

# CONTRACTORS SUPPLEMENTAL (VER. 111116)

COMPANY NAME AND DBA	WEBSITE URL (IF APPLICABLE)
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TOTAL PAYROLL \$	TOTAL RECEIPTS \$
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PERCENTAGE OF WORK	NEW CONSTRUCTION %	REMODELING %	RESIDENTIAL %	COMMERCIAL %	INDUSTRIAL %		
<b>WORK PERFORMED BY EMPLOYEES?</b> (CHECK ALL THAT APPLY)	<input type="radio"/> GENERAL CONTRACTING	<input type="radio"/> CONCRETE	<input type="radio"/> EXCAVATION	<input type="radio"/> FRAMING/CARPENTRY	<input type="radio"/> ELECTRICAL	<input type="radio"/> GLASS/GLAZIER	<input type="radio"/> PLASTERING/DRYWALL
	<input type="radio"/> FLOORING	<input type="radio"/> ROOFING	<input type="radio"/> WINDOW/DOOR INSTALL	<input type="radio"/> PAINTING	<input type="radio"/> PLUMBING	<input type="radio"/> MASONRY	<input type="radio"/> HVAC
	<input type="radio"/> LANDSCAPING	<input type="radio"/> SHEET METAL/GUTTERS	<input type="radio"/> TILE INSTALL	<input type="radio"/> OTHER			

<b>FULL TIME EMPLOYEES</b> (Do not enter standard exception class codes 8810 or 8742 into below information unless they are the governing class.) GOVERNING CLASS CODE _____ # EMP _____ AVG HOURS PER WEEK _____ AVG WAGE PER HOUR _____ CLASS CODE _____ # EMP _____ AVG HOURS PER WEEK _____ AVG WAGE PER HOUR _____ CLASS CODE _____ # EMP _____ AVG HOURS PER WEEK _____ AVG WAGE PER HOUR _____ CLASS CODE _____ # EMP _____ AVG HOURS PER WEEK _____ AVG WAGE PER HOUR _____ CLASS CODE _____ # EMP _____ AVG HOURS PER WEEK _____ AVG WAGE PER HOUR _____	<b>PART TIME EMPLOYEES</b> (Do not enter standard exception class codes 8810 or 8742 into below information unless they are the governing class.) GOVERNING CLASS CODE _____ # EMP _____ AVG HOURS PER WEEK _____ AVG WAGE PER HOUR _____ CLASS CODE _____ # EMP _____ AVG HOURS PER WEEK _____ AVG WAGE PER HOUR _____ CLASS CODE _____ # EMP _____ AVG HOURS PER WEEK _____ AVG WAGE PER HOUR _____ CLASS CODE _____ # EMP _____ AVG HOURS PER WEEK _____ AVG WAGE PER HOUR _____ CLASS CODE _____ # EMP _____ AVG HOURS PER WEEK _____ AVG WAGE PER HOUR _____
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**ANY EXPOSURE TO THE FOLLOWING:** (CHECK ALL THAT APPLY)

☐ HIGHWAYS/BRIDGES  
 ☐ NAVIGABLE WATERWAYS  
 ☐ AIRCRAFT  
 ☐ WATERCRAFT  
 ☐ LEAD PAINT OR ASBESTOS REMOVAL/ABATEMENT

<b>ANY WORK ABOVE GROUND?</b> <input type="radio"/> YES <input type="radio"/> NO	<b>MAXIMUM HEIGHT?</b> _____ FEET _____ STORIES	PLEASE DESCRIBE FALL PROTECTION CONTROLS
<b>ANY WORK BELOW GROUND?</b> <input type="radio"/> YES <input type="radio"/> NO	<b>MAXIMUM DEPTH?</b> _____ FEET	PLEASE DESCRIBE TRENCH SAFETY CONTROLS
<b>ANY DEMOLITION OR BLASTING WORK?</b> <input type="radio"/> YES <input type="radio"/> NO	IF YES, PLEASE DESCRIBE THE DEMOLITION OR BLASTING WORK	

RADIUS OF OPERATIONS 	<b>DO MORE THAN 4 EMPLOYEES TRAVEL TOGETHER IN THE SAME VEHICLE?</b> <input type="radio"/> YES <input type="radio"/> NO	<b>ANY WORK OUTSIDE OF YOUR HOME STATE?</b> <input type="radio"/> YES <input type="radio"/> NO	IF YES, WHICH STATES?
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<b>PERCENTAGE OF WORK SUBCONTRACTED TO OTHERS?</b> %	<b>CHECK ALL JOBS PERFORMED BY SUBCONTRACTORS</b> <input type="radio"/> JANITORIAL <input type="radio"/> PLASTERING/DRYWALL <input type="radio"/> MASONRY	<input type="radio"/> CONCRETE <input type="radio"/> FLOORING <input type="radio"/> HVAC	<input type="radio"/> EXCAVATION <input type="radio"/> ROOFING <input type="radio"/> LANDSCAPING	<input type="radio"/> FRAMING/CARPENTRY <input type="radio"/> WINDOW/DOOR INSTALL <input type="radio"/> SHEET METAL/GUTTERS	<input type="radio"/> ELECTRICAL <input type="radio"/> PAINTING <input type="radio"/> TILE INSTALL	<input type="radio"/> GLASS/GLAZIER <input type="radio"/> PLUMBING <input type="radio"/> OTHER
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<b>UNINSURED SUBCONTRACTORS?</b> <input type="radio"/> YES <input type="radio"/> NO	<b>IF YES, ANTICIPATED COST OF UNINSURED SUBCONTRACTORS LABOR?</b> \$	<b>CASH/1099 LABOR?</b> <input type="radio"/> YES <input type="radio"/> NO	<b>IF YES, ANTICIPATED COST OF CASH LABOR?</b> \$
<b>DO YOU USE WRITTEN SUBCONTRACTOR AGREEMENTS CONTAINING HOLD HARMLESS/INDEMNITY AGREEMENTS?</b> <input type="radio"/> YES <input type="radio"/> NO	<b>DOES THAT AGREEMENT REQUIRE THE SUBCONTRACTOR TO CARRY WORKERS COMPENSATION INSURANCE?</b> <input type="radio"/> YES <input type="radio"/> NO	<b>DO YOU OBTAIN CERTIFICATES OF INSURANCE FROM ALL SUBCONTRACTORS?</b> <input type="radio"/> YES <input type="radio"/> NO	

PLEASE DESCRIBE LAST 3 PROJECTS

1	START DATE:	COMPLETION DATE:
2	START DATE:	COMPLETION DATE:
3	START DATE:	COMPLETION DATE:

IT IS A CRIME TO KNOWINGLY AND INTENTIONALLY ATTEMPT TO DEFRAUD AN INSURANCE COMPANY BY PROVIDING FALSE OR MISLEADING INFORMATION OR CONCEALING MATERIAL INFORMATION DURING THE APPLICATION PROCESS OR WHEN FILING A CLAIM. SUCH CONDUCT COULD RESULT IN THE POLICY BEING VOIDED AND SUBJECT TO YOU CRIMINAL AND CIVIL PENALTIES.

INSURED SIGNATURE 	DATE
AGENT SIGNATURE	DATE
UNDERWRITER SIGNATURE	DATE