



AT YOUR COMMAND

Contractor's Supplemental Application

Business Name: _____

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:

1. Do you use subcontractors? Yes No

If yes, please indicate the percent of your total work subcontracted by type of work below:

Roofing _____%

Masonry _____%

Plumbing _____%

Carpentry _____%

Electrical _____%

Other _____% Please describe:

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

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

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

If yes, please describe: _____

1. Who is responsible for overseeing and directing the safety efforts of your company? (name, title & phone #): _____

2. 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

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

2. 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?

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

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

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

1. Percentage of commercial work _____% vs. residential work _____%

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

If yes, please describe: _____

Signature: _____ Date: _____