

CONTRACTORS SUPPLEMENTAL



COMPANY NAME		CONTRACTOR'S LICENSE NUMBER			WEBSITE URL (IF APPLICABLE)		
TOTAL PAYROLL \$		TOTAL RECEIPTS \$		FULL-TIME EMPLOYEES (TOTAL COUNT)		PART-TIME EMPLOYEES (TOTAL COUNT)	
PERCENTAGE OF WORK	NEW CONSTRUCTION	REMODELING	REHABILITATION	NOTE: TOTAL FROM 3 PREVIOUS FIELDS SHOULD EQUAL 100%	RESIDENTIAL	COMMERCIAL	INDUSTRIAL
	%	%	%		%	%	%
	INSTITUTIONAL	OTHER	NOTE: TOTAL FROM 5 PREVIOUS FIELDS SHOULD EQUAL 100%	EXPLAIN OTHER			
	%	%	%				
WORK PERFORMED BY EMPLOYEES? (CHECK ALL THAT APPLY)	<input type="checkbox"/> GENERAL CONTRACTING	<input type="checkbox"/> CONCRETE	<input type="checkbox"/> EXCAVATION	<input type="checkbox"/> FRAMING/CARPENTRY	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> GLASS/GLAZIER	<input type="checkbox"/> PLASTERING/DRYWALL
	<input type="checkbox"/> FLOORING	<input type="checkbox"/> ROOFING	<input type="checkbox"/> WINDOW/DOOR INSTALL	<input type="checkbox"/> PAINTING	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> MASONRY	<input type="checkbox"/> HVAC
	<input type="checkbox"/> LANDSCAPING	<input type="checkbox"/> SHEET METAL/GUTTERS	<input type="checkbox"/> TILE INSTALL	<input type="checkbox"/> OTHER			

EXPLAIN OTHER WORK PERFORMED BY EMPLOYEES

ANY EXPOSURE TO THE FOLLOWING: (CHECK ALL THAT APPLY)

HIGHWAYS/BRIDGES
 NAVIGABLE WATERWAYS
 AIRCRAFT
 WATERCRAFT
 LEAD PAINT OR ASBESTOS REMOVAL/ABATEMENT

ANY WORK ABOVE GROUND?	<input type="checkbox"/> YES <input type="checkbox"/> NO	MAXIMUM HEIGHT? _____ FEET STORIES	PLEASE DESCRIBE FALL PROTECTION CONTROLS
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ANY WORK BELOW GROUND?	<input type="checkbox"/> YES <input type="checkbox"/> NO	MAXIMUM DEPTH? _____ FEET	PLEASE DESCRIBE TRENCH SAFETY CONTROLS
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ANY DEMOLITION OR BLASTING WORK?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE DESCRIBE THE DEMOLITION OR BLASTING WORK
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RADIUS OF OPERATIONS	DO MORE THAN 4 EMPLOYEES TRAVEL TOGETHER IN THE SAME VEHICLE?	ANY WORK OUTSIDE OF YOUR HOME STATE?	IF YES, WHICH STATES?
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

PERCENTAGE OF WORK SUBCONTRACTED TO OTHERS?	CHECK ALL JOBS PERFORMED BY SUBCONTRACTORS	<input type="checkbox"/> JANITORIAL	<input type="checkbox"/> CONCRETE	<input type="checkbox"/> EXCAVATION	<input type="checkbox"/> FRAMING/CARPENTRY	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> GLASS/GLAZIER
%		<input type="checkbox"/> PLASTERING/DRYWALL	<input type="checkbox"/> FLOORING	<input type="checkbox"/> ROOFING	<input type="checkbox"/> WINDOW/DOOR INSTALL	<input type="checkbox"/> PAINTING	<input type="checkbox"/> PLUMBING
		<input type="checkbox"/> MASONRY	<input type="checkbox"/> HVAC	<input type="checkbox"/> LANDSCAPING	<input type="checkbox"/> SHEET METAL/GUTTERS	<input type="checkbox"/> TILE INSTALL	<input type="checkbox"/> OTHER

UNINSURED SUBCONTRACTORS?	IF YES, ANTICIPATED COST OF UNINSURED SUBCONTRACTORS LABOR? \$	CASH LABOR?	1099 LABOR?	IF YES, ANTICIPATED COST OF CASH LABOR? \$
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

DO YOU USE WRITTEN SUBCONTRACTOR AGREEMENTS CONTAINING HOLD HARMLESS/INDEMNITY AGREEMENTS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DOES THAT AGREEMENT REQUIRE THE SUBCONTRACTOR TO CARRY WORKERS COMPENSATION INSURANCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU OBTAIN CERTIFICATES OF INSURANCE FROM ALL SUBCONTRACTORS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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PLEASE DESCRIBE LAST 5 PROJECTS

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

IT IS A CRIME TO KNOWINGLY AND INTENTIONALLY ATTEMPT TO DEFRAUD AN INSURANCE COMPANY BY PROVIDING FALSE OR MISLEADING INFORMATION OR CONCEALING MATERIAL INFORMATION DURING THE APPLICATION PROCESS OR WHEN FILING A CLAIM. SUCH CONDUCT COULD RESULT IN THE POLICY BEING VOIDED AND SUBJECT TO YOU CRIMINAL AND CIVIL PENALTIES.

INSURED SIGNATURE _____ DATE _____

AGENT SIGNATURE _____ DATE _____