

WORKERS' COMPENSATION CONTRACTORS SUPPLEMENTAL APPLICATION

Insured: _____ Effective Date: _____

GENERAL INFORMATION

Current number of employees: Full time: _____ Part time: _____ Seasonal: _____

Percent of employee turnover in the last twelve (12) months: Full time: _____ Part time: _____

If California, please provide the zip code with the highest exposure: _____

Hiring Practices (Check all that apply):

- | | | |
|---|--|--|
| ☐ Written Application | ☐ Reference Checks | ☐ Validate Work History |
| ☐ Formal Interview | ☐ Criminal Background Check | ☐ Audio Testing |
| ☐ Pre/Post Employment Physical | ☐ Orthopedic Back Test | ☐ Child Abuse Clearance |
| ☐ Substance Abuse Testing— ☐ Pre-placement/ ☐ Post Accident/ ☐ Random Testing | | |

How are potential new employees hired? (Check all that apply): ☐ Referrals ☐ Word of Mouth ☐ Recruiters
☐ Union Hall ☐ Public Advertisements ☐ Other (Describe): _____

☐ Health Insurance benefits provided to: ☐ Full time ☐ Part time ☐ Management only
Percentage paid by employer: _____% Percentage of employees participating: _____%

☐ Written Return to Work Program in place ☐ With full pay

Do you have leased employees—from: ☐ Temporary Agency ☐ Professional Employer Organization (PEO)
☐ Staffing agency ☐ Other entity _____

Do you use day laborers? ☐ Yes ☐ No

SAFETY

☐ Written Safety Program in place (*Subject to review for compliance with OSHA/Industry regarding weather protection, fire prevention/smoking control, use of Personal Protective Equipment, ladder/fall protection, manual material handling practices/training, vehicle rigging, warranty compliance, etc.*)

☐ Designated full time safety director in place—Name: _____

Safety committee in place Safety committee meetings: ☐ Daily ☐ Weekly ☐ Monthly ☐ Annually

What is reviewed during safety committee meetings? _____

☐ Employee safety meetings held: Frequency: ☐ Daily ☐ Weekly ☐ Monthly ☐ Annually ☐ Other: _____

☐ Safety incentive program in place What is incentive: _____

Who is responsible for job site activities? _____

Who is responsible for investigating accidents and near misses? _____

How do you ensure that corrective actions are completed? _____

Foremen part of a working crew:..... ☐ Never ☐ Sometimes ☐ Always

Foremen are trained to recognize signs of ☐ Heart Stroke ☐ Frostbite ☐ Dehydration ☐ Vapor Intoxication

Foreman trained in: First Aid ☐ CPR ☐

☐ Slip/Fall prevention program in place

☐ Proper lifting program in place—max weight: _____ lbs

☐ Employees are required to wear Personal Protective Equipment ☐ Equipment is provided

☐ Hard Hats ☐ Hearing Protection ☐ Gloves ☐ Safety Glasses ☐ Steel Toed Boots

☐ Other: _____

☐ Equipment safeguards utilized ☐ Hazardous Materials Communication Program in place

☐ Equipment inspection/maintenance program Frequency: _____

VEHICLE/DRIVING EXPOSURE

☐ Driver safety program in place ☐ MVRs are run—frequency: _____

Describe MVR acceptability criteria and procedures for dealing with unacceptable drivers and violations:

Radius of operations ☐ Less than 50 miles ☐ 51-100 miles ☐ More than 100 miles

Frequency of driving ☐ Daily ☐ Weekly ☐ Other: _____

Number of company vehicles: _____ Number of authorized drivers: _____

☐ More than 3 employees travel together in one vehicle ☐ Employees may take vehicles home

☐ Fleet/vehicle maintenance program in place. If not, are regular maintenance and inspections completed at what frequency: _____

OPERATIONS

Please complete the table below with your percentage of work conducted in each of the following operations:

Residential:	Commercial:	Industrial:	Total of this row should equal 100%
New Construction:	Remodeling:	Service/Repair:	Total of this row should equal 100%
Interior:	Exterior:		Total of this row should equal 100%

Payroll / Premium History

Policy Period	Payroll	Premium

Maximum height exposure: _____ Feet Maximum depth exposure: _____ Feet

If residential work is performed, please indicate the percentage of the following related to your residential operations:

New Tract homes: _____% New Custom Homes: _____% Condos/Townhomes: _____% Apartments: _____%

Other: _____% (Describe): _____

Any operations that include exposure to asbestos? ☐ Yes ☐ No

If yes, provide complete details _____

Do you participate in OCIP/wrap up projects? ☐ Yes ☐ No

If yes, what percentage of work is OCIP/wrap up projects? _____ %

USE OF SUBCONTRACTORS

☐ Subcontractors used ☐ Percentage of subcontractors used: _____ %

☐ Types of work being performed by the subcontractors:

☐ Certificates of Insurance are required/obtained

☐ Proof of Exemption obtained

☐ IRS form 1099 or equivalent to subcontractors

☐ Complete payment records obtained

CARPENTRY

- | | |
|--|---|
| ☐ Fire and/or Water Damage Restoration Work | ☐ Framing |
| ☐ Gutter Installation | ☐ Gutting of interior load bearing walls |
| ☐ Siding installation | ☐ Roofing |

CONCRETE

- | | |
|---|---|
| ☐ Commercial Foundations above three stories | ☐ Residential Foundations |
| ☐ Street, Road or Alley Operations | ☐ Tilt Up work above two stories |
| ☐ Mix in transit operations | |

ELECTRICAL WORK

- | | |
|---|--|
| ☐ Electrical machinery installation, service or repair | ☐ Electrical Power Lines |
| ☐ High Voltage work (over 480 volts) | ☐ Installation of Transformers, Electrical Panels |
| ☐ Underground cable work | ☐ Security Systems or Alarm installation |
| ☐ Traffic Signal installation /repair | |

EXCAVATION and GRADING

- | | | | |
|---|---|---|--------------------------------------|
| Max depth of digging: _____ Feet | ☐ Shoring used—at what depth: _____ Feet | | |
| ☐ Basements | ☐ Gas Lines | ☐ Septic | ☐ Sewer Lines |
| ☐ Water Lines | ☐ Conduit construction | ☐ Directional Boring | |
| ☐ Other: _____ | | | |
| ☐ Excavations marked and guarded | ☐ Work requiring flagging | | |
| ☐ Digging done next to foundations or structures | | | |

HEATING and AIR CONDITIONING

- | | |
|---|--|
| ☐ Boiler work—Number under 15 PSI: _____ / Number over 15 PSI: _____ | |
| ☐ Installed annually | ☐ Serviced annually |
| ☐ Systems using LP Gas as an energy source | |

LANDSCAPING / LAWN CARE

- | | |
|---|---|
| ☐ Maintenance work only | ☐ Planting or removal of shrubs or trees over 15 gallons |
| ☐ Fertilizer, Herbicide, Pesticide spraying | ☐ Hardscape work - retaining walls or patios |
| ☐ Pond or water feature installation/maintenance | ☐ Sprinkler installation/repair |
| ☐ Tree trimming from ground | ☐ Tree trimming from above ground |

MASONRY

- | | |
|---|--|
| ☐ Foundation work | ☐ Basement work—Depth: _____ Feet |
| ☐ Retaining wall construction | ☐ Fireplace/Chimney—Installation: _____% Repair: _____% |
| ☐ Tuckpointing or Repointing—max height: _____ | |

METAL ERECTION

- | | |
|---|--|
| ☐ Non-structural—max height: _____ Feet | ☐ Structural—max height: _____ Feet |
| ☐ Installation on outside of building or roof – max height: _____ Feet | |

PAINTING

- | | |
|--|--|
| ☐ Interior: _____%—max height: _____ Feet | ☐ Exterior: _____% - max height: _____ Feet |
| ☐ Spray painting—Interior: _____% / Exterior: _____% | |
| ☐ Lead paint removal | ☐ Painting of bridges or towers |
| ☐ Painting of water or gas tanks | ☐ Plastering or Stucco application or removal |
| ☐ Application of External Insulation and Finishing Systems (EFIS) | |

PLUMBING

- | | |
|---|---|
| ☐ Commercial: _____% | ☐ Residential: _____% |
| ☐ 7/24 Emergency service provided | ☐ Roto-rooter services |
| ☐ Septic Tank maintenance | ☐ Septic Tank installation/repair |
| ☐ Interior sprinkler system installation: _____% | ☐ Underground sprinkler installation: _____% |
| ☐ Gas line installation/repair | ☐ Medical gas work |
| ☐ Water Mains: _____%—max depth: _____ Feet | ☐ Sewer Mains: _____%—max depth: _____ Feet |
| ☐ Process Pipe work | |

ROOFING

- | | | |
|---|---|--|
| ☐ Hot Tar applied: _____% | ☐ Torch Applied: _____% | ☐ Polyurethane Spray Foam: _____% |
| ☐ Metal roofing: _____% | ☐ Designated hot tar employees | |
| ☐ Fire watch provided on any hot tar or torch applications—For how many hours: _____ | | |
| ☐ Fire extinguishers or other fire suppression equipment available during hot tar or torch application | | |
| ☐ Pre-work roof inspections performed to confirm strength and weakness areas | | |

How are materials delivered to the roof? _____

Maximum Roof Pitch: _____ ☐ Ladders are tied off

What types of Fall Protection Systems do you use

- | | | |
|--|---|---|
| ☐ Warning Line System | ☐ Toe Boards | ☐ Guardrail System |
| ☐ Personal Fall Arrest System | ☐ Safety Monitoring System | ☐ Other: _____ |

GENERAL—If any are checked, please provide additional details

- | | |
|--|--|
| ☐ Aircraft / Airports | ☐ Asbestos work (removal, covering, etc.) |
| ☐ Blasting or use of explosives | ☐ Boats / Docks / Marinas |
| ☐ Bridges or Tunnels | ☐ Caisson or Cofferdam work |
| ☐ Crane Rental with or without operator | ☐ Demolition work |
| ☐ Drilling—other than water | ☐ Equipment rented to others |
| ☐ Ethanol or Bio Diesel Plants | ☐ Fireproofing |
| ☐ Fire Suppression System installation | ☐ Flood Control projects |
| ☐ Gas Line work | ☐ Hazardous Materials Abatement |
| ☐ Irrigation projects | ☐ Mining, Fracking, Oil Fields or related energy fields |
| ☐ Mold Remediation | ☐ Piece work |
| ☐ Pollution cleanup | ☐ Power Plants |
| ☐ Power Presses | ☐ Rigging |
| ☐ Scaffolding (whether owned or rented) | ☐ Snow removal |
| ☐ Swimming Pool installation or repair | |