



CONTRACTOR SUPPLEMENTAL APPLICATION

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

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**? _____

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 _____% Repair/Service _____%

Maximum height at which work is done? _____ 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

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? _____

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