

If subcontractor exposure is present, are Certificates of Insurance maintained for the Workers Comp coverage?

_____Yes _____No
(if no, exposure not indicated will be picked up at audit by the carrier)

Does applicant have a formal safety program incorporated in operations?

_____ Yes _____No

- a. Does program include the incorporation of the following:

Periodical Safety Meeting(s), documented?	YES	NO
Written Safety Inspection Program?	YES	NO
Formal Lift Protection Plan?	YES	NO
Formal Fall Protection Plan?	YES	NO
Pre Hire Drug Testing?	YES	NO
Post Accident Drug Testing	YES	NO
Second Injury Questionnaire Completed?	YES	NO

- b. If No to the above, is applicant willing to implement safeguards into program?
_____Yes _____No

Is any work performed over 15' or 2 stories in height? _____Yes _____No
(if yes, please explain – include percentage of work at or above height.)

- a. How is work performed at increased height levels? (ladder, scaffolding, etc.)

Does applicant perform any type of roofing operation? _____Yes _____No
(if yes, please explain – include total percent of operations)

Does applicant perform any work outside of state shown as address on Page 1? _____Yes _____No
(if yes, list all states traveled) _____

Does the insured have employment exposure subject to USL&H or Jones Act? _____Yes _____No
(if yes, please explain) _____

Are employees allowed to operate applicant's vehicle(s) / equipment? _____Yes _____No

- a. If yes, are MVRs reviewed on a regular basis? _____Yes _____No

- b. What are the maximum allowable violations for moving and or major incidents?

Is any interior framing work performed? _____Yes _____No

The purpose of the Contractors Supplemental Application is to assist in the underwriting process. Information contained herein is specifically relied upon in the determination of insurability. The undersigned, therefore warrants that the information contained herein (consisting of two pages) is true and accurate to the best of his knowledge, information and belief. The supplemental application and the application to which it is appended, shall be the basis of any insurance policy that may be issued and will become part of such policy. A signature is required on completed form at the time of binding and will be subject to verification as determined by Loss Control Survey required by Carrier. Any information not provided and / or proved to vary from the above will be subject to review for possible cancellation.

Signature of Applicant*

*must be completed by an owner, officer or authorized representative

Name & Title of Above _____

Date _____

