



Contractor's Supplemental Information

(To be completed with Acord 130 application)

Business Name: _____ App#: _____

Website Address _____

Email: _____

1. Describe the types of work performed by your company: _____

2. How many years have you been in business? _____

If less than three years, describe prior experience in this field: _____

3. Do you use sub-contractors? Yes No What percentage of work is subbed? _____%

Do you require certificates of insurance from all sub-contractors? Yes No

4. Do you or any subcontractors you use do any of the following types of work?

	Yes	No		Yes	No		Yes	No
Roofing			Demolition			Masonry		
Plumbing			Wrecking			Carpentry		
Electrical			Painting			Sheet Metal		

5. Do you perform any work above 15 feet? Yes No

If yes, what is used? Ladders Scaffolding Scissor lifts N/A

6. Do you perform any work underground below 3 feet? Yes No

If yes, please describe: _____

7. Are owners active in daily operations? Yes No

If yes are they included or excluded from coverage? Included Excluded

8. Who is responsible for overseeing and directing the safety efforts of your company?

(name, title & phone#): _____

9. Does your company have a formal, written safety program? Yes No

If so, are employees required to sign off on this program and a copy placed in their personnel file? Yes No

10. Do you have a post-accident drug-testing policy? Yes No

11. Does your company investigate accidents to determine ways to prevent recurrence?

Yes No

If yes, who performs such investigations, and do they have authority to make operational changes they deem necessary? _____

12. Are group health benefits provided for your company's employees? Yes No

13. Any group transportation of employees? Yes No

If yes, how is it provided? Car Truck Van Bus

14. Does your company conduct "tool box" safety meetings? Yes No

If yes, how often? _____ Are they documented? Yes No

15. Percentage of Commercial work _____% vs. Residential work _____%

16. Will you do work in more than one state? Yes No

If yes, please describe: _____

Signature: _____ Date: _____

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."