

Contractor Executive Supervisor Questionnaire

Please print or type

1 Name and Job Duties of Individual(S) to be Classified Under Code 5606 - Contractor Executive Supervisor	
Full Name	Duties
Full Name	Duties
Full Name	Duties

2 Please Check the Box Below for the 5606 Person(S)	
Has direct charge of the site workers.	Exercises indirect supervision through full-time job supervisors or foreman of the employer.

3 Does the 5606 Person(S) Do Any of the Construction Work at Any Time?	
No	Yes (please provide details below)

4 Is the 5606 Person(S) Directly in Charge of Any Construction Work at Any Time?	
No	Yes (please provide details below)

Electronic Signature Agreement

By typing your name in the signature field below, you agree that it serves as your electronic signature and is legally equivalent to your handwritten signature. You also consent to the terms and conditions of this document.

Signature of Insured	
	Date
Name and Policy Number of Insured	
Name of Insured	Policy Number

If you have any questions, please call (385) 351-8000. Email completed questionnaire to uw@wcf.com.

For your protection, Utah law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in the state prison.