**Workers Compensation Supplemental Application (Construction)**

**\*\* Please skip any items you’ve already addressed on the Acord 130 or via email correspondence with underwriting. \*\***

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:** | [ ]  <50 [ ]  51-100 [ ]  101+ [ ]  No Driving Exposures |
| **Max number of employees in one vehicle:** |      Are seatbelts provided for all occupants? [ ]  No [ ]  Yes |
| **How are employees paid:** | [ ]  Hourly [ ]  Piece rate [ ] Commission [ ]  Salary [ ]  Other (please explain):       |
| **Any cash payments:** | [ ]  No [ ]  Yes |

|  |
| --- |
| **Hiring Practices** |
| **Written Applications:** | [ ]  No [ ]  Yes |
| **Drug Testing** | [ ]  Pre-Hire [ ]  Post-Accident [ ]  Both  |
| **MVR Checks** | [ ]  No [ ]  Yes – If so, when:       |
| **Can insured provide light duty or return-to-work?** | [ ]  No [ ]  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)?** | [ ]  No [ ]  YesIf yes, what % of payroll is assigned to subs:      % |
| **Are certificates of insurance obtained for subs:** | [ ]  No [ ]  Yes |
| **What types of work are subbed?** |       |
| **Safety Program and Organization** |
| **Safety Program in Place:** | [ ]  No [ ]  YesIf yes:[ ]  Formal/Written [ ]  Informal/Verbal |
| **Safety Training:** | [ ]  No [ ]  YesIf yes, is the training: [ ]  Documented or [ ]  Verbal |
| **Safety Meetings:** | [ ]  No [ ]  Yes If yes, frequency:[ ]  Daily [ ]  Weekly [ ]  Monthly [ ]  Quarterly [ ]  Annually |
| **MSDS Program:** | [ ]  No [ ]  Yes |
| **Machinery Guarded:** | [ ]  No [ ]  Yes |
| **Lockout/Tagout:** | [ ]  No [ ]  Yes |
| **Respiratory Program** | [ ]  No [ ]  Yes [ ]  N/AIf yes, what type:       |
| **Maximum Depth:** |       |
| **Maximum Height in Feet:** |       ft. (please also enter fall protection used below) |
| **If heights, what is used:** | [ ]  Ladders [ ]  Scaffolding [ ]  Lifts [ ]  Other:       |
| **Type(s) of Fall Protection:** |        |
| **Personal protective equipment:** | [ ]  No [ ]  N/A [ ]  Goggles [ ]  Gloves [ ]  Non-Slip Shoes[ ]  Steel Toed Boots [ ]  Hard Hats [ ]  Masks [ ]  Back Belts[ ]  Protective Clothing [ ]  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[ ]  | N[ ]  | USL&H/Maritime (navigable waterway or vessel)  | Y[ ]  | N[ ]  | Twenty-four hours exposure of any kind (including overnight stays) |
| Y[ ]  | N[ ]  | Bridge or culvert work | Y[ ]  | N[ ]  | Manual lifting over 50 pounds |
| Y[ ]  | N[ ]  | Hazardous chemicals (including anhydrous ammonia, urea formaldehyde, and/or benzene) | Y[ ]  | N[ ]  | Exterior or above ground level window washing |
| Y[ ]  | N[ ]  | High voltage work or proximity, if yes, explain work done or reason for proximity | Y[ ]  | N[ ]  | Tree/Hedge trimming/pruning/removal, if yes, explain use of step ladders, ladders, or bucket trucks.  |
| Y[ ]  | N[ ]  | Group Transportation-more passengers than seat belts | Y[ ]  | N[ ]  | Use of scaffolding, if yes, explain ownership/rental, setup, % of use & height). |
| Y[ ]  | N[ ]  | Asbestos or mold exposure/abatement | Y[ ]  | N[ ]  | Extension ladders, if yes, explain % of use & height. |
| Y[ ]  | N[ ]  | Gas main or gas pipe exposure | Y[ ]  | N[ ]  | Roadway, Roadside, Highway work of any kind |
| Y[ ]  | N[ ]  | Boiler or Furnace work/repair | Y[ ]  | N[ ]  | Clearing of right‐of ways |
| Y[ ]  | N[ ]  | Stone/marble cutting, crushing, or grinding, if yes, explain methods, is all cutting done wet. | Y[ ]  | N[ ]  | 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.

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 Owner/Officer’s Signature Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Owner/Officer’s Name