



Contractor Supplementary Application

Name of Applicant: _____

FEIN/SSN: _____

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 | _____ | _____ |



ISC

| | | | | | |
|------------|-------|-------|-------------------|-------|-------|
| 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: _____