



Contractor's Supplemental

Company Name: _____

Physical Address: _____

Telephone Number: _____ Website: _____

Principle(s)/Owner(s) Name(s): _____

Years in Business: _____ FEIN: _____ # of Full Time Employees: _____

Avg Tenure of F/T Employees: _____ Do you ever hire P/T or Seasonal Employees? ___ No ___ Yes

Total Annual Payroll: \$ _____ % Payroll Paid to P/T or Seasonal Employees: _____ %

States of Operation: _____

State Licenses & Dates of Issue:	Name of License	License #	State	Date of Issue

Detailed description of Employee duties/Operations:

What is the % of work that you sub out (1099)? _____ %

Does insured keep certificates of insurance as evidence for all sub-contractors used? ___ No ___ Yes

Do you Offer Health or Medical Benefits to **All** of Your Full Time Employees? ___ No ___ Yes

Do you Offer a 401K or Form of Profit Sharing to your Full Time Employees? ___ No ___ Yes

Do you provide Transportation to and from Jobsites for your Employees? ___ No ___ Yes

If yes, how many employees per vehicle: _____

Do you have a Formal Safety Program? (If yes, please provide a copy) ___ No ___ Yes

Do you ever Perform Work below a Depth of 2 feet? ___ No ___ Yes

If yes, please provide a detailed description, including equipment used, and the maximum depth exposure in feet:

Do you ever Perform Work above a Height of 6 feet? ___ No ___ Yes

If yes, please provide a detailed description, including equipment used, and the maximum height exposure in feet:

Is there any exposure to roofing or do employees ever get on rooftops as part of their job? ___ No ___ Yes

If yes, please explain % and nature: _____

How many consecutive nights per year do employees travel and stay overnight? _____

What other states do employees travel to and how often? _____

Has insured ever had an OSHA violation? ___ No ___ Yes

If yes, please give details and dates: _____

Have you ever had Insurance Coverage Cancelled for Non-Payment of Premium? ___ No ___ Yes

If yes, have all bills been taken care of, to date? ___ No ___ Yes

Does this risk generally stay within a local radius of travel (50 miles or less)? ___ No ___ Yes

If no, please explain in detail & give max radius: _____

Do you check MVRs on all drivers? ___ No ___ Yes How many times per year? _____

Do you Require Pre-Employment Drug Tests? ___ No ___ Yes Do you Require Random Tests? ___ No ___ Yes

Do you act as a General Contractor in any capacity? ___ No ___ Yes Are you a licensed GC? ___ No ___ Yes

Please provide a list of all Motor Vehicles Owned by this Company:

Please provide a list of all Mechanical/Electrical/Motorized Equipment Owned by this Company and used in work:

Do you Rent or Lease Equipment to Perform any of your Work? _____ No ___ Yes

Please provide a description of all Equipment Rented or Leased by this Company:

Does this operation involve any of the following: **Check all applicable exposures and explain below.**

- NO ___ YES ___ USL&H (navigable waterway or vessel) exposure
- NO ___ YES ___ Bucket trucks, Boom trucks, Scissor lifts
- NO ___ YES ___ Tree work (trimming/pruning)
- NO ___ YES ___ Hazardous chemical exposure
- NO ___ YES ___ Exterior window washing
- NO ___ YES ___ Manual lifting over 50 pounds
- NO ___ YES ___ Asbestos or mold exposure, or Chinese drywall
- NO ___ YES ___ High voltage work
- NO ___ YES ___ Clearing of right-of ways
- NO ___ YES ___ Overnight stay

Please explain all checked responses here:

- NO ___ YES ___ Pile driving
- NO ___ YES ___ Boiler work
- NO ___ YES ___ Gas main or pipe exposure
- NO ___ YES ___ Stone/marble cutting, crushing, or grinding
- NO ___ YES ___ Use of scaffolding (*if yes, fully explain % of use and height*)
- NO ___ YES ___ Extension ladders (*if yes, fully explain % of use and height*)
- NO ___ YES ___ Roadway or Roadside work of any kind
- NO ___ YES ___ Bridge or culvert work
- NO ___ YES ___ Demolition, wrecking or blasting
- NO ___ YES ___ Any employee not wearing personal protective wear
- NO ___ YES ___ Elevator repair, removal or installation

Please explain all checked responses here:

FOR ANY COMPANY IN BUSINESS LESS THAN 24 MONTHS, PLEASE PROVIDE RESUMES FOR ALL OWNERS, PARTNERS OR PRINCIPLES AND COPIES OF THEIR DRIVERS LICENSE

To the best of my knowledge all the information I have given about my business is true and correct. If information is found to be different as the result of my knowingly attempting to defraud the insurance company, or information is concealed for the purpose of misleading, or another person files an application for insurance containing materially false information the insurance company may send direct notice of cancellation.

Print Name of Applicant

Signature

Date