ISC

Contractor Supplementary Application

Name of Applicant: _____

Exposure Information:

Description of Operation: _____

_____

Contractor's License Number:
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)?

_____
 Max Height?

Depth

Is any work performed over 6 feet below ground?   _____Yes _____No
If yes, what % of your work is 6 feet below ground?   _____
 Max Depth?
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: _____