

Employer Name: \_\_\_\_\_

Website: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

#### Payroll, Premium & Experience Mod History

Please fill in the correct amount for each of the following:

Category	Expiring Year	Prior (1)	Prior (2)	Prior (3)	Prior (4)
Payroll					
Premium					
Experience Mod					

#### Safety and Employee Management

1. Check all methods used prior to hiring employees:

- Pre-Employment Physicals
  Medical Questionnaire  
 Motor Vehicle Record Screening
  Criminal Background Check

2. Does the applicant conduct employee safety orientation training?  Yes  No

3. Does the applicant have a formal written safety program in place?  Yes  No

*If yes, explain:*

\_\_\_\_\_

\_\_\_\_\_

4. Does the applicant have a formal fall protection program in place?  Yes  No

*If yes, explain:*

\_\_\_\_\_

\_\_\_\_\_

5. Does the applicant have a fleet safety program in place?  Yes  No

*If yes, explain:*

\_\_\_\_\_

\_\_\_\_\_

6. Is there an appointed Safety Director?  Yes  No

If yes, enter name of person responsible: \_\_\_\_\_

7. Are safety meetings and training conducted?  Yes  No

If yes, how often? \_\_\_\_\_

8. Does the applicant review and/or document accident investigations?  Yes  No

9. Does the applicant have a formal return-to-work program in place?  Yes  No

If no, are you willing to implement a return-to-work program?  Yes  No

10. Do employees use personal protective equipment?  Yes  No

11. Does the applicant have a formal drug testing program?  Yes  No

If yes, check all that apply:

Pre-employment/Post-offer  Post-Accident  
 Employee Assistance Program  Random – Percentage: \_\_\_\_\_ %

12. Does the applicant provide health insurance?  Yes  No

13. What is the average weekly wage rate for the applicant's governing code? \_\_\_\_\_

14. Does the applicant erect their own scaffolding?  Yes  No

15. Is there any work below grade?  Yes  No

If yes, what percentage and what safety measures are in place:

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

16. Is the applicant involved in "Wrap-up" or "OCIP" projects?  Yes  No

If yes, what % of total payroll is dedicated to these projects? \_\_\_\_\_ %

How does the applicant determine employee split?

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

17. Does the applicant hire day laborers or temporary employees?  Yes  No



# Specialty Construction

## Workers Compensation Supplemental Application

18. Please fill in the correct percentages for each of the following:  Yes  No

Commercial Work: \_\_\_\_\_ % Residential Work: \_\_\_\_\_ %

### Additional Coverages Required

1. Please select any additional coverage(s) required for the applicant (check all that apply):

Alternate Employer

Blanket Waiver of Subrogation

Additional comments or remarks:

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### Applicant Signature

**Notice:** This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to provide the insurance. The Undersigned declares that to the best of his/her knowledge, the statements set forth herein are true. If the information supplied herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the Company of the changes and the Company reserves the right to modify or withdraw any offer for insurance.

**Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

Applicant Name: \_\_\_\_\_

Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_