

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

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

If not included in above list, please provide a detailed description of daily operations performed and/or typical employee duties: _____

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

What is the maximum employees will work at each? Height in feet ____ Depth in feet ____.

What specific work is done at this height/depth? _____

What safety procedures are in place for work at heights, work with ladders or scaffolding work? _____

If this risk does any drywall work under code 5445 please advise:

Any stilt work? _____ Are employees paid by the piece, by the job or hourly? _____

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

of supervisors assignable to code 5606 _____ Average hourly wage: \$ _____ Any Cash payments made? Y N

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

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 exposures? Y N If yes, check all applicable and explain below:

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 check MVR's on all Drivers? Y N

What is the maximum radius of travel? _____ # of miles Do employees leave the state? Y N

How many consecutive nights are employees traveling and gone overnight? _____

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