PMC INSURANCE GROUP
A SUBSIDIARY OF ONE80 INTERMEDIARIES

www.pmcinsurance.com
info@pmcinsurance.com
(877) PMC-COMP

Construction (Contractor) Supplemental Application
Workers' Compensation

Instructions

- All questions must be answered.
- If space is insufficient to complete answers, please attach answers using your firm's letterhead.
- This form must be signed and dated by an owner, partner or director/officer of your firm.
- The following information may be required:
  - Resumes of key personnel
  - Audited Financial statement for last two years

I. OPERATIONS

1. Applicant: _____

   Mailing Address: _____

2. Headquarters Address: _____ Headquarters Phone: _____

   Headquarters Contact: _____ Job Title: _____

3. Attach a list of proposed Named Insureds to be covered by this policy, including a description of operations for each proposed Named Insured (only those entities with more than 50% insurable interest and performing services and/or operations as proposed will be designated as Named Insureds).

4. How long has the Applicant been in business? _____

5. During the past five (5) years has the name of the applicant been changed or has any other business been purchased or have any mergers or consolidations taken place? ○ Yes ○ No

   If "Yes", provide full details such as:
   dates, type of purchase (stock, assets): _____

6. Please identify each State the Applicant conducts business: _____

7. Has, does, and/or will the insured perform work within the five boroughs of New York City and New York state? ○ Yes ○ No

   If "Yes", what is the percentage work to be performed within the next twelve (12) months _____ %

   Please attach a description of the work to be performed for the prior and next twelve (12) months

8. Describe the Applicant's Operations / Nature of their business: _____

9. Average Wage level for employees in governing class code: $ _____ per hour

10. Employee Benefits:

Union Affiliation?	○ Yes	○ No
Vacation?	○ Yes	○ No
Paid Sick Time?	○ Yes	○ No
Health Insurance?	○ Yes	○ No

11. Does the Applicant do any work over two (2) stories in height from grade? ○ Yes ○ No

If "Yes", maximum stories? _____ Percentage of work? _____ %

12. Does the Applicant do any work below grade? ○ Yes ○ No

If "Yes", maximum depth? _____ Percentage of total work? _____ %

13. Indicate the percentage of construction work performed by the Applicant

New Construction:	____ %	Commercial:	____ %	Building Interior:	____ %
Environmental:	____ %	Remodeling:	____ %	Residential	____ %
Building Exteriors:	____ %	Street & Road:	____ %	Other (describe):	_____

Indicate the anticipated percentage of construction work over the next twelve (12) months to be performed by the Insured using percentage of payroll under "Direct" and percentage of contact costs under "Subbed" as the basis.

	Direct	Subbed		Direct	Subbed
Asbestos Removal:	_____ %	_____ %	Marine:	_____ %	_____ %
Blasting:	_____ %	_____ %	Masonry:	_____ %	_____ %
Bridge (Building):	_____ %	_____ %	Mechanical:	_____ %	_____ %
Carpentry:	_____ %	_____ %	Petro / Chem:	_____ %	_____ %
Concrete:	_____ %	_____ %	Plastering:	_____ %	_____ %
Demolition:	_____ %	_____ %	Plumbing:	_____ %	_____ %
Drilling:	_____ %	_____ %	Roofing:	_____ %	_____ %
Electrical:	_____ %	_____ %	Sewer (Mains):	_____ %	_____ %
Excavating:	_____ %	_____ %	Steel (Structural):	_____ %	_____ %
Grading:	_____ %	_____ %	Steel (Ornamental):	_____ %	_____ %
Hazardous Waste:	_____ %	_____ %	Street / Road:	_____ %	_____ %
Insulation:	_____ %	_____ %	Supervisory (Only)	_____ %	_____ %
Lead (Paint Removal):	_____ %	_____ %	Telecom:	_____ %	_____ %
Maintenance:	_____ %	_____ %	Utility:	_____ %	_____ %
			Other:	_____ %	

If "Other", please describe: _____

14. Percentage of Operations:

General Contractor:	____ %	Subcontractor:	____ %	Uninsured Contractor:	____ %
Owner / Builder:	____ %	Developer / Builder:	____ %		

15. Provide Applicant's: (a) Direct Payroll; (b) Contract Cost of Subcontracted Work; and (c) Total Gross Receipts:

	Current Year	1st Year Prior	2nd Year Prior	3rd Year Prior	4th Year Prior
Annual Gross Receipts					
Employee Payroll					
Cost of Subcontractor Work					

II. SUBCONTRACTOR EXPOSURES

If you NEVER hire subcontractors, please click here☐and initial here: _____ to confirm and skip to the next Section

Do you obtain the following from all subcontractors before they enter the jobsite?

Certificate of Insurance for:

Workers' Compensation: ○ Yes ○ No

General Liability Insurance: ○ Yes ○ No

Does the Applicant normally use subcontractors? ○ Yes ○ No

Does the Applicant ever supervise subcontractors who are not paid? ○ Yes ○ No

Does the Applicant hire and compensate all independent subcontractors work at their direction? ○ Yes ○ No

16. Has there been any change in the type or scope of construction activity performed by the Applicant in the five (5) years? ○ Yes ○ No

If "Yes", please describe: _____

17. Detail foreign operations (e.g., Country(ies)) where operations normally occur. ☐ n/a

_____

Indicate percentage relative to total projected Sales/Receipts. _____ %

Are such operations intended to be covered by this policy? ○ Yes ○ No

18. Has the Applicant allowed, or will the Applicant allow its license to be used by any other contractor for a project on which the Applicant has worked? ○ Yes ○ No

19. Has or will the Applicant build on hillsides, terraces, landfills, or subsidence areas? ○ Yes ○ No

20. Has or will the Applicant or any subcontractors be involved with blasting operations or hazardous or unusual work activity? ○ Yes ○ No

If "Yes", please describe: _____

21. Has or will the Applicant build / construct buildings or other structures in excess of four (4) stories? ○ Yes ○ No

Has or will the Applicant be involved in the management of such buildings or structures? ○ Yes ○ No

If "Yes", please describe: _____

22.. Has or will the Applicant or any subcontractor perform any underground or below grade work? ○ Yes ○ No

Percentage of operations: _____ % Maximum Depth: _____

23. Has or will the Applicant or any subcontractor perform any shoring, underpinning or caisson work? ○ Yes ○ No

If "Yes", please describe the Details of Work and Exposures: _____

24. Has the Applicant or will the Applicant or any employee work under U.S. Longshoreman's and Harbor Worker's Act or Jones Maritime Act? ○ Yes ○ No

25. Does the Applicant select or arrange for the site of disposal for hazardous or non-hazardous waste on behalf of clients? ○ Yes ○ No

26. Does the Applicant own, operate or lease licensed waste treatment, storage or disposal facilities? ○ Yes ○ No

27. Does the Applicant have operations other than contracting? ○ Yes ○ No

If "Yes", please describe: _____

If "Yes", are such operations covered by other insurance? ○ Yes ○ No

If "Yes", are such operations to be covered by this insurance? ○ Yes ○ No

28. If the Applicant is a roofing contractor or otherwise performs roofing work, what percentage of operations are:

Hot Tar: _____ % Foam Application: _____ % Excess four (4) stories: _____ %

29. Are updated certificates of insurance from subcontractors kept on file? ○ Yes ○ No

30. Do you require subcontractors' policies to name you as an additional insured? ○ Yes ○ No

For General Liability ○ Yes ○ No

For Environmental Liability ○ Yes ○ No

III. SAFETY / RISK MANAGEMENT

31. Does the Applicant have a formal safety program in place? ○ Yes ○ No

32. Has the Applicant received any OSHA citations in the last five (5) years? ○ Yes ○ No

If "Yes", please describe: _____

33. Is the public kept a safe distance from all insured's operations and work areas? ○ Yes ○ No

Indicate what type of security is used on a project (check all that apply):

☐ Fencing ☐ Lighting ☐ Watchmen ☐ Cones ☐ Signs ☐ Area Roped Off

☐ Other (please describe): _____

34. Are all trenches, ditches, excavations, holes in the ground always properly and clearly identified and protected against others falling into them? ○ Yes ○ No

35. Are all jobs inspected by management at completion before leaving the job site? ○ Yes ○ No

36. Is there a Safety Incentive Plan in Place? ○ Yes ○ No

37. Does the insured conduct post incident/accident investigation? ○ Yes ○ No

38. Does the applicant have a certified drug free workplace? ○ Yes ○ No

39. Does the insured conduct post-accident drug testing? ○ Yes ○ No

40. Does the insured conduct on site toolbox/safety meetings? ○ Yes ○ No
    If "Yes", what is the frequency? _____

41. Does the insured conduct MVR checks annually? ○ Yes ○ No

42. Hiring & Screening Practices ○ Yes ○ No
    Are references checked? ○ Yes ○ No
    Pre-Employment Physicals? ○ Yes ○ No
    Drug Testing Program in Place? ○ Yes ○ No

43. Does the Applicant have a formal Return to Work Program in place? ○ Yes ○ No

44. Does the company utilize specific occupational medical facilities for work related injuries? ○ Yes ○ No
    If "Yes", what is the name of the clinic? _____

Coverage	Carrier	Limits	Expiration	SIR	Retor, Date, if any
General Liability					
Contractors Poll, Liability					
Workers' Comp					
Umbrella					
Auto Liability					
Errors & Omissions					

Please include the following items when returning this questionnaire:

- Producer / Marketing Representative contact (phone / email / fax).
- Five (5) years of exposure history, by line, and past premium, by line, for prior history performance evaluation.
- Copy of insured EMR 14 if requesting additional named insured(s) to be added.
- Copy of current subcontract agreement: including insurance & indemnification requirements.
- Copy index page (Table of Contents) of the written safety program.
- Five (5) years currently valued, hard copy loss runs with details of all claims $25,000 or more valued within 90 days of proposed effective date, plus expiring year (total of 6 years of loss runs).
    - Description of what insured head implemented to prevent re-occurrence of claims over $25,000 or more.
- Work on Hand Schedule, including start & anticipated completion dates, contract costs, location of projects, description of work being **performed**, and percentage of work completed (next 12 months-last 12 months).
- Major projects completed within the last five (5) years.
- Worker Compensation Experience Modification worksheet for the proposed renewal term.
- Latest Audited Financials (interims if financials are six (6) months or older) and D&B report.
- Indicate if quoting Net or Commission.

- Any other additional information that can assist in securing a competitive proposal such as website address, brochures, additional supplemental application completed for other carriers, etc...).
- Specific Loss Control service needs for the proposed policy term
- If Automobile coverage has been submitted
    - MVR's for ALL drivers of company vehicle

Signature of Applicant: _____

Name & Title: _____ Date: _____