

Workers Compensation Supplemental Application



Contractor's Name: _____

Effective date: _____

Agency: _____

Agency Contact: _____

Phone: _____

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General Information

1. Indicate whether the company is union or non-union .
 - a. Indicate the percentage of union employees: _____%
2. Does the company rely on unions for employees? Yes No
3. Provide the name(s) of affiliated trade or industry associations (SMACNA, PIPE, Laborers, Operating Engineers, NECA, etc.) including the chapter and local affiliation.
4. Describe management's active involvement in the business.
5. Indicate the total number of employees. _____
 - a. Of these employees, how many are operational _____ or clerical/sales _____
6. Does the company ever hire "day laborers" off the street? Yes No
 - a. If yes, please explain.

If the total number of employees in question #5 is over 6, complete the following job site information – if there are less than 6 employees, skip question #7 and continue at question #8.

7.

Job site location:		Number of employees:		Job duration:	
Job site location:		Number of employees:		Job duration:	
Job site location:		Number of employees:		Job duration:	

8. Indicate employee status: Increasing Decreasing Stable

9. Indicate the number of W2's filed in the last 12 months. _____

10. Provide the **total audited Workers Compensation payrolls** for the past two years and the estimated payroll for the current year.

2010-2011 _____ 2009-2010 _____ 2008-2009 _____
(Estimated)

11. Indicate the percentage of work:

- a. Building _____%
- b. Water/Sewer _____%
- c. Street/road _____%
- d. Other _____%

- e. New Construction _____%
- f. Repair _____%

12. Indicate whether any work is subcontracted. Yes No

13. List the types of jobs performed within the last year.

14. Indicate the any exposures to the following specialty work.

- a. Asbestos removal Yes No
- b. Blasting Yes No
- c. Confined spaces Yes No
- d. Demolition Yes No
- e. Heavy equipment Yes No
- f. High voltage Yes No
- g. Over water Yes No
- h. Scaffolding Yes No
- i. Shoring Yes No
- j. Trenching Yes No
- k. Tunneling Yes No
- l. Work at heights Yes No

If "yes" answers were provided for any of the items in question 16, describe in detail the work performed.

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Hiring Practices

15. Does the contractor perform any of the following hiring practices?

- a. Audio testing Yes No
- b. Complete applications Yes No
- c. Counseling Yes No
- d. Disciplinary procedure Yes No
- e. Employee manual Yes No
- f. Exit interviews Yes No
- g. Motor vehicle record check Yes No
- h. Orthopedic back test Yes No
- i. Pathogenic test Yes No

- j. Pre/Post employment physical Yes No
- k. Reference checks Yes No
- l. Substance abuse screening Yes No
- m. Written warnings Yes No



Safety Operations

16. Does the contractor perform any of the following safety operations?

- a. Drug/alcohol awareness program Yes No
- b. Employee safety training Yes No
- c. Jewelry policy Yes No
- d. Machine guarding
 - i. Point of operation Yes No
 - ii. Moving parts Yes No
 - iii. Drive mechanism Yes No
- e. Maintenance logs kept Yes No
- f. Return to full time modified work plan Yes No
- g. Return to light duty plan Yes No
- If yes, is the plan with full pay? Yes No
- h. Written safety program Yes No

17. Indicate how often safety meetings for all employees are held.

18. List any mechanical lifting devices used (e.g. cranes, forklift, excavators, loaders, etc.)

19. Indicate the maximum weight lifted manually. _____

20. Does the contractor require use of protective equipment? Yes No

a. If yes, indicate the type(s):

- | | | | |
|--|------------------------------------|---|---|
| Safety shoes <input type="checkbox"/> | Gloves <input type="checkbox"/> | Eye protection <input type="checkbox"/> | Ear Protection <input type="checkbox"/> |
| Lifting belts <input type="checkbox"/> | Hard hats <input type="checkbox"/> | Long pants <input type="checkbox"/> | Boots <input type="checkbox"/> |
| Other _____ | | | |

21. Does the contractor perform any work above 6 feet? Yes No

If yes, explain special safety precautions taken.

22. Does the contractor perform any work below 4 feet underground? Yes No

If yes, explain special safety precautions taken.



Special Exposures

Please explain thoroughly if any of the following exposures exist.

- Pole climbing
- Power transmission work (voltage greater than 200)

- Confined spaces
- PCB Transformer

The following are required when submitting a risk for us to review:
(Incomplete information will only delay the process)

- Completed Acord application
- Completed supplemental application
- 5 years of currently valued carrier loss runs
- Complete details of any loss greater than \$25,000
- A copy of the most recent financials including cash flow.

While the above items are required – the following are suggestions of additional information you can provide – the more information about an account, the better:

- Current and previous years' experience modification worksheet
- Details of the loss control program

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SIGNATURE OF APPLICANT IS REQUIRED PRIOR TO QUOTE

The information provided above is correct, to the best of my knowledge.

Insured: _____ - _____
Name (Printed or typed) Signature Date