

CONTRACTORS SUPPLEMENTAL APPLICATION

140 2nd Street, Suite 230 | Petaluma, CA 94952 | (888) 744-9810 | www.tangramins.com

Named Insured:	Effective Date:	FEIN #:
Contact Name & Title	Phone Number:	
Web Address:	Contact E-mail:	

CONTACT NAME AND PHONE NUMBER:

Inspections:	Phone Number:
Premium Audit:	Phone Number:
Claims:	Phone Number:

PAYROLL AND PREMIUM HISTORY:

	Total Annual Payroll	Premium \$
Current Year		
1st Prior Year		
2nd Prior Year		
3rd Prior Year		
4th Prior Year		

VEHICLE & DRIVER INFORMATION:

Is there a driving/delivery exposure? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what is frequency? Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____
Radius of Operations/travel: <50 miles <input type="checkbox"/> 50-100 <input type="checkbox"/> 100+ <input type="checkbox"/>	
Any group transportation of employees? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how provided? Car <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Bus <input type="checkbox"/>
Do you perform MVR checks? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how frequent? _____
Are there driver standards in place? Yes <input type="checkbox"/> No <input type="checkbox"/>	
# of employees transported per vehicle:	# of vehicles used to transport:
Frequency: Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: <input type="checkbox"/>	Is a PUC/DMV filing required? PUC <input type="checkbox"/> DMV <input type="checkbox"/> N/A <input type="checkbox"/>
Are vehicles company owned? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, types of vehicles: _____
Vehicle/fleet maintenance program? Yes <input type="checkbox"/> No <input type="checkbox"/>	# of vehicles: _____
Do employees use personal vehicles for company business? Yes <input type="checkbox"/> No <input type="checkbox"/>	

OPERATIONS AND BENEFITS:

# of employees:	Full time:	Part time:	Seasonal:	Volunteers:
<i>(Verify number is consistent with number on Acord App)</i>				
Any day laborers or temporary/employee leasing?				Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>(If yes, please provide detail on separate page.)</i>				
How are employees paid? Hourly <input type="checkbox"/> Piece Rate <input type="checkbox"/> Commission <input type="checkbox"/> Flat Salary <input type="checkbox"/> Other <input type="checkbox"/>				
% of union employees:		% of non-union employees:		Paid Sick Leave? Yes <input type="checkbox"/> No <input type="checkbox"/>
Paid Vacation? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retirement / Pension Plan? Yes <input type="checkbox"/> No <input type="checkbox"/>		Does employer contribute? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Group Medical Provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		% of employees enrolled:		% paid by employer:
CPR training provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		# employees certified:		
RTW Program? Yes <input type="checkbox"/> No <input type="checkbox"/>		Does it include salary continuance? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has the ownership of the applicable entity changed within the past 5 years?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details:				

HIRING PRACTICES - EMPLOYEE SECTION - CLAIMS:

Written applications? Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre-hire drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reference checks? Yes <input type="checkbox"/> No <input type="checkbox"/>	Post Accident drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>
Pre/post employment physicals? Yes <input type="checkbox"/> No <input type="checkbox"/>	MVR checks? Yes <input type="checkbox"/> No <input type="checkbox"/>
Orthopedic back testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Audio hearing tests? Yes <input type="checkbox"/> No <input type="checkbox"/>
Formal job descriptions on file? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have formal written accident reports? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are personnel files documented for pre-existing injuries? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there set procedures for reporting claims? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any interchange of labor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain: Another Business <input type="checkbox"/> Subsidiary <input type="checkbox"/> Between Departments <input type="checkbox"/> Other: <input type="checkbox"/>	
Is job specific training provided? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employee Orientation Program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, is the orientation Verbal Only? <input type="checkbox"/> Verbal and Documented? <input type="checkbox"/>	
Employee to Supervisor Ratio: Better than 4-1 <input type="checkbox"/> 5-1 <input type="checkbox"/> 6-1 <input type="checkbox"/> 7-1 <input type="checkbox"/> >7-1 <input type="checkbox"/>	
Independent Contractors Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, for what purpose?	
If yes, how are they paid? 1099's? <input type="checkbox"/> Other? <input type="checkbox"/> Please explain:	

SAFETY PROGRAM AND ORGANIZATION - WORK PREMISES AND ENVIRONMENT

Are owners active in daily operations? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, are they excluded from coverage? Yes <input type="checkbox"/> No <input type="checkbox"/>
Active injury & illness prevention program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has loss control services been performed in the last year? Yes <input type="checkbox"/> No <input type="checkbox"/> Please explain:	
Has Cal/OSHA visited or cited your business in the last year? Yes <input type="checkbox"/> No <input type="checkbox"/> Please explain:	
Active safety incentive program? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, does it encompass all employees? Yes <input type="checkbox"/> No <input type="checkbox"/> What type of incentive?	Are safety meetings conducted? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how often? Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other <input type="checkbox"/>
Do employees receive safety training/orientation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, is the training: Formal/Documented <input type="checkbox"/> Informal <input type="checkbox"/>	
Do you have a safety director or risk manager? Yes <input type="checkbox"/> No <input type="checkbox"/> Name/Title: If yes, is the position full time or an additional responsibility of another employee?	
Any material handling exposures? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:	
Any lifting exposures? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, <25 lbs <input type="checkbox"/> 25-40 lbs <input type="checkbox"/> 40+ lbs <input type="checkbox"/> If 40+, manual lifting or with assistance? Please explain:	
Forklift Training Provided? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If yes, annual certification? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is all machinery/equipment properly guarded? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Written Lock out/ tag out / block out procedures in place? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Condition of equipment? New <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/>	
Are all equipment operators trained / certified? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Respiratory program in place? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Personal protection equipment provided? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	If yes, strict enforcement of utilization? Yes <input type="checkbox"/> No <input type="checkbox"/>
What types of PPE?	

CONTRACTORS:

Contractor's License Number:		Years in experience trade:		Estimated Annual Gross Sales:	
Estimated number of jobs per year:		Percentage of gross receipts sub-contracted out: %		What type of work?	
If subs used, does insured:		Directly supervise subs? <input type="checkbox"/>		Collect Insurance Certificates? <input type="checkbox"/>	
Indicate percentage of work conducted in each of the following operations (must equal 100% for each):					
New Construction:		Remodeling:		Service/Repair:	
Commercial:		Apts/Condos/Tract Homes:		Single Custom Homes:	
Interior:		Exterior		if exterior work done, what is the max height exposure?	
Percentage of work/exposure:		<6':	6'-12':	12' to 24':	24' to 40':
What is used?		Ladder <input type="checkbox"/>	Scaffolding <input type="checkbox"/>	Scissor Lifts <input type="checkbox"/>	N/ A <input type="checkbox"/>
If insured builds own scaffolding, provide % of annual operations involving scaffold setup and teardown compared to total operations: %					
Fall Protection Program in place? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please select the type below:					
Guardrails <input type="checkbox"/>		Safety Belt of Full Body Harness <input type="checkbox"/>		Safety Net <input type="checkbox"/>	
Training in Ladder/Scaffold Placement <input type="checkbox"/>		Other <input type="checkbox"/>		Ladder Tie Offs <input type="checkbox"/>	
Training in Ladder/Scaffold Placement <input type="checkbox"/>		Other <input type="checkbox"/>		please describe:	
Any use of cranes, booms or similarly heavy construction equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>				Any work below grade? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Max depth in feet:			% of total work:		
Any confined spaces exposure? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Any work involving asbestos, hazardous product abatement, chemical/petroleum products, USL&H, underground tank or pipe replacement? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:					
Does this risk conduct work for the government or city municipality?					
Is the applicant involved in "Wrap Up" or "OCIP" projects? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Indicate percentage of work conducted in each of the following operations or mark not applicable: (N/A) <input type="checkbox"/>					
Blasting		Light Pole Work		Multi-story Buildings	
Grading		Demolition		Street / Road Work	
Drilling		Crane Work		Supervisory Only	
Wrecking		Asbestos		Bridge Work	
Tunneling		Highway Work		Spray Painting	
Sewer		Scaffold Setup		Ext. Framing	
Roofing		Structural Steel		Dock / Sea Walls	
Gas Mains		Excavation		Concrete Tilt-up	
Any sheet metal or flex duct work? Yes <input type="checkbox"/> No <input type="checkbox"/>			Any solar panel installation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Any trenching? Yes <input type="checkbox"/> No <input type="checkbox"/>		Other: %			
Any water main and / or sewer construction or repair? Yes <input type="checkbox"/> No <input type="checkbox"/>			Any septic tank repair or installation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Any blown pipe insulation? Yes <input type="checkbox"/> No <input type="checkbox"/>			Any exterior painting? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Performance of any gutter or flashing installation? Yes <input type="checkbox"/> No <input type="checkbox"/>			Use of trench box or shoring? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Any cleaning or repair of towers, steeples, and/or chimneys?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Plans to work as a general contractor during this policy term, or have acted as a general contractor within the past 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>					

CONTRACTORS CONTINUED:

Painting			<i>comments:</i>
Does the insured work above 2 exterior stories or 24 feet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the insured use scissor lifts, boom lifts and/or scaffolding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any lead paint removal performed? If so, what percentage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any waterproofing performed? If so, what percentage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Floor Installation/Floor Covering Installation			<i>comments:</i>
Do they install tile or stone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do they operate machinery? If so, what kind?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the insured perform floor waxing? If so, what percentage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Landscaping			
Any tree trimming performed that is performed off the ground?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any boulder or tree removal performed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any use of tractors, loaders or similar equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>
Any highway or median work conducted?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any use of chippers, mulchers, cherry pickers, booms or other similar equipment If yes, please explain:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any use of pesticides or fertilizers?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, is the application completed by: Employee <input type="checkbox"/> Outside Vendor <input type="checkbox"/>			
Any debris removal or land clearing activities? If yes, please explain:		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Note: All information provided is subject to verification by way of an underwriting survey or inspection. Tangram Insurance Services, Inc. must be notified of any significant changes in operations or payroll. Terms of insurance coverage may be cancelled for misrepresentation if information provided is inaccurate.

Signature of Applicant: _____ Date: _____