

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"/> FLOORING <input type="checkbox"/> LANDSCAPING	<input type="checkbox"/> CONCRETE <input type="checkbox"/> ROOFING <input type="checkbox"/> SHEET METAL/GUTTERS	<input type="checkbox"/> EXCAVATION <input type="checkbox"/> WINDOW/DOOR INSTALL <input type="checkbox"/> TILE INSTALL	<input type="checkbox"/> FRAMING/CARPENTRY <input type="checkbox"/> PAINTING <input type="checkbox"/> OTHER	<input type="checkbox"/> ELECTRICAL <input type="checkbox"/> PLUMBING	<input type="checkbox"/> GLASS/GLAZIER <input type="checkbox"/> MASONRY	<input type="checkbox"/> PLASTERING/DRYWALL <input type="checkbox"/> HVAC

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? <input type="checkbox"/> YES <input type="checkbox"/> NO	ANY WORK OUTSIDE OF YOUR HOME STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHICH STATES?
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PERCENTAGE OF WORK SUBCONTRACTED TO OTHERS? %	CHECK ALL JOBS PERFORMED BY SUBCONTRACTORS	<input type="checkbox"/> JANITORIAL <input type="checkbox"/> PLASTERING/DRYWALL <input type="checkbox"/> MASONRY	<input type="checkbox"/> CONCRETE <input type="checkbox"/> FLOORING <input type="checkbox"/> HVAC	<input type="checkbox"/> EXCAVATION <input type="checkbox"/> ROOFING <input type="checkbox"/> LANDSCAPING	<input type="checkbox"/> FRAMING/CARPENTRY <input type="checkbox"/> WINDOW/DOOR INSTALL <input type="checkbox"/> SHEET METAL/GUTTERS	<input type="checkbox"/> ELECTRICAL <input type="checkbox"/> PAINTING <input type="checkbox"/> TILE INSTALL	<input type="checkbox"/> GLASS/GLAZIER <input type="checkbox"/> PLUMBING <input type="checkbox"/> OTHER
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UNINSURED SUBCONTRACTORS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ANTICIPATED COST OF UNINSURED SUBCONTRACTORS LABOR? \$	CASH LABOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	1099 LABOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ANTICIPATED COST OF CASH LABOR? \$
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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 _____