

Contractor's Supplemental Application

To be completed with ACORD 130 Application

Named Insured:				Web Address:			
Insured's FEIN:							
CONTACT NAME				PHONE NUMBER			
Inspections:							
Premium Audit:							
Claims:							
PRIOR PAYROLL AND PREMIUM INFORMATION							
	Total Annual Payroll		Premium \$				
Current Year:							
Prior Year:							
Prior Year:							
Prior Year:							
Prior Year:							
Prior Year:							
OPERATIONS AND BENEFITS							
Broker controlled account? Yes No							
Does applicant currently use a PEO or payroll service? Yes No If yes, provide name of organization used:							
Please provide a detailed description of the operation:							
Years in business?				Hours of operation:			
No. of shifts:	Does the applicant allow employees to work more than three consecutive 12-hour shifts?					Yes	No
Is there a driving or delivery exposure?	Yes	No	Radius of operations/travel:		<10 miles	11-50	50-100 100+
If yes, what is the frequency?	Daily	Weekly	Other:	Any group transportation of employees?		Yes	No
Is a PUC/DMV filing required?	PUC	DMV	N/A	If yes, how provided?		Car	Truck Van Bus
Are vehicles company owned?	Yes	No	No. of employees transported per vehicle:				
If yes, types of vehicles:				No. of vehicles used to transport:			
If yes, are vehicles taken home: Yes No				Frequency: Daily Weekly Monthly			
No. of vehicles:	No. of drivers:		Is insured enrolled in DMV Pull program? Yes No				
Vehicle/fleet maintenance program? Yes No				Are driver acceptability standards in place? Yes No			
If yes, who does the servicing?				If yes, provide details below:			
Outside vendor:							
In-house mechanics:							
Other:							
Does insured have and enforce the following policies for drivers:							
Alcohol/drug use: Yes No Seat belt use: Yes No Distracted driving: Yes No							
Any work-related injuries as a result of a prior motor vehicle accident within the past four years? Yes No							
If yes, please provide details, including fault of accident and if subrogation was pursued:							
Do employees use personal vehicles for company business? Yes No							
Do any employees work from home? Yes No				No. of employees who live/work out of state:		Live:	Work:
Any out-of-state, international or overnight (within state) travel? Yes No				If yes, provide details:			
Why/purpose?							
Who will travel?		Where?		Duration?		Frequency?	
No. of employees: (verify number is consistent w/ number on ACORD application)		Full:	Part:	Seasonal:		Volunteers:	
No. of employees per location:		1.	2.	3.	4.	Use a separate page if needed.	
Avg. Annual Employee Turnover: %		No. of W-2s issued:		Last Year:		Previous Year:	
How are employees paid? Hourly: Piece rate: Commission: Flat Salary: Other:							
Any interchange of labor? Yes No If yes, please explain: Another Business Subsidiary Business Dept. Other							

Any day laborers or temporary/employee leasing? Yes No			
% of union employees:	Average hourly wage for employees in governing class: \$		
%of non-union:	Retirement/pension plan? Yes No	Does employer contribute? Yes No	
Group medical provided? Yes No	If group medical is provided, who is the healthcare provider?		
% of employees enrolled:		% paid by employer:	
Do you have a wellness program (ie encourages and promotes employee health programs) in place? Yes No			
Do you provide paid sick leave? Yes No		Paid vacation? Yes No	
Do you use a specific medical provider to treat injured employees? Yes No			
Are you currently participating in a MPN (Medical Provider Network)? Yes No			
If yes, please provide the name of current MPN:			
CPR training provided? Yes No		Return to Work Program (RTW) in place? Yes No	
No. of employees certified?		Does it include salary continuation? Yes No	
Has the ownership of the applicable entity changed within the past five years? Yes No			
If yes, please provide details:			
HIRING PRACTICES - EMPLOYEE SELECTION - CLAIMS			
Written application? Yes No		Pre-hire drug testing? Yes No	
Reference checks? Yes No		Post-accident drug testing? Yes No	
Background checks? Yes No		MVR checks? Yes No	
Pre/post employment physicals? Yes No		Audio hearing tests? Yes No	
Orthopedic back testing? Yes No		Do you have a formal written accident report? Yes No	
Formal job descriptions on file? Yes No		Are there set procedures for reporting claims? Yes No	
Average claim reporting time frame:		Are supervisors held accountable for injuries/accidents? Yes No	
Is job specific training provided? Yes No			
Employee Orientation Program? Yes No		If yes, is the orientation: Verbal only? Verbal and Documented?	
Employee to Supervisor ratio: Better than 4-1 5-1 6-1 7-1 >7-1			
Subcontractors used? Yes No		If yes, for what purpose?	
If yes, are certificates of insurance obtained and kept on file? Yes No			
Independent contractors used? Yes No		If yes, for what purpose?	
If yes, how are they paid? 1099s? Other? Please explain.			
SAFETY PROGRAM AND ORGANIZATION - WORK PREMISES AND ENVIRONMENT			
Are owners active in daily operations? Yes No		If yes, are they excluded from coverage? Yes No	
Active injury & illness prevention program? Yes No		Heat illness prevention program? Yes No	
Active safety incentive program? Yes No		Has loss control services been performed in the last year? Yes No	
If yes, does it encompass all employees? Yes No		Has Cal/OSHA visited/cited your business in the last year? Yes No	
What type of incentive?		If yes, please provide explanation on separate page.	
Do employees receive safety training/orientation? Yes No		Are safety meetings conducted? Yes No	
If yes, is the training: Formal / Documented Informal		If yes, how often? Daily Weekly Monthly Quarterly Other	
Do you have a safety director or risk manager? Yes No		Name and title:	
If yes, is the position full time or an additional responsibility of another employee?			
MSDS (Material Safety Data Sheets) available for all chemicals and products used? Yes No N/A			
Any material handling exposures? Yes No		If yes, please explain:	
Any lifting exposures? Yes No		Forklift training provided? Yes No N/A	
If yes, <25 lbs. 25-40 40+		If yes, annual certification? Yes No	
If 40+, manual lifting or with assistance? Explain:			
Is all machinery/equipment properly guarded? Yes No N/A		Any use of Baler equipment? Yes No	
Written lockout/tagout/blockout procedures in place? Yes No N/A		Condition of equipment? New Good Average	
Respiratory program in place? Yes No		Age of equipment? 0-5 years 5-10 10-20 20+	
What is the maximum height in feet you will work?		Please see Contractors Section for further elaboration.	
What is used? Ladder Scaffolding Scissor lifts N/A		If scaffolding used, does the insured build their own? Yes No	
If insured builds own scaffolding, provide % of annual operations involving scaffold setup and teardown compared to total operations:			
Written Fall Protection Program? Yes No		Please see Contractors Section for further elaboration.	
Are all equipment operators trained/ certified? Yes No N/A		Personal protection equipment provided? Yes No N/A	

Is the building/premises: Owned Leased?		If yes, strict enforcement of utilization? Yes No	
Condition of premises? Excellent Very good Average		What types of PPE?	
No. of years at current location?		Number of years of building occupied?	
This section must be completed by all applicants who are individuals, sole proprietorships, husband and wife, or partnerships (where the general partners are husband and wife).			
Please list below any relatives residing in your household who are employees of your business and to whom your books and records show payments to such relatives:			
Employed Relatives*			
Name	Relationship to You	Job Title or Duties	Estimated Annual Remuneration
Check here if there are no relatives residing in your household that are employed in your business:			
*Relatives are defined as: spouse, child by birth or adoption, stepchild, grandchild, son-in-law, daughter-in-law, parent, step-parent, parent-in-law, grandparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, sister-in-law, uncle, aunt, nephew, or niece.			
Note: Per California Labor Code, as an employer you are required to include in your Workers' Compensation coverage all relatives residing in your household who are your employees. Any policy issued based on information provided in this application will exclude coverage for residing relatives if none are listed above.			
Note: All information provided is subject to verification by way of an underwriting survey or inspection. Arrowhead General Insurance Agency, Inc. must be notified of any significant change in operations or payroll. Terms of insurance coverage may be cancelled for misrepresentation if information provided is inaccurate.			
Signature of Applicant:			Date:
CONTRACTORS			
Contractors license number?		Years experience in trade?	
Estimated annual gross sales?		Estimated number of jobs per year?	
Percentage of work sub-contracted out? _____%		What type?	
If subs used, does insured: Check annually? Directly supervise subs?			
Indicate percentage of work conducted in each of the following operations (must equal 100% for each):			
1.)	New Construction:	Remodeling:	Service/Repair:
2.)	Commercial:	Apts/Condos/Tract Homes:	Single Custom Homes:
3.)	Interior:	Exterior _____	
If exterior work done, what is the max height your employees will work above ground level?			
Percentage of work/exposure:	<12':	12' to 24':	24' to 40': >40':
What is used? Ladder Scaffolding Scissor lifts N/A			
If insured builds own scaffolding, provide % of annual operations involving scaffold setup and teardown compared to total operations. _____%			
Any use of swing scaffolding? Yes No If yes, what percentage of total scaffolding use is swing? _____%			
Any rooftop exposure? Yes No If yes, what percentage of total work is on commercial flat roof? _____%			
What percentage is on pitched rooftop? _____%			
Any work performed on skylights? Yes No If yes, provide details:			
Any solar work? Yes No If yes, provide details:			
Fall Protection Program in place? Yes No If yes, please select type below:			
Guardrails Safety Belt of Full Body Harness Safety Net Ladder Tie Offs Training in Ladder/Scaffold Placement			
Other, please describe:			
Any concrete tilt-up work? Yes No		Self performed? Yes No Subbed to others? Yes No	
Does applicant own their cranes or rent them? Own Rent		Use their own crane operators or rent? Own Rent	
Crane operators CAL OSHA certified? Yes No		Employees certified by Tilt-Up Concrete Assoc. (TSA)? Yes No	
Are riggers trained and certified? Yes No Provide details:			
Are Pre-Lift Safety Meetings held? Yes No			
Any other use of cranes, booms or similar heavy construction equipment? Yes No			
Any work below grade? Yes No		Max. depth in feet: % of total work: _____%	
Any confined spaces exposures? Yes No			
If yes, please provide details on separate page - include copy of written procedures and details of Confined Spaces Training.			

Any work related to wildland fire activities? E.g. – Fire prevention, work on fireline, work after fire, ect. Yes No If yes, provide details:						
Any work involving asbestos, hazardous product abatement, chemical/petroleum products, USL&H, underground tank or pipe replacement? Yes No If yes, please explain:						
Does any welding exposure exist? Yes No If yes, you must complete the Welding Exposure Supplemental App and include it with your submission.						
Do applicant's employees perform any stone cutting operations? Yes No If yes, does applicant work with engineered stone? Yes No						
What percentage of stone cutting operations are performed with dry saw? _____% Wet saw? _____%						
Does this risk conduct work for the government or city municipality? Yes No						
Is the applicant involved in "Wrap Up" or "OCIP" projects? Yes No If yes, please use the lines below to provide percentage of total payroll dedicated to these projects and advise detailed procedures on how applicant determines employee split between these projects and other contracts/projects (not Involving "wrap up" or "OCIP").						
Indicate percentage of work conducted in each of the following operations or mark not applicable - N/A						
Blasting _____%	Drilling _____%	Light Pole Work _____%	Demolition_____%	Tunneling_____%	Grading_____%	Wrecking_____%
Multi-story Buildings_____%	Gas Mains_____%	Crane Work_____%	Asbestos_____%	Highway Work_____%	Scaffold setup_____%	
Roofing _____%	Excavation_____%	Concrete Tilt-up_____%	Sewer_____%	Ext. Framing_____%	Structural Steel_____%	
Bridge Work_____%	Supervisory Only_____%	Street/road Work_____%	Spray Painting_____%	Dock/sea walls_____%	Solar_____%	