



mesco
of New Jersey

ELEVATOR CONTRACTOR SUPPLEMENTAL QUESTIONNAIRE
(COMPLETE IN ADDITION TO CONTRACTORS QUESTIONNAIRE)

Applicant Name: _____

Mailing Address: _____

Agents Name: _____

Address: _____

1. Indicate the percentage of your work that is:

Passenger Elevators	%	New Installation	%
Freight Elevators	%	Maintenance	%
Garage Elevators		Repair	%
Escalators	%	Inspection	%
Window Washers	%	Modernization	%
Conveyors	%	Manufacturing	%
Dumbwaiters	%	Other: _____	%
Belt Lifts	%		
Other: _____	%		
TOTAL =	100%	TOTAL =	100%

2. Indicate the percentage breakdown of your jobs under contract:

Full Maintenance	%
Parts, oil and grease	%
Oil and grease	%
Inspection	%
Other: _____	%
TOTAL =	100%

4. Do you manufacture or assemble any products? Yes No

If yes, please submit a Product Liability Application.

5. Experience Training --

a. Average number of years of experience of your mechanics _____

b. Average number of years of experience of your helpers _____

c. Number of full-time employees on staff _____

d. Number of part-time employees on staff _____

e. Average length of employment for full-time employees _____

f. Percentage of employees who are: Union _____ Non-Union _____

g. Technical training program in place: Formal (classroom) _____ Informal (On The Job) _____ None _____

6. Policies and Procedures

a. Do you agree to hold dealers, distributors, suppliers or building owners harmless against claims or suits brought for injury or damage in connection with your operations? Yes No

b. Do you keep maintenance records indicating the date of service calls, the length of the calls and the work performed? Yes No

If yes, do you keep the records for ten (10) or more years? Yes No

Where are the records kept? _____

7. Upon seeing a potential problem at a job site that is the building owner's responsibility, do you immediately inform the building owner of the condition in writing? Yes No If yes, do you keep copies of the notices for ten (10) or more years? Yes No

Where are the records kept? _____

8. Do you have a written procedure for responding to a trouble call that involves a serious or dangerous condition by instructing the caller to shut down the elevator immediately? Yes No

9. Explain in detail your procedures for handling inspection citations (attach a separate sheet, if necessary): _____

10. Explain in detail the codes in force – A17 or others – within your jurisdiction? _____

11. Does your city or state have an inspection agency to enforce the A17 or similar code? Yes No

12. Explain in detail your employee fall-protection procedures: _____

13. Are all jobs inspected by a foreman upon completion but before leaving the job site? Yes No

If yes, please explain in detail: _____

14. Are you a member of the National Association of Elevator Contractors Association? Yes No

If yes, have you and/or your key employees achieved CET or CAT Certification? Yes No

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials ("this Application"), are true and complete and do not misrepresent, misstate or omit any material facts.

SIGNATURE OF APPLICANT TITLE DATE

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE.