



MCPHERSON & NEWLAND INSURANCE  
All Forms of Insurance

## Commercial Painting Questionnaire

Account Name: \_\_\_\_\_ Producer Name: \_\_\_\_\_

### Safety Questions:

1 Is there a formal written safety program?  Yes  No

2 Does risk have a New Hire Orientation Program with pre-hire physicals, drug screenings etc?  Yes  No

3 Does the risk do pre-hire and post accident drug testing?  Yes  No

4 Does the insured have a full-time Safety Director on staff (no additional job duties and not the owner)?  Yes  No

If yes, please provide the person's name: \_\_\_\_\_

5 Is there a formal accident investigation program?  Yes  No

6 Does this risk have a formalized safety incentive program?  Yes  No

If so give a description: \_\_\_\_\_

7 Does this risk have a Return To Work Program in place?  Formal  Informal  None

8 MVR's checks (Pre-hire & annually)  Yes  No  N/A

9 Health Benefits?  Yes  No

Employee Participation: \_\_\_\_\_% Employer's Contribution: \_\_\_\_\_%

10 Does the insured have more than 50 employees in a building that is 4 stories or greater?  Yes  No

11 Do the insured's employees travel internationally?  Yes  No

12 What percent of the insured's employees travel overnight? \_\_\_\_\_%

13 What is the percent turnover in the last 12 months? \_\_\_\_\_%

### Commercial Painting Questions:

1 Does the insured perform any of the following operations?  Yes  No

- Chimney sweeping
- Lead abatement
- Road/Highway work
- Aircraft painting
- Electrostatic painting

2 What percentage of work is new \_\_\_\_\_% remodel \_\_\_\_\_%

3 What percentage of work is commercial \_\_\_\_\_% residential \_\_\_\_\_% industrial \_\_\_\_\_%

4 What percentage of work is interior \_\_\_\_\_% exterior \_\_\_\_\_%

5 Does the insured perform scaffolding installation/removal?  Yes  No

6 Does the insured perform work where potential fall exposure to their employees is 25 ft or more (2 stories)?  Yes  No

7 Does the insured hire day laborers?

Yes  No

8 Does the insured have an active contractor's license?

Yes  No

9 Is the insured Union?

Yes  No

### Payroll and Premium History:

Policy Term	Annual Premium	Annual Payroll
Expiring Year		
1 <sup>st</sup> Prior		
2 <sup>nd</sup> Prior		
3 <sup>rd</sup> Prior		

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date