

BUILDING SERVICES 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"/>	
Do you perform MVR checks? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how frequent?
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"/>
# 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:
If yes, are vehicles taken home? Yes <input type="checkbox"/> No <input type="checkbox"/>	# of vehicles:
Vehicle/fleet maintenance program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do employees use personal vehicles for company business? Yes <input type="checkbox"/> No <input type="checkbox"/>	

OPERATIONS AND BENEFITS CONTINUED:

# 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>					
% 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"/>	Do you have formal written accident reports?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Formal job descriptions on file?	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"/>					
Subcontractors used? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, are certificates of insurance obtained and kept on file? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Please explain:					
Independent Contractors Used? Yes <input type="checkbox"/> No <input type="checkbox"/>					
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:					
Active safety incentive program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are safety meetings conducted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, does it encompass all employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, how often? Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	
What type of incentive?			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?					
MSDS (Material Safety Data Sheets) available for all chemicals and products used? Yes <input type="checkbox"/>					
No <input type="checkbox"/>					
N/A <input type="checkbox"/>					
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:					
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?					
What is the maximum height at which you will work?					
What is used?	Ladder <input type="checkbox"/>	Scaffolding <input type="checkbox"/>	Scissor Lifts <input type="checkbox"/>	N/A <input type="checkbox"/>	
If scaffolding used, does the insured build their own? Yes <input type="checkbox"/>					
No <input type="checkbox"/>					

JANITORIAL:

Check appropriate exposures in the following areas:		<input type="checkbox"/> Education Facilities	<input type="checkbox"/> Nursing Homes	<input type="checkbox"/> Apartment Houses
<input type="checkbox"/> Hospitals	<input type="checkbox"/> Airports	<input type="checkbox"/> Office Buildings	<input type="checkbox"/> Stores	<input type="checkbox"/> Fire/Flood/Restaurants
<input type="checkbox"/> Government	<input type="checkbox"/> Museums	<input type="checkbox"/> Medical Offices	<input type="checkbox"/> Hotels	<input type="checkbox"/> Manufacturing Plants

Indicate % of services provided (must equal 100%):					
	General cleaning*		Elevator maintenance		Maid/housekeeping services
	Industrial cleaning		Floor waxing and refinishing		Servicing/cleaning of hoods/filters/grease traps/etc
	Carpet cleaning		Debris Clearing		Aircraft service and maintenance
	Snow removal		Landscaping		Heating, A/C ventilation service
	Pest control		Parking lot cleaning		Exterior window cleaning above 1st floor
	Chimney cleaning		Fire/flood restoration		Pressure or steam washing operations
	Ceiling Tile cleaning		Crime scene clean-up		
*General Cleaning includes operations such as vacuuming, dusting, wastebasket trash pick up, floor and rug cleaning, restroom clean up					

Do employees work in pairs or more? Yes <input type="checkbox"/> No <input type="checkbox"/>	Employees supervised? Yes <input type="checkbox"/> No <input type="checkbox"/>
Direct or Roving supervision?	

Residential Cleaning	comments:
Does the insured perform background checks? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the insured have an owned fleet? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What % of employees drive their own auto for work? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will the insured clean more than 3 homes per day? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there any group transportation provided? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Carpet Cleaning	comments:
Does the insured perform carpet removal or installation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the insured do any remediation work such as water damage? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the insured provide 24 hour emergency service? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Handyman	comments:
Is the insured licensed? If so, what are they licensed to do? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the insured do work outside of general repairs? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the insured used subcontractors? If so, for what type of work? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Painting	comments:
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"/>	

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 Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:
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? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:

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: _____