

Contractors Supplemental Application

Applicant Name: _____

Company _____

Website: _____

Proposed Eff. Date: _____

FEIN/SSN: _____

Detailed Description of Operation (Typical Services Offered, Typical Clients)

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Historic Payroll and Premium

Year	Governing Class Code	Total Payroll	Total Premium

Hiring Practices (i.e., conducted at hire, prior to hire, or immediately following hire)

Answer	Question
[] All [] Some [] None	Do employees have documented (formal and written) job descriptions?
[] All [] Some [] None	Do applicants submit a written application?
[] All [] Some [] None	Are applicants screened by performing reference checks?
[] All [] Some [] None	Does company review Drivers' MVR's?
[] All [] Some [] None	Are applicants subject to a pre-hire drug test and pre-hire physicals?
[] All [] Some [] None	Are personnel files documented for pre-existing injuries?
[] Yes [] % [] No	Does company provide Medical Insurance to employees? If yes, please indicate percentage enrolled
[] Yes [] % [] No	Does the company hire Union employees? If yes, please indicate percentage

Safety Practices and Loss Control

Answer	Question
[] All [] Some [] None	Is there a formal return to work program?
[] All [] Some [] None	Do employees receive a written safety manual?
[] All [] Some [] None	Do you have a formal and written injury & illness prevention program (IIPP)?
[] All [] Some [] None	Do employees receive quarterly (or more frequently) safety training, which is then documented in writing?
[] All [] Some [] None	Are employees subject to random and post-accident drug tests?
[] All [] Some [] None	After terminating an employees are personnel files documented with employee signed notes regarding any potential injuries incurred during their work for you?
[] All [] Some [] None	Is the ownership active in the day-to-day operations of the company?
[] All [] Some [] None	Full time risk / safety manager employed whose job is 50%+ safety related?
[] All [] Some [] None	Formal accident investigation procedures?
[] All [] Some [] None	Formal claims reporting procedures?
[] All [] Some [] None	Does company provide group transportation of more than four (4) employees

For all answers above answered with a "SOME" or "NONE" please provide a narrative description below.

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Please complete all pages. The **APPLICANT** must sign the last page. By signing the last page the applicant is attesting that the information provided on EACH page is complete and accurate information as of the date signed. By signing the last page, the applicant agrees to notify us immediately to any change in their operations that would result in a change to any of the answers provided on this entire application.

Contractors & Construction Section

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Height Exposures (Exterior of Structures)

Level	% of Ops.	Accessed Via	
8+ Feet Below Grade		N/A	
0-8 Feet Below Grade		N/A	
At Grade Level		N/A	
0-12 Feet Above Grade		[] Ladder [] Scaffold [] Other	
12-24 Feet Above Grade		[] Ladder [] Scaffold [] Other	
24-40 Feet Above Grade		[] Ladder [] Scaffold [] Other	
40+ Feet Above Grade		[] Ladder [] Scaffold [] Other	

Description of Fall Protection Devices

Subcontract / Independent Contractor Exposures

Yes	No	Question	Describe What You Subcontract
		Do you subcontract any work? If so, what % _____	
		Do you keep certificates of Workers Comp. Ins. for subs?	
		Is the entire payroll for <u>uninsured</u> subcontractors included in your payroll estimate?	

Please note that any payments you make to subcontractors who cannot evidence their own currently-valid workers compensation coverage are subject to inclusion in your audit premium. Premium auditors will request to see all subcontractor certificates.

Heavy Equipment Exposures (Please Describe Any Heavy Equipment Used)

Signature

By signing this application the applicant is acknowledging that the information provided on EACH page is complete and accurate information as of the date signed. By signing the last page, the applicant agrees to notify us immediately to any change in their operations that would result in a change to any of the answers provided on this entire application. All information provided is subject to verification. The application or policy may be cancelled for misrepresentation if the information provided is not accurate.

Signature of Applicant	Date
Signature of Producer	Date