

Contractors Supplemental Application

Please Print or Type

To be completed with Acord 130 application

Named Insured	Web Address
Insured's FEIN and Contractors License Number	Primary Address

OPERATIONS AND BENEFITS

Provide a detailed description of the operation:

Has ownership changed within the past five years? Yes No

— If yes, please provide details.

Is there a driving/delivery exposure? Yes No — If yes, what is frequency: Daily Weekly Other:

Do employees use personal vehicles for company business? Yes No

Any group transportation of employees? Yes No — If yes, please provide the following:

Number of employees transported per vehicle? _____

Number of vehicles used to transport? _____

Radius of operations/travel: _____

Are vehicles company owned? Yes No — If yes, please provide the following:

Are MVRs reviewed annually Yes No

Please describe policies in place for vehicle drivers (or provide a copy)

Is a vehicle/fleet maintenance program in place? Yes No

— If yes, who does the servicing? Outside vendor In-house mechanics Other: _____

List the number of employees who live or work out of state: Live: _____ Work: _____

Do any employees work from home? Yes No

Any out of state, international or overnight (within state) travel? Yes No If yes, how often? _____

Number of employees: Full time _____ Part-time _____

How are employees paid? Hourly Piece-rate Commission Salary Other

Paid sick leave? Yes No

Paid vacation? Yes No

Group medical provided? Yes No

Is a specific medical provider used to treat injured employees? Yes No If yes, who?

HIRING PRACTICES – EMPLOYEE SELECTION - CLAIMS

Written application? Yes No

Reference checks? Yes No

Criminal background checks? Yes No

Pre/post employment physicals? Yes No

Are personnel files documented for pre-existing injuries? Yes No

MVR Checks? Yes No

Is drug testing done for pre-hire? Yes No

Random or reasonable suspicion? Yes No

Post accident? Yes No

Is a formal written accident report used? Yes No

Are subcontractors used? Yes No

— If yes, are certificates of insurance obtained and kept on file? Yes No

Updated annually? Yes No Percentage of work subcontracted out: _____% What type?

SAFETY PROGRAM AND ORGANIZATION – WORK PREMISES AND ENVIRONMENT

Is a formal written safety program in place? Yes No Year established _____

Name of safety director? _____

Describe director's safety experience: _____

Check all elements included in safety program:

<input type="checkbox"/> Hazard communication	<input type="checkbox"/> Lockout/tagout	<input type="checkbox"/> Hearing Conservation	<input type="checkbox"/> Respiratory program
<input type="checkbox"/> Fall protection	<input type="checkbox"/> Electrical safety	<input type="checkbox"/> Excavation	<input type="checkbox"/> Equipment operation

Provide details of the fall protection program: _____

What is used? Ladder Scaffolding Scissor lifts
 – If scaffolding is used, who assembles it on site? _____

Active safety incentive program in place? Yes No
 – If yes, does it include all employees? Yes No
 – Describe the type of incentive? _____

Are regular safety meetings conducted? Yes No
 – If yes, what is frequency: Daily Weekly Quarterly Other

Has OSHA visited or cited the business in the last year?
 Yes No
 – If yes, provide explanation: _____

Do employees receive safety training/orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, is the training <input type="checkbox"/> formal/documented <input type="checkbox"/> informal	Is an MSDS (Material Safety Data Sheets) used for all chemicals and product? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Are all equipment operators trained/ certified? Yes No

Any lifting exposures? Yes No
 – If yes, <25 lbs. 25-40 40+ – If 40+, manual lifting or with assistance?

Is personal protection equipment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, strict enforcement of utilization? <input type="checkbox"/> Yes <input type="checkbox"/> No – What type of PPE? _____	Is all machinery/equipment properly guarded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Condition of equipment? <input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Average
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Any company sponsored activities or trips? Yes No If yes, explain: _____

Estimated number of jobs per year? _____	Estimated annual gross sales? _____
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Indicate percentage of work conducted in each of the following operations (must equal 100% for each):

New Construction _____	Remodeling _____	Service/Repair _____	Commercial _____
Apts/Condos/Tract Homes _____	Single Custom Homes _____	Interior _____	Exterior _____

If exterior work done, what is the maximum height exposure? _____

Any use of cranes, booms, or similar heavy construction equipment? Yes No

Any work below grade? Yes No
 – If yes, please provide detail, including depth and safety measures: _____

Any confined spaces exposures? Yes No
 – If yes, please provide details and include a copy of written procedures and training.

Any work involving asbestos, hazardous product abatement, chemical/petroleum products, USL&H, or underground tank or pipe replacement? Yes No

Print Name _____	Signature _____	Date _____
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