

Workers Compensation Supplemental Application (Construction)

Named Insured:

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: _____ Are these other entities combinable with this one?

Y N (*Combinable means one owner is majority owner in other entities*)

Does the company ever perform work outside of domicile state? Y N

If yes, what is the average duration of an out of state job? _____ What states do they visit? _____

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

Operations and Benefits	
Detailed Description of Operations:	
Driving or Delivery Mileage:	<input type="checkbox"/> <50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101+ <input type="checkbox"/> No Driving Exposures
Max number of employees in one vehicle:	Are seatbelts provided for all occupants? <input type="checkbox"/> No <input type="checkbox"/> Yes
How are employees paid:	<input type="checkbox"/> Hourly <input type="checkbox"/> Piece rate <input type="checkbox"/> Commission <input type="checkbox"/> Salary <input type="checkbox"/> Other (please explain):
Any cash payments:	<input type="checkbox"/> No <input type="checkbox"/> Yes

Hiring Practices	
Written Applications:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Drug Testing	<input type="checkbox"/> Pre-Hire <input type="checkbox"/> Post-Accident <input type="checkbox"/> Both
MVR Checks	<input type="checkbox"/> No <input type="checkbox"/> Yes – If so, when:
Can insured provide light duty or return-to-work?	<input type="checkbox"/> No <input type="checkbox"/> Yes
What is the average tenure of employees?	
What is the turnover rate?	%
How many employees have been there less than 12 months?	
Subcontractors (this includes 1099 and contract labor)?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what % of payroll is assigned to subs: %
Are certificates of insurance obtained for subs:	<input type="checkbox"/> No <input type="checkbox"/> Yes
What types of work are subbed?	

Safety Program and Organization

Safety Program in Place:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes: <input type="checkbox"/> Formal/Written <input type="checkbox"/> Informal/Verbal
Safety Training:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, is the training: <input type="checkbox"/> Documented or <input type="checkbox"/> Verbal
Safety Meetings:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
MSDS Program:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Machinery Guarded:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lockout/Tagout:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Respiratory Program	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A If yes, what type:
Maximum Depth:	
Maximum Height in Feet:	ft. (please also enter fall protection used below)
If heights, what is used:	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Lifts <input type="checkbox"/> Other:
Type(s) of Fall Protection:	
Personal protective equipment:	<input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Goggles <input type="checkbox"/> Gloves <input type="checkbox"/> Non-Slip Shoes <input type="checkbox"/> Steel Toed Boots <input type="checkbox"/> Hard Hats <input type="checkbox"/> Masks <input type="checkbox"/> Back Belts <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Other:

What % of the company's work is in the following areas? (Total should=100%)

Cable/Conduit Installation		Irrigation Work	
Concrete		Masonry	
Demolition		Painting	
Electrical		Plumbing	
Framing/Truss work		Roofing	
HVAC		Site Work	
Interior Stone/Tile/Marble		Utilities Work	
Interior Trim/Carpentry		Wallboard/Drywall	
TOTAL			100%

How many employees will be performing Construction work: # full time _____ # part time _____ # seasonal _____ # day labor _____ # # of supervisors assignable to code 5606: _____

If electrical work: 600 V and below 600 V-69 kV 69 kV-230 kV 230 kV-1,100
Does the insured do any: solar panel install/pole lines/parking lot lights Yes No
If drywall work: What percentage are stilts used? _____%
Are employees paid by the piece? Yes No
If painting: What percentage of work is exterior: _____%

Do you act as a General Contractor in any capacity? Y N What % of total work is done as a GC? _____%

Does this operation involve any of the following exposures? Y N If yes, check all applicable and explain:

Y <input type="checkbox"/>	N <input type="checkbox"/>	USL&H/Maritime (navigable waterway or vessel)	Y <input type="checkbox"/>	N <input type="checkbox"/>	Twenty-four hours exposure of any kind (including overnight stays)
Y <input type="checkbox"/>	N <input type="checkbox"/>	Bridge or culvert work	Y <input type="checkbox"/>	N <input type="checkbox"/>	Manual lifting over 50 pounds
Y <input type="checkbox"/>	N <input type="checkbox"/>	Hazardous chemicals (including anhydrous ammonia, urea formaldehyde, and/or benzene)	Y <input type="checkbox"/>	N <input type="checkbox"/>	Exterior or above ground level window washing
Y <input type="checkbox"/>	N <input type="checkbox"/>	High voltage work or proximity, if yes, explain work done or reason for proximity	Y <input type="checkbox"/>	N <input type="checkbox"/>	Tree/Hedge trimming/pruning/removal, if yes, explain use of step ladders, ladders, or bucket trucks.
Y <input type="checkbox"/>	N <input type="checkbox"/>	Group Transportation-more passengers than seat belts	Y <input type="checkbox"/>	N <input type="checkbox"/>	Use of scaffolding, if yes, explain ownership/rental, setup, % of use & height).
Y <input type="checkbox"/>	N <input type="checkbox"/>	Asbestos or mold exposure/abatement	Y <input type="checkbox"/>	N <input type="checkbox"/>	Extension ladders, if yes, explain % of use & height.
Y <input type="checkbox"/>	N <input type="checkbox"/>	Gas main or gas pipe exposure	Y <input type="checkbox"/>	N <input type="checkbox"/>	Roadway, Roadside, Highway work of any kind
Y <input type="checkbox"/>	N <input type="checkbox"/>	Boiler or Furnace work/repair	Y <input type="checkbox"/>	N <input type="checkbox"/>	Clearing of right-of ways
Y <input type="checkbox"/>	N <input type="checkbox"/>	Stone/marble cutting, crushing, or grinding, if yes, explain methods, is all cutting done wet.	Y <input type="checkbox"/>	N <input type="checkbox"/>	Demolition, wrecking or blasting

Explanation: _____

Do you provide transportation to and from jobsites for Employees? Y N

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

Does the agency write any other lines of coverage for this insured? Yes No

If not, does the agency personally know this prospect? Yes No

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