

## 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):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Written Application  | <input type="checkbox"/> Reference Checks          | <input type="checkbox"/> Validate Work History |
| <input type="checkbox"/> Formal Interview   | <input type="checkbox"/> Criminal Background Check | <input type="checkbox"/> Audio Testing         |
| <input type="checkbox"/> Pre/Post Employment Physical   | <input type="checkbox"/> Orthopedic Back Test      | <input type="checkbox"/> Child Abuse Clearance |
| <input type="checkbox"/> Substance Abuse Testing— <input type="checkbox"/> Pre-placement/ <input type="checkbox"/> Post Accident/ <input type="checkbox"/> 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 (numbers should total one hundred percent [100%]):

Type of Work Performed	Percentage New Construction	Percentage Renovation or Repair
Commercial		
Industrial		
Residential		

New Tract homes: \_\_\_\_\_% New Custom Homes: \_\_\_\_\_% Condos/Townhomes: \_\_\_\_\_% Apartments: \_\_\_\_\_%  
 Other: \_\_\_\_\_% (Describe): \_\_\_\_\_

Maximum height exposure: \_\_\_\_\_ Feet Maximum depth exposure: \_\_\_\_\_ Feet

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

**USE OF SUBCONTRACTORS**

Subcontractors used  Certificates of Insurance are required/obtained  Proof of Exemption obtained  
 IRS form 1099 or equivalent to subcontractors  Complete payment records obtained

**Payroll / Premium History**

Policy Period	Payroll	Premium

**CARPENTRY**

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

## CONCRETE

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- |   |   |
|---|---|
| <input type="checkbox"/> Commercial Foundations above three stories | <input type="checkbox"/> Residential Foundations        |
| <input type="checkbox"/> Street, Road or Alley Operations           | <input type="checkbox"/> Tilt Up work above two stories |
| <input type="checkbox"/> Mix in transit operations                  |   |

## ELECTRICAL WORK

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- |   |  |
|---|--|
| <input type="checkbox"/> Electrical machinery installation, service or repair | <input type="checkbox"/> Electrical Power Lines                          |
| <input type="checkbox"/> High Voltage work (over 480 volts)                   | <input type="checkbox"/> Installation of Transformers, Electrical Panels |
| <input type="checkbox"/> Underground cable work                               | <input type="checkbox"/> Security Systems or Alarm installation          |
| <input type="checkbox"/> Traffic Signal installation /repair                  |  |

## EXCAVATION and GRADING

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- Max depth of digging: \_\_\_\_\_ Feet
- |                                       |   |   |                                      |
|---------------------------------------|---|---|--------------------------------------|
| <input type="checkbox"/> Basements    | <input type="checkbox"/> Gas Lines            | <input type="checkbox"/> Shoring used—at what depth: _____ Feet |                                      |
| <input type="checkbox"/> Water Lines  | <input type="checkbox"/> Conduit construction | <input type="checkbox"/> Septic                                 | <input type="checkbox"/> Sewer Lines |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Directional Boring   |   |                                      |
- Excavations marked and guarded       Work requiring flagging
- Digging done next to foundations or structures

## HEATING and AIR CONDITIONING

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- 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

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

## MASONRY

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- |   |   |
|---|---|
| <input type="checkbox"/> Foundation work                              | <input type="checkbox"/> Basement work—Depth: _____ Feet                          |
| <input type="checkbox"/> Retaining wall construction                  | <input type="checkbox"/> Fireplace/Chimney—Installation: _____%    Repair: _____% |
| <input type="checkbox"/> Tuckpointing or Repointing—max height: _____ |   |

## METAL ERECTION

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- |   |  |
|---|--|
| <input type="checkbox"/> Non-structural—max height: _____ Feet                                | <input type="checkbox"/> Structural—max height: _____ Feet |
| <input type="checkbox"/> Installation on outside of building or roof – max height: _____ Feet |  |

## PAINTING

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

## PLUMBING

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

## ROOFING

- Hot Tar applied: \_\_\_\_\_%
- Metal roofing: \_\_\_\_\_%
- 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
- Torch Applied: \_\_\_\_\_%
- Designated hot tar employees
- Polyurethane Spray Foam: \_\_\_\_\_%

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
- Personal Fall Arrest System
- Toe Boards
- Safety Monitoring System
- Guardrail System
- Other: \_\_\_\_\_

## GENERAL—If any are checked, please provide additional details

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