



CONTRACTORS SUPPLEMENTAL

v.8.15.18

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 %	
WORK PERFORMED BY EMPLOYEES (CHECK ALL THAT APPLY)	<input type="checkbox"/> GEN. CONTRACTING <input type="checkbox"/> FLOORING <input type="checkbox"/> LANDSCAPING	<input type="checkbox"/> CONCRETE <input type="checkbox"/> ROOFING <input type="checkbox"/> SHEET METAL/GUTTERS	<input type="checkbox"/> EXCAVATION <input type="checkbox"/> WINDOW/DOOR INSTALL <input type="checkbox"/> TILE INSTALL	<input type="checkbox"/> FRAMING/CARPENTRY <input type="checkbox"/> PAINTING <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> ELECTRICAL <input type="checkbox"/> PLUMBING	<input type="checkbox"/> GLASS/GLAZIER <input type="checkbox"/> MASONRY <input type="checkbox"/> PLASTERING/DRYWALL <input type="checkbox"/> HVAC

FULL TIME EMPLOYEES (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 _____

PART TIME EMPLOYEES (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 _____

ANY EXPOSURE TO THE FOLLOWING: (CHECK ALL THAT APPLY)

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

ANY WORK ABOVE GROUND? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAXIMUM HEIGHT? _____ FEET _____ STORIES	PLEASE DESCRIBE ALL PROTECTION CONTROLS
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ANY WORK BELOW GROUND? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAXIMUM DEPTH? _____ FEET	PLEASE DESCRIBE TRENCH SAFETY CONTROLS
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ANY DEMOLITION OR BLASTING WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE DESCRIBE THE DEMOLITION OR BLASTING WORK
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RADIUS OF OPERATIONS	DO MORE THAN 4 EMPLOYEES TRAVEL TOGETHER IN THE SAME VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	ANY WORK OUTSIDE OF YOUR HOME STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHICH STATES?
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PERCENTAGE OF WORK SUBCONTRACTED TO OTHERS BASED ON PAYROLL?	%	CHECK ALL JOBS PERFORMED BY SUBCONTRACTORS	<input type="checkbox"/> JANITORIAL	<input type="checkbox"/> CONCRETE	<input type="checkbox"/> EXCAVATION	<input type="checkbox"/> FRAMING/CARPENTRY	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> GLASS/GLAZIER
			<input type="checkbox"/> PLASTERING/DRYWALL	<input type="checkbox"/> FLOORING	<input type="checkbox"/> ROOFING	<input type="checkbox"/> WINDOW/DOOR INSTALL	<input type="checkbox"/> PAINTING	<input type="checkbox"/> PLUMBING
			<input type="checkbox"/> MASONRY	<input type="checkbox"/> HVAC	<input type="checkbox"/> LANDSCAPING	<input type="checkbox"/> SHEET METAL/GUTTERS	<input type="checkbox"/> TILE INSTALL	<input type="checkbox"/> OTHER: _____

UNINSURED SUBCONTRACTORS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ANTICIPATED COST OF UNINSURED SUBCONTRACTORS LABOR? \$	1099 LABOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO	CASH LABOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ANTICIPATED COST OF CASH LABOR? \$
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DO YOU USE WRITTEN SUBCONTRACTOR AGREEMENTS CONTAINING HOLD HARMLESS/INDEMNITY AGREEMENTS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DOES THAT AGREEMENT REQUIRE THE SUBCONTRACTOR TO CARRY WORKERS COMPENSATION INSURANCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU OBTAIN CERTIFICATES OF INSURANCE FROM ALL SUBCONTRACTORS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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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 your criminal and civil penalties.

INSURED SIGNATURE	DATE
AGENT SIGNATURE	DATE
UNDERWRITER SIGNATURE	DATE