

Telecommunications Operation Supplemental

Company Name: _____

Company Website: _____

How many years of industry specific experience does the owner(s) have?

Does this owner(s) have any current or prior ownership interest in any other company, industry related or not? Y N

If yes, please list the names and FEIN #'s _____

Does the company ever perform work outside of Florida? Y N

If yes, what is the average duration of an out of state job? _____

If yes, do they hire employees residing out of the state of Florida? Y N

What % of work performed is: Residential _____% Commercial Construction _____% (Total should = 100%)

Is appropriate licensing in place if needed? Y N Please provide license numbers _____

How many employees will be performing Installation work: # full time _____ # part time _____ # seasonal/day labor _____

Average hourly wage: \$ _____ Any Cash payments made? Y N

Is the insured a specialist contractor performing work for a telecommunications company? Y N

Please check the type(s) of work being done:

Telephone

Cable TV

Satellite

Do operations include main co-axial cable (Trunk lines and/or Distribution lines) or conduit work? Y N If yes, please select from the following:

Overhead only

Underground only. Cable is laid manually

Underground only. Cable is laid with automatic equipment

Both underground and overhead. Underground cable laid manually

Both underground and overhead. Underground cable laid with automatic equipment

Do operations include any of the following? Select all that apply:

Extension

Line Maintenance

Service Connection

Satellite dish installation, service or repair

Pole installation, service or repair

Clearing of right of ways

Installation, service or repair of traffic signals and/or street lights

Is **ALL** work performed low voltage? Y N Is there any work done in proximity to high voltage lines? Y N If yes, please detail in explanation section below.

What is the maximum depth in feet if work includes manual trenching? _____ Are trench boxes utilized? Y N

What is the maximum height in feet? _____

Please indicate the total estimated subcontractor labor costs for this year? _____% None

Please list type(s) of work the company typically subcontracts: _____

Does this operation involve any of the following additional exposures?

24 hours exposure of any kind (including overnight stays) Y N If overnight stays, please provide details on frequency and duration of trips below.

Roadside work or main road exposure of any kind? Y N

Any Roof exposure? Y N

Any tunneling, other than street crossings? Y N

Manual lifting over 50 pounds Y N

USL&H/Maritime (navigable waterway or vessel) Y N

Tree/hedge/pruning, if yes, explain use of step ladders, ladders or bucket trucks Y N

Explanations from above:

Do you provide transportation to and from jobsites for employees? Y N Do you check MVR's on all Drivers? Y N

What is the max number of employees that are permitted to travel in the same vehicle? _____ Are seat belts available for **ALL** passengers? Y N What is the maximum radius of travel? _____ # of miles

Do you utilize any of the following: Flat Bed Truck Y N , Bucket Truck Y N , Dump Truck Y N , Boom Truck Y N , Redi-Mix Truck Y N , Crane Y N , Scissor Lift Y N , Multi-Passenger Van/Bus Y N , Aircraft-plane or helicopter Y N

I certify that the above information is accurate and complete to the best of my knowledge, and that I, as an owner/officer of the company, am authorized to sign this document on behalf of the company. Under Florida law, it is a felony to knowingly make a false or misleading written statement, or to knowingly omit or conceal material information for the purpose of obtaining workers' compensation coverage or for the purpose of reducing workers' compensation premiums.

Owner/Officer's Signature

Date

Print Owner/Officer's Name