



\*Please visit [www.allrisks.com/submit-a-risk](http://www.allrisks.com/submit-a-risk) or contact your current All Risks, Ltd. producer to submit applications.

### Paving Contractor Supplemental Questionnaire

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

Website: \_\_\_\_\_

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

\_\_\_\_\_

Residential: _____ %	Commercial: _____ %	Industrial: _____ %
New Construction: _____ %	Remodeling: _____ %	Service or repair: _____ %

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

\_\_\_\_\_

\_\_\_\_\_

**Operations:**

Driveway or Parking Lot Paving \_\_\_\_\_ %

Driveway or Parking Lot Construction \_\_\_\_\_ %

Street or Road Paving \_\_\_\_\_ %

Street or Road Construction \_\_\_\_\_ %

Excavation or Grading (not incl. above) \_\_\_\_\_ % (Complete Excavation/Grading Questionnaire)

Other operations: \_\_\_\_\_ %

**Breakdown of Street/Road Work:**

State or Federal \_\_\_\_\_ %

Municipal \_\_\_\_\_ %

Private/Development \_\_\_\_\_ %

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  
If yes, please attach a sample copy.
- Are subcontractors used?  Yes  No  
If yes, do you sign a contract with the subcontractors?  Yes  No  
If yes, please attach a sample copy.
- Subcontracted duties performed (two most recent jobs)  N/A

Job	Cost

5. How are subcontractors and their work supervised? \_\_\_\_\_

6. Is the insured securing Certificates of Insurance for both GL and WC?  Yes  No  
 Required limits of insurance from subcontractors: \_\_\_\_\_
7. Is the insured named as an additional insured and held harmless on the subcontractor's GL policy?  Yes  No
8. Does the insured work as a subcontractor?  Yes  No
9. Does the insured sign a written contract when working as a subcontractor?  Yes  No  
 If yes, please attach a copy.

**Miscellaneous Information:**

1. Any municipal work?  Yes  No  
 If yes, please describe: \_\_\_\_\_
2. Any construction, maintenance or repair of:
- |                    |  |                      |  |
|--------------------|--|----------------------|--|
| Airport runways    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Racetracks           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Railroad roadbeds  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bridges              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reservoirs or dams | <input type="checkbox"/> Yes <input type="checkbox"/> No | Garage parking decks | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Holding ponds      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sanitary landfills   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
3. Are separate payroll records maintained for multiple operations?  Yes  No
4. Does the insured haul asphalt in owned vehicles?  Yes  No  
 If yes, what is the distance between plant and job sites (maximum distance)?  Yes  No
5. What method of traffic and pedestrian control is utilized by the insured? \_\_\_\_\_
6. Any hauling for hire or for others?  Yes  No  
 If yes, please answer the following questions:
- Material hauled: \_\_\_\_\_
  - Frequency of hauling: \_\_\_\_\_
  - Radius of hauling: \_\_\_\_\_
  - Vehicles used: \_\_\_\_\_
7. Any underground storage tanks owned or operated by the insured?  Yes  No  
 If yes:
- Construction: \_\_\_\_\_
  - Age of tank(s): \_\_\_\_\_
  - Capacity: \_\_\_\_\_
  - Contents: \_\_\_\_\_
8. Does the insured own or operate:
- |                              |  |
|------------------------------|--|
| Stationary hot mixing plant: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Portable hot mixing plant:   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gravel pit or quarry:        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
9. Any snowplowing?  Yes  No  
 If yes, please complete Snowblowing 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.

Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_