**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  Yes  If 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  Yes  If yes:  Formal/Written  Informal/Verbal |
| **Safety Training:** | No  Yes  If 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/A  If 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

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Print Owner/Officer’s Name