



Contractors Supplemental App

Insured: _____ Eff Date: _____ FEIN No.: _____

Contact Name: _____ Contact Title: _____

Telephone: _____ Fax: _____

Insured History

Years in business: _____ **if less than 5**; number of years in trade: _____ No. of locations: _____

Description of Operations: _____

Out of state exposure: Yes No **If yes**; name of states: _____ Foreign Travel: Yes No

Present number of employees: _____ Full-time employees _____ Part-time _____ Seasonal _____ Volunteers

Percent of employee turnover in the last 12 months: _____ Full-time _____ Part-time

Employee staffing expectation over the next 12 months: _____ Full-time _____ Part-time

Average hourly wage: \$ _____ Full-time \$ _____ Part-time \$ _____ Any Piece work compensation

Benefits provided - are ALL employees eligible? Yes No **if no**; who is eligible: _____

% paid by employer % of participation

Group Health	Yes	No	_____	_____
Paid sick leave	Yes	No	_____	_____
Vacation	Yes	No	_____	_____
Retirement / Pension Plan	Yes	No	_____	_____

Name of Healthcare provider: _____

Provide name of clinic, physician, or emergency room used for work place related injury: _____

Full-time nurse maintained on staff: Yes No

CPR training provided: Yes No

Indicate the safety activities currently established and practiced regularly:

Is Owner active in daily operations: Yes No **If yes**; duties performed: _____

Safety program / IIPP in use compliant with SB 198? Yes No

Return to light duty plan: Yes No Includes full wages? Yes No

Return to Full-time modified work plan: Yes No

Designated Full-time safety director: Yes No Name: _____

Safety meetings held for all employees: Yes No Frequency of meetings: _____

Safety training held for all employees: Yes No Incentive program for employees: Yes No

Slip and Fall Prevention Program in place: Yes No

Hazardous Materials Communication program in place: Yes No

Personal Protective safety equipment provided for all employees Yes No **if yes**; what type: _____

Supervisors are held accountable for injuries / accidents Yes No

Accident investigation program in place Yes No

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Hiring Practices

Employment application	Yes	No	Drug/substance abuse	Yes	No
Reference checks	Yes	No	Audiometric testing	Yes	No
Motor Vehicle Record check	Yes	No	Pre/Post employment physical	Yes	No
Volunteer labor used	Yes	No	Pathogenic test (i.e. lead)	Yes	No
Temporary labor used	Yes	No	Orthopedic back test	Yes	No

Operations

Hours of operation: _____ to _____ No. of daily shifts: _____ No. of days per week: _____
 Operation includes delivery: Yes No No. of authorized drivers: _____ No. of vehicles: _____
 Frequency of delivery: Daily Weekly Other, explain: _____
 Delivery radius: <50 miles 51-100 miles 101-250 miles >250 miles
 Frequency of MVR checks: _____ Participate in CHP Pull Program: Yes No
 Driver acceptability standards have been established: Yes No
 Vehicle inspection / maintenance program: Yes No Frequency: _____
 Vehicle maintenance is performed by employees: Yes No
 Employees take vehicles home at night: Yes No

Contractors

Contractors License Number: _____
 Percentage of new construction: _____% Residential _____% Commercial _____% Industrial
 Percentage of remodeling: _____% Residential _____% Commercial _____% Industrial
 Percentage of repair work: _____% Residential _____% Commercial _____% Industrial
 Percentage of work subcontracted: _____%
 Any work performed above 2 stories: Yes No **If yes**, explain: _____
 Any Roof Exposure: Yes No **If yes**, explain: _____
 Details of Interior and/or Exterior work performed: _____
 Any use of Cranes: Yes No **If yes**, explain: _____
 Any use of Scaffolds: Yes No **If yes**, are the ee's certified? _____
 Any Excavation exposure: Yes No **If yes**, explain depth: _____
 Are deliveries made: Yes No Frequency: Daily Weekly Other: _____
 Delivery radius: Under 50 miles 50-100 miles Over 100 miles
 Vehicles owned: Yes No **If yes**, take home: Yes No
 Vehicle maintenance program: Yes No
 MVR "Pull" program: Yes No **If yes**, how often: _____
 Any changes in operations in the last 5 years: Yes No **If yes**, describe: _____

 Condition of equipment: Excellent Good Poor
 Any job site security provided: Yes No **If yes**, describe: _____

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Payroll and Premium History

Payroll Current Year: _____
 1st Prior Yr. _____
 2nd Prior Yr. _____
 3rd Prior Yr. _____

Premium Current Year: _____
 1st Prior Yr. _____
 2nd Prior Yr. _____
 3rd Prior Yr. _____

State	Class Code	Description	Payroll	# of employees	Governing wage

Catastrophe Exposure

Does insured work within 2 miles of the following building or facilities:

- | | | |
|---|-----|----|
| Government or Military base | Yes | No |
| Financial Institutions including national/regional stock exchange | Yes | No |
| Sport Stadiums/Arenas and Theme Parks | Yes | No |
| Major Bridges, Tunnels or Dams | Yes | No |
| Utilities or Power Generation Plants | Yes | No |
| Transportation Hubs, Railroads, Airports or Shipping | Yes | No |
| Historic/Symbolic buildings, monuments or parks | Yes | No |

Signature

Signature: _____ Title: _____ Date: _____