



WORKERS COMPENSATION

Residential General Contractor Supplemental

1. Has the insured had continuous workers compensation coverage under the current name for a minimum of two years? _____
2. Has the insured operated under a different name during the last five years?
Yes ____ No ____ If yes, please list prior business names:

3. Do the owners have any ownership interest in any other construction business?
Yes ____ No ____ If yes, please explain:

Business Operations

4. Do you ever operate as a developer? _____
5. Years in business as a general contractor. _____
6. Who is responsible for job-site supervision and explain the scope of jobsite supervision?

7. Do you build Custom Homes? _____% Spec Homes _____% Remodel Renovations? _____
8. What is the max level house that you will build? 1, 2 or 3-stories? _____
9. What is your average home size? _____ square feet
10. Average selling price per home. _____
11. How many homes are currently under construction? _____
12. How many homes are projected to be completed by year end? _____
13. Number of homes built last year. _____
14. Insured subcontractor payroll. _____
15. Uninsured subcontractor payroll. _____
16. Direct employee payroll. _____
17. Uninsured subcontractors are utilized for the following operations:

18. Does the insured consistently utilize the same subcontractors? _____
19. Does the applicant utilize only insured roofing contractors? Yes ____ No ____
If no, please provide the percentage of roofing that is uninsured. _____
20. Do subs use "job-made-scaffolding"? _____
21. If non-English speaking subs are used, are translators provided? _____

22. Percent Residential Work? _____ Commercial? _____ Industrial? _____
23. Any work above ground? Yes/No _____
 If yes, % of work above 15'? ___ above 20'? ___ above 25'? ___ above 30'? _____
24. Will you work below ground? Yes/No _____ If yes, to what depth? _____
25. Will you do any lead paint or asbestos removal? Yes/No _____
26. Will you do any demolition or blasting work? Yes/No _____ If yes, please describe the demolition or blasting work _____

27. Will you work in any other state outside of your home state? Yes/No _____
 If yes, which states? _____
 How many days a year is work performed in other states? _____
28. Radius of operation? _____
29. Do more than five (5) employees travel together in the same vehicle? Yes/No _____
30. Any work performed on bridges? Yes/No _____ Interstate highways? Yes/No _____
31. Any work performed on waterways? _____ Rivers? _____ Bays? _____ Oceans? _____
32. Do you own, borrow, rent or lease aircraft? Yes/No _____ Watercraft? Yes/No _____
33. Are local workers hired when work is performed in other states? Yes/No _____
34. Do you require all employees to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? Yes/No _____
35. Has OSHA inspected your operation in the last three (3) years? Yes/No _____
 If yes, are there any "Serious" unresolved issues? Yes/No _____
 If yes, please explain what has been done to correct these violations? _____

36. Do you use any cash, casual labor or labor services? Yes/No _____ If yes, how many days a year is it used? _____
 What is the estimated cost for cash, casual or labor services? _____

The applicant warrants and represents to the insurer that the information entered in this supplemental application is true and correct. The applicant acknowledges that the information presented herein is material to the decision of the insurance company to issue a policy, and that this issuance of a policy by the insurer is in reliance upon the sufficiency and accuracy of the information by the applicant in this supplemental application.

Authorized Representative: _____
 Print Name / Title

Signature: _____ Date: _____