

Own/Operate/lease aircraft or watercraft? Yes No
Exposure to hazardous materials? Yes No
Any work underground or above 15 feet? Yes No
- If yes, explain _____

Barges, vessels, docks, bridges, over water? Yes No
Engaged in other business? Yes No
- If yes, explain _____

Are sub-contractors used? Yes No
- If yes, % of subs? _____

- If yes, work performed by subs? _____


Sublet work without COI? Yes No

Written safety program in operation? Yes No
- If yes, explain _____

Group transportation provided? Yes No
Employees under 16 or over 60? Yes No
Seasonal employees? Yes No
Volunteer or donated labor? Yes No
Employees with handicaps? Yes No
Travel out of state? Yes No
Are athletic teams sponsored? Yes No
Are pre-employment physicals required? Yes No
Other insurance with this insurer? Yes No
Prior w/c coverage declined/canceled/non-renewed? Yes No
Employee health plans provided? Yes No
Labor interchange with other business? Yes No
Lease employees to/from other employers? Yes No
Employees predominately work at home? Yes No
Any tax lien/bankruptcy in last 5 years? Yes No
Undisputed and unpaid w/c premium due? Yes No

Own or lease scaffolding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are bucket trucks used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maximum height work performed? _____		
Type of scaffold and ladder training _____		
Description of Training _____		
Safety Equipment _____		
Safety Equipment training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By whom _____		
Safety Equipment Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safety Equipment Inspected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How often are these items replaced? _____		
Inspections Documented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Scheduled/documentd maintenance program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How often? _____		
Employees under 18?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FAA or DOT drug testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Claims/Charges from current/past employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bid or do government work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operate or perform work for railroad?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are union workers or employees under collective bargaining agreements employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Contractor's License	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Licenses held _____		
Any operations in other states?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-If yes, explain _____		

Downloading and Sending Instructions:

1. Complete Proposal Request Form.
2. Download the Proposal Request Form - The download button is located at the top right hand of the screen 
3. Save the Proposal Request Form to your Desktop.
4. The Form can now be attached to an email and sent to jon@peoadvisors.us