



**Contractor Supplementary Application**

Name of Applicant: \_\_\_\_\_

**Exposure Information:**

Description of Operation: \_\_\_\_\_

\_\_\_\_\_

Number of years in business under the above name and operation: \_\_\_\_\_

In what States do you operate: \_\_\_\_\_?

Did you have prior Workers' Compensation Coverage: \_\_\_\_\_ Yes \_\_\_\_\_ No.

Name of Current Insurance Carrier: \_\_\_\_\_

Does the applicant own any other business? \_\_\_\_\_ Yes \_\_\_\_\_ No.

What percentage of work performed is

	Residential	Commercial	Other
New Construction:	_____	_____	_____
Renovation:	_____	_____	_____
Total:	_____	_____	_____

How Many employees are listed under direct payroll (W2 filed)? \_\_\_\_\_

Full Time Employees: \_\_\_\_\_ Part Time Employees \_\_\_\_\_

Do you employ any casual or day Labor \_\_\_\_\_ Yes \_\_\_\_\_ No

What % of your work is subbed to other contractors? \_\_\_\_\_

**Attach a copy of certificate of insurance from subs in order to bind**

Indicate the anticipated percentage of work to be performed over the next 12 months under the following exposures:

Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed
Airport Work	_____	_____	Masonry	_____	_____
Blasting	_____	_____	Painting	_____	_____
Bridge Const.	_____	_____	Plastering	_____	_____
Carpentry	_____	_____	Plumbing	_____	_____
Concrete	_____	_____	Roofing	_____	_____
Demolition	_____	_____	Sign Installation	_____	_____
Drilling	_____	_____	Sewer	_____	_____
Drywall	_____	_____	Steel/Structure	_____	_____



Electrical	_____	_____	Steel/ Ornamental	_____	_____
Excavation	_____	_____	Street/Road	_____	_____
HVAC	_____	_____	Supervisor Only	_____	_____
Glazing	_____	_____	Tree Trimming	_____	_____
Grading	_____	_____	Water/Gas Main	_____	_____
Insulation	_____	_____	Describe Other	_____	_____
			Janitorial	_____	_____

**Safety Program:**

Does your safety program include the following?

Periodical Safety Meetings, (Documented) \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Written Safety Inspection Program \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Formal Lifting Protection Plan \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Formal Fall Protection Plan \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Pre-Hire Drug Testing \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Post Accident Drug Testing \_\_\_\_\_ Yes \_\_\_\_\_ No

If no to the above, is applicant willing to implement safeguards into a Safety Program. \_\_\_\_\_ Yes \_\_\_\_\_ No

**Height**

Is any work performed over 15 feet? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what % of your work is above 15 feet? \_\_\_\_\_

How is work performed at increased heights (ladders, scaffolding, Man Lifts, etc)?  
 \_\_\_\_\_

**Depth**

Is any work performed over 6 feet below ground? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what % of your work is 6 feet below ground? \_\_\_\_\_

Does the applicant have any operations with a USL&H or Jones Act exposure?

**Vehicle Exposures:**

Are employees allowed to operate applicant's vehicles(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, are MVR's reviewed on a regular basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

What are the maximum allowable moving violations and /or accidents? \_\_\_\_\_

What is your radius of operation?

Signature of Applicant

\_\_\_\_\_

Title of above \_\_\_\_\_

Date: \_\_\_\_\_