



Contractors WC Supplemental

Please complete, sign and return to your Falls Lake Underwriter.

General Information

Named Insured:		Date Form Completed:	
Entity Type:		Form Completed By:	
Years of Operation:		Safety Manager:	
State(s) of Operation:		Safety Manager Email:	
DOT Number:		Safety Manager Phone:	
Website:			

Operations

New Construction		%
Service/Repair		%
Alterations/Remodeling		%
Maintenance		%
Other		%
Total:		%

Interior work		%
Exterior work		%
Total:		%

Residential		%
Commercial		%
Industrial		%
Public works/ Government		%
Total:		%

Description of operations: _____

Max height of operations: _____

Please describe the owners experience in this line of work? _____

What states does the insured operate in? _____

Number of full-time employees? _____

Number of part-time employees? _____

Are employees paid by 1099? Yes No

-If yes, do they work exclusively for the insured? Yes No

-Is cash labor utilized? Yes No

-Are day laborers utilized? Yes No

Subcontractor Exposure

Does the applicant utilize subcontractors? Yes No

○ If yes, what is the annual subcontracted payroll? _____

Does the applicant utilize uninsured subcontractors? Yes No

○ If yes, what is the uninsured subcontracted payroll? _____

○ If yes, please describe the work uninsured subcontractors are engaged in. _____



Are Workers Compensation certificates of insurance required from the subcontractors? Yes No

How often are certificates of insured obtained? _____

Is a formal written contract utilized with subcontractors? Yes No

Transportation Exposure

Number of trucks owned by the insured: _____

Radius of transportation in miles: _____

Is group transportation exposure present? Yes No

 o If yes, approximately how many times per month does group transportation occur? _____

Do employees keep work vehicles at their home? Yes No

Is there a vehicle maintenance program in place? Yes No

Are GPS Tracking/Monitoring systems installed in the vehicles? Yes No

Does the applicant engage in out-of-town or overnight work? Yes No

Specific operations - Please complete the section(s) most applicable to the insured's operations

Carpentry

Is interior trim work performed? Yes No

Is framing performed? Yes No

Concrete

What percentage of operations is flat work? _____

Any wall tilting performed? Yes No

Any elevated floor and wall work? Yes No

Any bridge or road work? Yes No

Excavation/Grading

Max depth of work? _____

Any underground water main/sewer main/gas main work? Yes No

Any tree cutting? Yes No

What percentage of work is clearing right of ways? _____

What percentage of work is unmechanized? _____

Is work performed for municipalities? Yes No

Do you contact 811 and do you physically verify utility locates? Yes No

Any directional boring work performed? Yes No

Electrical

Is high voltage work performed? Yes No

Is work at electrical substations performed? Yes No

Any installation of transformers, electrical panels, electrical motors, or pool heaters? Yes No

Any overhead line work performed? Yes No



Roofing

What percentage of work is flat work? _____

Are 4-point harnesses utilized? Yes No

What other type of fall protection is utilized? _____

Are boundaries established on the borders of flat roofs? Yes No

Is hot tar roofing performed? Yes No

How often is safety and equipment training conducted? _____

Millwright

Are welding operations performed on the premises, at the worksite, or both? _____

Is automated laser cutting performed? Yes No

Does the insured install the sheet metal? Yes No

Is structural steel erection performed? Yes No

Any boiler repair operations? Yes No

Max height of work? _____

Risk Management

Written applications at hire?	Yes	No	Written safety program in place?	Yes	No
Formal Training/Orientation?	Yes	No	Regular documented safety meetings?	Yes	No
Pre-employment drug screenings?	Yes	No	Is all machinery properly guarded?	Yes	No
Post-accident drug testing?	Yes	No	Early Return to Work program in place?	Yes	No
Lockout/Tagout program?	Yes	No	Are MVR checks conducted on drivers?	Yes	No
On-site supervision?	Yes	No	Is a fall protection program in place?	Yes	No

What type of PPE is utilized? _____

Has the insured had any OSHA violations within the last 5 years? Yes No

- If yes, please explain _____

Any person who knowingly and with intent to defraud any insurance company or another 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 insurance act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME and VA, insurance Benefits may also be denied.)

THIS DOCUMENT MUST BE SIGNED

Date of Completion: _____

Applicant Signature: _____

Applicant Title: _____

Agent Signature: _____