

Contractors Supplemental Application

Applicant Name: _____

Company _____

Website: _____

Proposed Eff. Date: _____

FEIN/SSN: _____

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

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

Safety Practices and Loss Control

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

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

Client Type (by %) [Total to 100%]	
Single Family Homes	
Apt/Condo/Multi-Unit	
Warehouse Facility	
Other Commercial Facility	
Manufacturing Facility	
Other Industrial Facility	
Unimproved Land	

Job Loc. (by %) [Total to 100%]	
Interior	
Exterior (not on roof)	
Exterior (on roof)	

Check All Applicable Job Types		
Yes	No	Type
<input type="checkbox"/>	<input type="checkbox"/>	Blasting
<input type="checkbox"/>	<input type="checkbox"/>	Crane Op / Crane Rental
<input type="checkbox"/>	<input type="checkbox"/>	Damage Restoration
<input type="checkbox"/>	<input type="checkbox"/>	Highway / Road Work
<input type="checkbox"/>	<input type="checkbox"/>	Remediation/Pollution
<input type="checkbox"/>	<input type="checkbox"/>	Piers / Docks / Seawalls
<input type="checkbox"/>	<input type="checkbox"/>	Prevailing Wage / Union
<input type="checkbox"/>	<input type="checkbox"/>	Scaffolding Setup
<input type="checkbox"/>	<input type="checkbox"/>	Solar Install/Maint.
<input type="checkbox"/>	<input type="checkbox"/>	Structural Framing
<input type="checkbox"/>	<input type="checkbox"/>	Utility / Light Poles

Largest 5 Jobs – Last 12 Months	
Brief Details (i.e., Who / What Jobs)	
1.	
2.	
3.	
4.	
5.	

Job Type (by %) [Total to 100%]	
New Construction	
Demolition/Tear Out	
Repair/Remodel (No Demo)	

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		<input type="checkbox"/> Ladder <input type="checkbox"/> Scaffold <input type="checkbox"/> Other
12-24 Feet Above Grade		<input type="checkbox"/> Ladder <input type="checkbox"/> Scaffold <input type="checkbox"/> Other
24-40 Feet Above Grade		<input type="checkbox"/> Ladder <input type="checkbox"/> Scaffold <input type="checkbox"/> Other
40+ Feet Above Grade		<input type="checkbox"/> Ladder <input type="checkbox"/> Scaffold <input type="checkbox"/> Other

Description of Fall Protection Devices

Subcontract / Independent Contractor Exposures

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

Describe What You Subcontract

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)

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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