PMC INSURANCE GROUP
A SUBSIDIARY OF ONE80 INTERMEDIARIES

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# 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:**

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

**Estimated Number of Autos for Next 12 Months:**
Power Units: _____ Trailers: _____

**Prior Years' Audit History:**

| | | | | |
|---|---|---|---|---|
| 1st Year: | Power Units: | _____ | Trailers: | _____ |
| 2nd Year: | Power Units: | _____ | Trailers: | _____ |
| 3rd Year: | Power Units: | _____ | Trailers: | _____ |
| 4th 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 valves – 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 heigh (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 exposers/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.

**RESIDENTAL 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