

Construction Supplemental Application Workers' Compensation

Applicant: _____ Years in Business Under Current Name: _____

Description of Operations: _____

Do you have any other operations active or inactive? Yes No

If "Yes", please explain: _____

Contractor's License Number: _____ States where business is conducted: _____

List all other business name and licenses (active or inactive) the applicant has used in the past 10 years:

What were the operations: _____

Does the applicant currently own/operate any other business? Yes No

If "Yes", provide name and % of ownership _____

What were the operations? _____

% of current operations: General Contractor: _____ % Subcontractor: _____ % Construction Mgr: _____ %

Do you use subcontractors: Yes No If "Yes", complete the following:

% of subcontracted work: _____ %

Annual subcontracting cost (including all of subs' labor and materials): \$ _____

Do you collect certificates from all subcontractors: Yes No

What limit is required from these subcontractors? \$ _____

Estimated Exposures for the Next 12 months:

Payroll: \$ _____ Sub-Contract Costs: \$ _____ Gross Receipts: \$ _____

Current Policy Year Estimates:

Payroll: \$ _____ Sub-Contract Costs: \$ _____ Gross Receipts: \$ _____

Prior Years; Audit History:

1 st Year: \$ _____	1 st Year: \$ _____	1 st Year: \$ _____
2 nd Year: \$ _____	2 nd Year: \$ _____	2 nd Year: \$ _____
3 rd Year: \$ _____	3 rd Year: \$ _____	3 rd Year: \$ _____
4 th Year: \$ _____	4 th Year: \$ _____	4 th Year: \$ _____

Estimated Number of Autos for Next 12 Months:

Power Units: _____ Trailers: _____

Prior Years' Audit History:

1 st Year:	Power Units: _____	Trailers: _____
2 nd Year:	Power Units: _____	Trailers: _____
3 rd Year:	Power Units: _____	Trailers: _____
4 th Year:	Power Units: _____	Trailers: _____

Indicate the Percentage of Construction Work Performed (MUST TOTAL 100%):

Residential: _____ %	Commercial: _____ %
New Construction: _____ %	New Construction: _____ %
Remodeling/Repair: _____ %	Remodeling/Repair: _____ %

Using percentage of payroll (under Direct) and percentage of contract costs (under Subbed); indicate the anticipated percentage of construction work you will perform over the next 12 months:

Type of Work:	Direct	%	Subbed:	%	Type of Work	Direct	%	Subbed	%	Type of Work	Direct	%	Subbed	%
Airport Runways		%		%	Excavation		%		%	Roofing		%		%
Blasting		%		%	HVAC		%		%	Seismic/ Retrofitting		%		%
Bridge Building		%		%	Grading		%		%	Sewer		%		%
Carpentry		%		%	Insulation		%		%	Steel/Structural		%		%
Concrete		%		%	Maintenance		%		%	Steel/Ornamental		%		%
Demolition		%		%	Masonry		%		%	Street/Road		%		%
Drilling		%		%	Mechanical		%		%	Supervisory Only		%		%
Drywall		%		%	Painting		%		%	Traffic Signals		%		%
Earthquake		%		%	Plastering		%		%	Water/Gas Mains		%		%
Electrical		%		%	Plumbing		%		%	Other		%		%

Describe the 4 largest projects over the last 10 years including values:

List current projects currently underway (with your tasks on each job) or planned for the next year including values – Break out Wrap up work separately:

Have you allowed, or will you allow your license to be used by any other contractor for a project on which you have worked? Yes No

Has any other licensing authority taken any action against you? Yes No

Have you built or will you build on hillsides, terraces, landfills, or subsidence areas: Yes No

If "Yes", please explain: _____

Do you use scaffolding? Yes No

If "Yes", please explain: _____

Have you been involved, or will you be involved with blasting operations or any other hazardous work activity? Yes No

If "Yes", please explain: _____

Do you perform synthetic stucco work (EIFS)? Yes No

Do any of your subcontractors perform EIFS work? Yes No

Have you built/demolished or will you build/demolish buildings or other structures in excess of 4 stories? Yes No

If "Yes", please explain: _____

Do you perform work above 2 stories in height (other than interior remodel)? Yes No

If "Yes", what percentage? _____ %

Please describe: _____

Do you perform work at airports? Yes No

If "Yes", what percentage? _____ %

Please describe: _____

Do you rent or subcontract any cranes? Yes No

If "Yes", what percentage? _____ %

Please describe: _____

Have you been involved or will you or subcontractors be involved in any removal of asbestos, PCB's, or other hazardous materials? Yes No

Removal or work on fuel tanks or pipelines? Yes No

Are you a roofing contractor? Yes No
 If "Yes": Hot Tar _____ % Yes No
 Torch Down Yes No
 Modified Bitumen (HOT) Yes No
 Modified Bitumen (COLD) Yes No
 Hot Air Welding: _____ % Yes No
 Other: _____

Have you performed or will you or your subcontractors perform any work below grade (basements)? Yes No
 Maximum Depth: _____ Feet % of Operations: _____ %

Have you worked or will you or your employees work under U.S. Longshoremen's and Harbor Workers Act or Jones Maritime Act? Yes No

Do you have a formal safety program in place? Yes No

IF YOU ARE INVOLVED IN RESIDENTIAL CONTRACTING PLEASE FILL IN THE REMAINDER OF THE DOCUMENT. IF NOT, LEAVE BLANK

Will any work involve the construction of or involvement with Condominiums or Townhouses Yes No
 If "Yes", is the work new construction? Yes No
 Repair or remodel only? Yes No

Will any work involve the construction of or involvement with Apartments Yes No
 If "Yes", is the work new construction? Yes No
 How many units in the ENTIRE project _____
 Repair or remodel only? Yes No

Will any work involve the construction of or involvement with new Duplexes, Triplexes, Fourplexes, or Patio Homes? Yes No

Have you ever worked in new Duplexes, Triplexes, Fourplexes, or Patio Homes? Yes No
 If "Yes", how long ago? _____

Will you be working in any new Tracts? Yes No
 If "Yes", maximum number of homes in the ENTIRE Tract: _____

Have you ever worked in new Condominiums/Townhouses? Yes No
 If "Yes", how long ago? _____

Have you ever worked in new Apartments? Yes No
 If "Yes", how long ago? _____
 How many units in the ENTIRE building: _____

Have you ever worked in new Tract Developments? Yes No
 If "Yes", how long ago? _____
 How many units in the ENTIRE building: _____

Have you or will you ever convert Apartments to Condominiums? Yes No

Any unusual exposer/operations not otherwise covered by this questionnaire? Yes No
 If "Yes", please explain? _____

DEFINITIONS:

EIFS – Exterior Insulation Finishing Systems – multi-layered exterior wall systems (which resemble stucco in appearance) that are used on both commercial buildings and residential homes.

GENERAL CONTRACTOR – A contractor who subcontracts work to others in excess of 50% of total receipts, exercises primary control of the job site, and is named in the construction documents as the general contractor of record.

RESIDENTIAL CONTRACTOR – Single or multi-unit, family housing, including apartments, condominiums and townhouses, planned unit developments and tract housing or similar planned communities.

SUBSIDENCE – Any movement of the land or earth including landslides, mudflow, earth sinking, rising and shifting, collapse or movement of fill, earth settling, slipping, falling away, caving in, eroding or tilting and earthquake.

TORCH APPLIED ROOFING (MODIFIED BITUMEN) – This process, which is also called torch welding, involves modified bitumen installing on a roofing deck by means of a torch. A membrane is laid on the roof, heated by a torch and allowed to cool so that the material solidifies in place. The asphalt component in the membrane serves as an adhesive between the surface material and roof substrate

HOT AIR WELDING – Hot Air Welding is a system utilizing a heating source (either electric or propane flame) attached to a hose, which blows hot air onto the membrane.

TRACT HOUSING – Developments where the houses are similar in price, physical characteristics, lot size and square footage; numerous houses of similar complementary design constructed on a given expanse of land, by a single builder.

WRAP-UP (OCIP) – A policy providing coverage(s) for all interests in a major construction project. Also known as an OCIP (Owner Controlled Insurance Program) or a CCIP (Contractor Controlled Insurance Program).

WARRANTY: The purpose of the Supplemental Questionnaire is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein (consisting of five pages) is true and accurate to the best of his knowledge, information and belief. The Supplemental Questionnaire, and the application to which it is appended, shall be the basis of any insurance policy that may be issued and will be part of such policy.

Signature of Applicant: * _____

Name & Title: _____ Date: _____

*Must be owner, executive officer, or partner of the company