

# CONTRACTOR SUPPLEMENTAL APPLICATION

Legal Name of Applicant / DBA: \_\_\_\_\_ FEIN# \_\_\_\_\_

Website \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ #Years Company has been in business: \_\_\_\_\_

Are owners active in daily operations?  Yes  No If **YES**, are they excluded from Coverage?  Yes  No

Is the Applicant a: General Contractor  Prime  Sub-Contractor  Other

Does Applicant own any other businesses?  Yes  No If **YES**, please list the name & FEIN \_\_\_\_\_

## GENERAL INFORMATION

Description of Operations (**please provide a detailed description, 30 words minimum**): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many **years of experience in the field represented by the predominant class code** does the applicant have? \_\_\_\_\_

How many years of experience does the applicant have **MANAGING PEOPLE/EMPLOYEES?** \_\_\_\_\_

Please check all types of managerial experience in the trade in which the insured has engaged.

Yes  No Negotiating contracts with clients  Yes  No Bidding on jobs  Yes  No Job site supervision  
 Yes  No Supervising sub-contractors  Yes  No Hiring employees  Yes  No All of the above

How many years did they have WC Insurance prior to this application? \_\_\_\_\_

What is the source of **the Insured's Business Referrals?** (Please provide specific detail. Referrals may be from retail outlets (Home Depot / Lowes), General Contractor or other source). **Evidence of these relationships may be required to establish scope of business:** \_\_\_\_\_

\_\_\_\_\_

What is the Percentage of:

1. Residential _____%	Commercial _____%	Industrial _____%
2. Interior _____%	Exterior Work _____%	
3. New Construction _____%	Renovation/repairs _____%	Repair/Service _____%

Do you W2 or 1099 your employees? \_\_\_\_\_ Do you use any casual labor? \_\_\_\_\_

Number employees: \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_ Casual labor

Do you have a drug free workplace program that includes post-accident testing? \_\_\_\_\_

Have you ever had any work subject to USL&H or Jones Act? \_\_\_\_\_

Maximum height at which work is done? \_\_\_\_\_ Your percentage of work at this level: \_\_\_\_\_ %

What percentage of your work is performed at a height over 10 feet? \_\_\_\_\_ %

Any use of: Ladders  Scaffolding  Bucket/Scissor lifts

What is the maximum weight lifted? \_\_\_\_\_ How frequently is lifting this amount of weight required? \_\_\_\_\_

Any work on the following?  Excavation  Roofing  Framing  Bridge Work  
 Asbestos  Demolition  Storm or Debris Removal

Does the applicant require a Waiver of Subrogation? \_\_\_\_\_

Are any Sub-Contractors or 1099 labor used? \_\_\_\_\_ If **YES**, what is the % of work? \_\_\_\_\_ Are workers compensation certificates of insurance collected? \_\_\_\_\_ Do you attempt to use the same subs for all jobs? \_\_\_\_\_

What work do the Subs do? \_\_\_\_\_

What is the radius of operations?  <50 Miles  50-100 Miles  100-200 miles  >200 miles

Any out of state operations?  Yes  No List states/countries entered: \_\_\_\_\_

**SAFETY PROGRAMS**

Is there a Written Safety Program?  Yes  No      Safety meetings conducted on a regular basis?  Yes  No

If working on heights, have formal procedures been developed to prevent falls?  Yes  No

Is Personal Protective Equipment provided (PPE)?  Yes  No      If **YES** is its use mandatory?  Yes  No

What types of PPE is Provided?  Hard Hat       Hearing Protection       Safety Glasses       Gloves  
 Back Belts       Respiratory Protection       Protective Clothing       Fall Protection  
 Boots       Reflective Vests       Other \_\_\_\_\_

By signing this application, I affirm all the information is accurate and agree that any change to the above will be communicated to my agent or to the company immediately.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date