subcontractor Cost and Gross Sales:
 Estimates for next 12 months: Direct Payroll: \$ _____ Subcontractor Cost \$ _____ Gross Sales \$ _____

Actual for five prior years:

Year	Direct Payroll	Subcontractor Cost	Gross Revenue

Five largest projects in past year:

Name of Project	Type of Work	Gross Revenue

6. Percentage of Construction Types performed by you or on your behalf:

Note: When used in this questionnaire, RESIDENTIAL means single-family dwellings, multi-family dwellings, condominiums, townhomes, and apartments.

Construction Types			
Construction of Public Street/Roads/Highways	%	Airport Runway Paving	%
Paving of Public Street/Roads/Highways	%	Elevated Highway Construction	%
New Residential Construction of streets and roads	%	Overpass Construction	%
New Residential paving of streets and roads	%	Trestle Construction	%
Bridge and Bridge Decking Construction	%	Underpass Construction	%
Bridge Paving	%	Other: _____	%
		Total	= 100%

7. Indicate where Street and Road work is performed:

Street and Road Construction/Paving			
Local Roads	%	New Residential	%
Driveways	%	Interstates	%
Highways	%	Commercial Parking Lots	%
		Total	= 100%

8. Have you been cited by OSHA for violations in the past five years? Yes No

If yes, please attach related correspondence?

9. Do you employ a full-time safety director? Yes No Name _____

10. Do you have a written safety program? Yes No If Yes, please attach copy

11. If you use subcontractors please answer the following questions:

- Do you execute written contracts including indemnification clauses in your favor with all independent contractors performing work for you? Yes No
- Do your written contracts with your independent contractors require the independent contractor to maintain Commercial General Liability insurance including you as an Additional Insured? Yes No
- Do your written contracts with your independent contractors require the independent contractor to maintain Workers Compensation insurance? Yes No
- Do you maintain copies of contracts and Certificates of Insurance for a minimum of ten years? Yes No

12. Do you employ temporary, volunteer or casual workers? Yes No

13. Do you maintain Workers Compensation insurance? Yes No If yes, please attach your current Experience Modification worksheet.

AUTOMOBILE

1. Total # of drivers: _____ Are MVR's runs on all new hires? Yes No

2. Describe qualification/training of equipment operators/drivers: _____

3. What do you consider to be an Acceptable Driver? _____

4. Do you rent or lease equipment to others? If Yes, Please provide detail _____

FUEL STORAGE:

Do you store any fuel on your premises? Yes No If Yes, answer the following questions:

- Are tanks EPA certified? Yes No
- Are there below- ground tanks? Yes No If yes, # _____ Size _____ Age _____
- Are there above-ground tanks? Yes No If yes, # _____ Size _____ Age _____
- Do tanks and pumps have vehicle protection barriers?

Applicant Company Officer/ Owner Signature: _____ Date: _____

Print Name and Title: _____

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