

# CONTRACTORS SUPPLEMENTAL (VER. 080514)

COMPANY NAME				WEBSITE URL (IF APPLICABLE)			
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TOTAL PAYROLL \$	TOTAL RECEIPTS \$	FULL-TIME EMPLOYEES (TOTAL COUNT)	PART-TIME EMPLOYEES (TOTAL COUNT)
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<b>PERCENTAGE OF WORK</b>	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			

<b>WORK PERFORMED BY EMPLOYEES?</b> (CHECK ALL THAT APPLY)	<input type="radio"/> GENERAL CONTRACTING	<input type="radio"/> CONCRETE	<input type="radio"/> EXCAVATION	<input type="radio"/> FRAMING/CARPENTRY	<input type="radio"/> ELECTRICAL	<input type="radio"/> GLASS/GLAZIER	<input type="radio"/> PLASTERING/DRYWALL
	<input type="radio"/> FLOORING	<input type="radio"/> ROOFING	<input type="radio"/> WINDOW/DOOR INSTALL	<input type="radio"/> PAINTING	<input type="radio"/> PLUMBING	<input type="radio"/> MASONRY	<input type="radio"/> HVAC
	<input type="radio"/> LANDSCAPING	<input type="radio"/> SHEET METAL/GUTTERS	<input type="radio"/> TILE INSTALL	<input type="radio"/> OTHER			

EXPLAIN OTHER WORK PERFORMED BY EMPLOYEES

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

<input type="radio"/> HIGHWAYS/BRIDGES	<input type="radio"/> NAVIGABLE WATERWAYS	<input type="radio"/> AIRCRAFT	<input type="radio"/> WATERCRAFT	<input type="radio"/> LEAD PAINT OR ASBESTOS REMOVAL/ABATEMENT
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<b>ANY WORK ABOVE GROUND?</b> <input type="radio"/> YES <input type="radio"/> NO	<b>MAXIMUM HEIGHT?</b> _____ FEET STORIES	PLEASE DESCRIBE FALL PROTECTION CONTROLS
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<b>ANY WORK BELOW GROUND?</b> <input type="radio"/> YES <input type="radio"/> NO	<b>MAXIMUM DEPTH?</b> _____ FEET	PLEASE DESCRIBE TRENCH SAFETY CONTROLS
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<b>ANY DEMOLITION OR BLASTING WORK?</b> <input type="radio"/> YES <input type="radio"/> NO	IF YES, PLEASE DESCRIBE THE DEMOLITION OR BLASTING WORK
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RADIUS OF OPERATIONS 	<b>DO MORE THAN 4 EMPLOYEES TRAVEL TOGETHER IN THE SAME VEHICLE?</b> <input type="radio"/> YES <input type="radio"/> NO	<b>ANY WORK OUTSIDE OF YOUR HOME STATE?</b> <input type="radio"/> YES <input type="radio"/> NO	IF YES, WHICH STATES?
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<b>PERCENTAGE OF WORK SUBCONTRACTED TO OTHERS?</b> %	<b>CHECK ALL JOBS PERFORMED BY SUBCONTRACTORS</b>	<input type="radio"/> JANITORIAL	<input type="radio"/> CONCRETE	<input type="radio"/> EXCAVATION	<input type="radio"/> FRAMING/CARPENTRY	<input type="radio"/> ELECTRICAL	<input type="radio"/> GLASS/GLAZIER
		<input type="radio"/> PLASTERING/DRYWALL	<input type="radio"/> FLOORING	<input type="radio"/> ROOFING	<input type="radio"/> WINDOW/DOOR INSTALL	<input type="radio"/> PAINTING	<input type="radio"/> PLUMBING
		<input type="radio"/> MASONRY	<input type="radio"/> HVAC	<input type="radio"/> LANDSCAPING	<input type="radio"/> SHEET METAL/GUTTERS	<input type="radio"/> TILE INSTALL	<input type="radio"/> OTHER

<b>UNINSURED SUBCONTRACTORS?</b> <input type="radio"/> YES <input type="radio"/> NO	<b>IF YES, ANTICIPATED COST OF UNINSURED SUBCONTRACTORS LABOR?</b> \$	<b>CASH/1099 LABOR?</b> <input type="radio"/> YES <input type="radio"/> NO	<b>IF YES, ANTICIPATED COST OF CASH LABOR?</b> \$
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<b>DO YOU USE WRITTEN SUBCONTRACTOR AGREEMENTS CONTAINING HOLD HARMLESS/INDEMNITY AGREEMENTS?</b> <input type="radio"/> YES <input type="radio"/> NO	<b>DOES THAT AGREEMENT REQUIRE THE SUBCONTRACTOR TO CARRY WORKERS COMPENSATION INSURANCE?</b> <input type="radio"/> YES <input type="radio"/> NO	<b>DO YOU OBTAIN CERTIFICATES OF INSURANCE FROM ALL SUBCONTRACTORS?</b> <input type="radio"/> YES <input type="radio"/> 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 \_\_\_\_\_