



**Named Insured:** \_\_\_\_\_

Describe insured's operations in detail: \_\_\_\_\_  
\_\_\_\_\_

Residential \_\_\_\_\_% Interior painting \_\_\_\_\_% Brush/Roller \_\_\_\_\_%  
Commercial \_\_\_\_\_% Exterior painting \_\_\_\_\_% Compressed air \_\_\_\_\_%  
High-pressure \_\_\_\_\_%  
Electrostatic \_\_\_\_\_%

Any painting of the following:

Bridges  Yes  No Receipts \_\_\_\_\_  
Towers  Yes  No Receipts \_\_\_\_\_  
Tanks  Yes  No Receipts \_\_\_\_\_  
Pavement markings  Yes  No Receipts \_\_\_\_\_

List licenses held and jurisdiction: \_\_\_\_\_ ;  
\_\_\_\_\_

What is the maximum work at heights interior / exterior? \_\_\_\_\_/\_\_\_\_\_ feet or \_\_\_\_\_/\_\_\_\_\_ stories

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? \_\_\_\_\_

**Painting Contractor Supplemental Application (continued)**

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

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: \_\_\_\_\_

Waterproofing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receipts_____
Insulation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receipts_____
Soundproofing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receipts_____
Abrasive blasting (sand blasting)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receipts_____
Lead paint or abatement work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receipts_____
Other_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receipts_____

Any high pressure cleaning of building exteriors?  Yes  No

If yes, please describe \_\_\_\_\_

Any use of "hot processes" for paint removal?  Yes  No

If yes, please describe \_\_\_\_\_

Any chemicals used in paint removal or high-pressure cleaning?  Yes  No

If yes, please list the chemicals used \_\_\_\_\_

Any work near high voltage towers or utility lines?  Yes  No

If yes, please describe \_\_\_\_\_

How are waste materials and liquids disposed of by the insured? \_\_\_\_\_

Does the insured own, use or rent the following:

- Ladders Own or Rent Max height\_\_\_\_\_
- Scaffolds Own or Rent Max height\_\_\_\_\_
- Cherry picker or bucket truck Own or Rent Max height\_\_\_\_\_

Any retail sales?  Yes  No Receipts \$\_\_\_\_\_

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** \_\_\_\_\_