



**CONTRACTORS
WORKERS
COMPENSATION
SUPPLEMENTAL
APPLICATION**

CQ-0200_0108

Insured/Applicant: _____

Effective Date of Coverage: _____ Contact Name: _____

I. HIRING PRACTICES

How do you find employee candidates for potential employment? Advertise Referrals Other
If "Other", please describe _____

Do you:

- | | | |
|---|------------------------------|-----------------------------|
| Require a completed employment application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Require and check references? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Order Motor Vehicle Reports on potential and new employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Require pre-employment physicals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Require Pre-employment drug screening? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

II. EMPLOYMENT DETAILS

Is Group Medical Insurance provided to all employees? Yes No
If yes, what is the name of your Health Carrier? _____

Are all employees eligible for paid vacation? Yes No
Are all employees eligible for paid sick leave? Yes No

Have there been any layoffs in the last 12 months? Yes No
Are any layoffs planned in the next 12 months? Yes No

How many employees have you hired within the last 12 months? _____

What percentage of your employees has been with your company over 1 year? _____

What percentage of your employees has been with your company over 3 years? _____

Do you have a modified return to work program? Yes No
Are your supervisors multi-lingual? Yes No

Is personal protective equipment provided to employees? Yes No
If yes, please describe _____

Is training or apprenticeship offered to employees? Yes No
If yes, please describe _____

What is the average number of hours a week your employees work? _____

What is the average hourly wage you pay your employees? _____

III. NATURE OF OPERATIONS

What percentage of your work involves new construction? _____ % Remodeling _____ %
What percentage of your work involves is residential? _____ % Commercial _____ %

Do you perform work outside of your domicile state? Yes No
If yes, how many times a year? _____
If yes, do you hire employees outside of your domicile state? _____

WORK AT HEIGHTS

Do you perform work at heights above 2 stories? Yes No
If yes, to what height? _____ What percentage of your work is over 2 stories? _____ %

Do you use scaffolding? Yes No
If yes, do you own or rent the scaffolding? Own Rent
Who erects the scaffolding? _____

WORK BELOW GRADE

Do you dig trenches or excavate to depths greater than 5 feet? Yes No
If yes, to what depth? _____ What percentage of your work is greater than 5 feet? _____ %

Do you use shoring? Yes No
If yes, what type of shoring is used and who installs? _____

OCCUPATIONAL DISEASE EXPOSURES

Does your work include any cleaning up, removal, testing, encapsulation, treatment, neutralization, remediation or disposal of materials containing any of the following:

Asbestos	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Silica	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Talc	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mold/Fungus	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lead	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, what type of jobs, who are your customers, what type of material? _____

LOSS CONTROL

Please describe or attach a copy of your loss control safety program: _____

ATTENTION

1. THE APPLICANT DECLARES THAT THE ABOVE STATEMENTS AND PARTICULARS, TOGETHER WITH ANY ATTACHED OR APPENDED DOCUMENTS OR MATERIALS ARE TRUE AND COMPLETE AND DO NOT MISREPRESENT, MISSTATE OR OMIT ANY MATERIAL FACTS.
2. THE APPLICANT UNDERSTANDS THAT THE COMPANY RELIED UPON THE INFORMATION CONTAINED WITH THIS APPLICATION TO DETERMINE ACCCETPABILITY, RATES AND COVERAGE.
3. THE APPLICANT AUTHORIZES THE COMPANY TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THE QUESTIONNAIR AS IT MAY DEEM NECESSARY.

SIGNATURE OF APPLICANT: _____ DATE: _____

TITLE (OFFICER, PARTNER, OWNER) _____

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.