

**CONTRACTORS' SUPPLEMENTAL QUESTIONNAIRE**

**SECTION A**

Agency Name \_\_\_\_\_ Code No. \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fed. ID Number \_\_\_\_\_ Bureau ID Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Inspection Contact Name / Number \_\_\_\_\_

List Current Job Sites

1.	Exact Street Address	City	State	Zip
2.	Exact Street Address	City	State	Zip
3.	Exact Street Address	City	State	Zip

**SECTION B**

Does the applicant perform any of the following?

Roofing (repair or replacement)  Yes  No

Work above ground  Yes  No Maximum height \_\_\_\_\_

Work below ground  Yes  No Maximum depth \_\_\_\_\_

Removal of Lead or Asbestos  Yes  No

Demolition or Blasting  Yes  No **If yes, describe below:**

**SECTION C**

Does the applicant work in any other state?  Yes  No **If yes, see below:**

What States? \_\_\_\_\_

Are local workers hired while out of state?  Yes  No

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**SECTION D**

Employee & Payroll Information:

Do you require all employees to provide verification of employment eligibility?

Yes  No

Number of employees excluding family members? \_\_\_\_\_

Total number of employees? \_\_\_\_\_

Number of full time employees: \_\_\_\_\_

Number of part time employees: \_\_\_\_\_

Estimated Payroll: \$ \_\_\_\_\_

Are employees given  W-2's or  1099's

Is casual or day labor used?  Yes  No

What is the estimated annual cost for casual or day labor? \$ \_\_\_\_\_

Are subcontractors used?  Yes  No

Percentage of work subcontracted: \_\_\_\_\_ %

Estimated annual cost: \$ \_\_\_\_\_

Describe the work that is subcontracted:

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Are Certificates of Insurance required for all subcontractors?  Yes  No

**Copies of certificates will be required at time of audit**

**I HEREBY CERTIFY THAT ALL OF THE INFORMATION HEREIN IS ACCURATE AND COMPLETE AND SUBJECT TO THE FRAUD STATEMENTS FOUND ON PAGE THREE.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature of Agent

## FRAUD STATEMENTS

### PLEASE READ THE STATEMENT APPLICABLE TO YOUR STATE. IF YOUR STATE IS NOT LISTED, PLEASE READ THE STATEMENT APPLICABLE TO ALL OTHER STATES.

**All Other States:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT, IN, DC, LA, ME and VA, insurance benefits may also be denied).

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Applicable in UT:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.