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## Construction Questionnaire

**This form must be completed and signed by an owner/officer of the company.**

1. Company Name: \_\_\_\_\_ Date started: \_\_\_\_\_

2. Company Website: \_\_\_\_\_

Does the company perform work outside of Florida? Yes      No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

3. How many years of construction experience does the owner have prior to starting this company?

Number of years: \_\_\_\_\_

4. What other construction companies has the owner/officer worked for in the past?

\_\_\_\_\_

5. Does the company have a business checking account? Yes      No

6. Describe the typical type of work/job this company performs: \_\_\_\_\_

\_\_\_\_\_

7. What construction/business license(s) do the owners/officers currently hold?

\_\_\_\_\_

\_\_\_\_\_

8. Please list the total number of employees for the company below:

Full time employees: \_\_\_\_\_ Part time employees: \_\_\_\_\_

9. What is the average hourly wage the company pays its (hourly) workers? \$ \_\_\_\_\_

10. Does the company pay employees (full time, part time or seasonal/day laborers) partially or wholly in cash? Yes      No

11. How much payroll do you estimate the company will have in the next twelve months?

\$ \_\_\_\_\_

12. How many support staff employees does the company have who are in sales and/or clerical-only positions? \_\_\_\_\_

13. Does the company file or plan to file a Florida Employer's Quarterly Report (RT-6 unemployment tax return) on all employees? Yes      No

If no, please explain \_\_\_\_\_

\_\_\_\_\_

14. If the company uses subcontractors, does the company verify that all subcontractors have either a valid exemption or have a current workers' compensation policy for all employees?

Yes      No

15. How much do you estimate the company will have in subcontractor labor costs this year?

\$ \_\_\_\_\_ or N/A

16. Describe the type of work the company typically subcontracts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. How many stories above ground does your company perform work? \_\_\_\_\_

18. What is your maximum depth exposure, if applicable? \_\_\_\_\_

19. What is the longest distance you and the company's employees typically drive to jobsites?

Number of miles: \_\_\_\_\_

20. What percentage of the company's work could be classified as follows?

Residential Construction \_\_\_\_\_ Commercial Construction \_\_\_\_\_ (Total should = 100%)

21. What percentage of the company's work is in the following areas? (Total should = 100%)

Carpentry/Framing	
Concrete/Masonry	
Demolition	
Electrical	
General Contracting	
HVAC	
Interior trim	
Misc. Repair	
Painting	
Plumbing	
Roofing	
Site work	
Tile	
Wallboard/Drywall	
<b>TOTAL</b>	<b>100%</b>

I certify that the above information is accurate and complete to the best of my knowledge, and that I, as an officer of the company, am authorized to sign this document on behalf of the company. Under Florida law, it is a felony to knowingly make a false or misleading written statement, or to knowingly omit or conceal material information, for the purpose of obtaining workers' compensation coverage or for the purpose of reducing workers' compensation premiums.

\_\_\_\_\_  
 Print Officer's Name

\_\_\_\_\_  
 Officer's Signature

\_\_\_\_\_  
 Officer's Social Security #

\_\_\_\_\_  
 Officer's Date of Birth

\_\_\_\_\_  
 Officer Driver's License #  
 (COPY OF LICENSE IS REQUIRED)

\_\_\_\_\_  
 Driver's License State

**PLEASE COPY YOUR DRIVER'S LICENSE IN THE SPACE BELOW.**