

# Contractors Supplemental

Company Name

<b>Percentage of Work</b>	New Construction %	Remodeling %	Residential %	Commercial %	Industrial %
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**Work Performed by Employees**

*Check All That Apply.*

Asphalt/Paving	Flooring	Landscaping	Roofing	Window/Door Install
Concrete	Framing/Carpentry	Masonry	Sewer/Drain/ Main Line	Other:
Demolition/Blasting	General Contracting	Painting	Sheet Metal/Gutters	
Electrical	Glass/Glazier	Plastering/Drywall	Tile Install	
Excavation	HVAC	Plumbing	Well Pump Install	

Maximum Weight Lifted pounds
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Detailed Description of Operations:

**Exposure**

*Check All That Apply.*

Aircraft	Heavy Equipment	Navigable Waterways
Cranes/Booms	Highways/Bridges	Stilts
Electrical Poles or Transformers	Lead Paint or Asbestos Removal/Abatement	Structural Rough Framing
<i>Specify voltage exposure.</i>	Mold	Watercraft

**Above Ground Work**

N/A

Max Height:      feet      inches

Description of OSHA Fall Protection Controls:

**Below Ground Work**

N/A

Max Depth:      feet      inches

Description of Trench Safety Controls:

**Operations**

Do More Than 4 Employees Travel Together in the Same Vehicle?

Yes      No

Employees Working outside of Your Home State: *Specify states and how long (annually) in each state.*

**Transportation**

Total number of vehicles for business use:

Total number of drivers:

Are MVRs checked?

N/A      Yes      No

**Work Performed by Subcontractors**

*Check All That Apply.*

Percentage of Subcontracted Work:

Asphalt / Paving	Framing/Carpentry	Masonry	Sewer/Drain/Main line	Other:
Concrete	General Contracting	Painting	Sheet Metal/Gutters	
Electrical	Glass/Glazier	Plastering/Drywall	Tile Install	
Excavation	HVAC	Plumbing	Well Pump Install	
Flooring	Landscaping	Roofing	Window/Door Install	

Certificates of Insurance Obtained from All Subcontractors?
Yes      No

**Anticipated Annual Cost**

Subcontracts Labor

\$      /      N/A

Cash/1099 Labor

\$      /      N/A

Day Labor

\$      /      N/A

Please Describe Last 3 Projects:

1

Start Date

Complete Date

2

Start Date

Complete Date

3

Start Date

Complete 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 you criminal and civil penalties.*

Insured Signature

Date