



Named Insured: _____

Describe insured's operations in detail: _____

Residential: _____% Commercial: _____% Industrial: _____%

New construction: _____% Remodeling: _____% Service or Repair: _____%

List licenses held and jurisdiction: _____;

_____;

Any other operations other than electrical wiring? Yes No

If yes, please describe _____

Please list the last three largest jobs:

Description	Location	Date	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

General Information:

Number of employees: Part time _____ Full time _____ Payroll _____ Annual receipts _____

Do you sign a written contract with your customers? Yes No

Attach a sample copy.

Are **subcontractors** used? Yes No

Do you sign a contract with the subcontractors? Yes No

Attach a sample copy.

Subcontracted duties performed (two most recent jobs)	Cost
_____	_____
_____	_____

How are subcontractors and their work supervised? _____

Is the insured securing certificates of insurance for both GL and WC? Yes No

Required limits of insurance from subcontractors? _____



Electrical Contractor Supplemental Application (continued)

Is the insured named as an additional insured and held harmless on the subcontractor's GL policy? _____

Does the insured work as subcontractor? _____

Does the insured sign a written contract when working as a subcontractor? Yes No

Attach a copy.

Miscellaneous Information:

Any municipal work? Yes No
If yes, please describe: _____

Any direct wiring, repair or installation of industrial equipment? Yes No
If yes, please describe: _____

Any specialty wiring (explosion proof, dust, wet location, etc.)? Yes No
If yes, please describe: _____

Any generator installation or repair? Yes No
If yes, please describe: _____

Any fire or burglar alarm installation or repair? Yes No
If yes, please describe: _____

Any traffic light or parking lot light installation, service or repair? Yes No
If yes, please describe: _____

Any work in excess of two stories? Yes No
If yes, please describe: _____

Does the insured repair electrical or gas household appliances on a regular basis? Yes No
Percentage of total receipts _____ %
Percent of electrical appliances _____ %
Percent of gas appliances _____ %

Does the insured own any mobile equipment? Yes No
 Cherry picker Motorized lift
 Backhoe Excavator
 Trench digger Other _____

Any snowplowing? Yes No

If yes, complete Snowplowing Questionnaire.

Attach a sample copy of the insured's standard written contract and a copy of the two most recent customer's written contracts if not included above.

Does the insured have an internet Website? Yes No

If yes please provide WWW. _____

Insured's Signature _____ **Date** _____

Agent's Signature _____ **Date** _____