



# 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