

CONTRACTORS SUPPLEMENTAL (VER. 111116)

COMPANY NAME AND DBA				WEDSHE OKT [IL MLI FIGERIT]				
Liam Mitche	ell DBA SWIT	CH CONSTR	RUCTION					
TOTAL PAYROLL				TOTAL RECEIPTS				
\$ 120,000				\$ 100K				
120,00	NEW CONSTRUCTION	REMODELING	RE	SIDENTIAL	COMMERCIAL		INDUSTRIAL	
PERCENTAGE OF WORK	0	% 100) %	10	% 30	%	0	%
WORK PERFORMED BY EMPLOYEES? (CHECK ALL THAT APPLY)	GENERAL CONTRACTING FLOORING LANDSCAPING	CONCRETE O ROOFING O SHEET METAL/GUTTERS	O EXCAVATION O WINDOW/DOOR INSTALL O TILE INSTALL		O ELECTRICAL O PLUMBING	O GLASS/GLAZ O MASONRY	AND REPORT OF THE PARTY OF THE	PLASTERING/DRYWALL HVAC
FULL TIME EMPLOYEES (Do no	of enter standard exception class codes 88	110 or 8742 into below infromation unle	ss they are the governing class.)	PART TIME EMPLOYEES (Do no	nt enter standard exception class code	as 8810 or 8742 into belo	ow infromation unless they	are the governing class.)
GOVERNING CLASS CODE	# EMP AVG HOURS	PER WEEK AVG WAGE PI	ER HOUR	GOVERNING CLASS CODE		OURS PER WEEK	AVG WAGE PER HOUR	
CLASS CODE	CLASS CODE# EMPAVG HOURS PER WEEKAVG WAGE PER HOUR			CLASS CODE # EMP AVG HOURS PER WEEK AVG WAGE PER HOUR				
CLASS CODE# EMPAVG HOURS PER WEEKAVG WAGE PER HOUR				OLASS CODE# EMPANG HOURS PER WEEKANG WAGE PER HOUR				
CLASS CODE	# EMPAVG HOUR	S PER WEEK AVG WAGE P	ER HOUR	CLASS CODE	# EMPAVG HO	OURS PER WEEK	AVG WAGE PER HOUF	' —
CLASS CODE	# EMP AVG HOUR	S PER WEEK AVG WAGE P	ER HOUR	CLASS CODE	# EMP AVG HO	DURS PER WEEK	AVG WAGE PER HOUR	
ANY EXPOSURE TO THE FOLLOWING: (CHECK ALL THAT APPLY)	O HIGHWAYS/BRIDGES	O NAVIGABLE WATERWAYS	O AIRCRAFT	O WATERCRAFT	O LEAD PAINT OR ASBESTO	S REMOVAL/ABATEMEN	vi .	
ANY WORK ABOVE GROUND?	Ø TES ○ NO	MAXIMUM HEIGHT?	STORIES	PLEASE DESCRIBE FALL PROTECTION				
ANY WORK BELOW GROUND?	O NO	MAXIMUM DEPTH?	FEET	PLEASE DESCRIBE TRENCH SAFETY	CONTROLS			
ANY DEMOLITION OR BLASTING WORK?	O YES	IF YES, PLEASE DESCRIBE THE D	DEMOLITION OR BLASTING WORK					
RADIUS OF OPERATIONS	DO MORE THAN 4 EMPLOYEES TRAVEL TOGETHER IN THE SAME VEHICLE?	O TES Ø NO	ANY WORK OUTSIDE OF YOUR HOME STATE?	O TES O NO				
PERCENTAGE OF WORK SUBCONTRACTED TO OTHERS?	EA CHECK A	MED BY PLASTERING/D	CONCRE		FRAMING/CARPE O WINDOW/DOOR G SHEET METAL/GI	INSTALL O	ELECTRICAL PAINTING TILE INSTALL	GLASS/GLAZIER PLUMBING OTHER
UNINSURED SUBCONTRACTORS?	O YES O NO	IF YES, ANTICIPATE COST OF UNINSURE SUBCONTRACTORS LABOR	D 3	CASH/1099 LABOR?	O YES WIO		ANTICIPATED S	
DO YOU USE WRITTEN CONTAINING HOLD HARM	SUBCONTRACTOR AGREEMENT LESS/INDEMNITY AGREEMENTS	S O YES		REQUIRE THE SUBCONTRACTOR RS COMPENSATION INSURANCE?		CERTIFICATE	DO YOU OBTAIN ES OF INSURANCE RECONTRACTORS?	Stis Sho
PLEASE DESCRIBE LAST 3 PROJE		sh Carpen	try	START	DATE Jan 202	S com	PLETION DATE:	larch 2025
2 6 n	onth fini	r Renu	2	START	DATE July 202	.I— con	APLETION DATE: De	unbei 2-21
3 3 "	uonth fi	nish Carp	early T		DATE ACCI 200	2.h CON	APLETION DATE: TESS OR WHEN FILING A	une 2024
COULD RESULT IN THE POLICY B	AND INTENTIONALLY ATTEMPT TO DEF EING VOIDED AND SUBJECT TO YOU	CRIMINAL AND CIVIL PENALTIES.	DI PROVIDING PAGE OR MOLEADIN	Say Signature of Concealing M			211101101	
1					14/03	/2025		
INSURED SIGNATURE					DATE			
Michael Benott				3/13/2025				
AGENT SIGNATURE					DATE			