

**Contractor Supplementary Application**



**Leo**  
Risk Services

Name of Applicant: \_\_\_\_\_

**Exposure Information:**

Description of Operation: \_\_\_\_\_

Number of years in business under the above name and operation: \_\_\_\_\_

In what States do you operate: \_\_\_\_\_?

Did you have prior Workers' Compensation Coverage: \_\_\_\_\_ Yes \_\_\_\_\_ No.

Does the applicant own any other business? \_\_\_\_\_ Yes \_\_\_\_\_ No.

What percentage of work performed is

	Residential	Commercial	Other
New Construction:	_____	_____	_____
Renovation:	_____	_____	_____
Total:	_____	_____	_____

How Many employees are listed under direct payroll (W2 filled)? \_\_\_\_\_

Full Time Employees: \_\_\_\_\_ Part Time Employees \_\_\_\_\_

Do you employ any casual or day Labor \_\_\_\_\_ Yes \_\_\_\_\_ No

What % of your work is subbed to other contractors? \_\_\_\_\_

Do you get Certificates of Insurance from the subcontractors that you hire? \_\_\_\_\_

Indicate the anticipated percentage of work to be performed over the next 12 months under the following exposures:

Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed
Airport Work	_____	_____	Masonry	_____	_____
Blasting	_____	_____	Painting	_____	_____
Bridge Const.	_____	_____	Plastering	_____	_____
Carpentry	_____	_____	Plumbing	_____	_____
Concrete	_____	_____	Roofing	_____	_____
Demolition	_____	_____	Sign Installation	_____	_____
Drilling	_____	_____	Sewer	_____	_____
Drywall	_____	_____	Steel/Structure	_____	_____
Electrical	_____	_____	Steel/ Ornamental	_____	_____
Excavation	_____	_____	Street/Road	_____	_____
HVAC	_____	_____	Supervisor Only	_____	_____
Glazing	_____	_____	Tree Trimming	_____	_____
Grading	_____	_____	Water/Gas Main	_____	_____
Insulation	_____	_____	Describe Other	_____	_____
Janitorial	_____	_____			

**Safety Program:**

Does your safety program include the following?

Periodical Safety Meetings, (Documented) \_\_\_\_\_ Yes \_\_\_\_\_ No

Formal Written Safety Program \_\_\_\_\_ Yes \_\_\_\_\_ No

Formal Lifting Protection Plan \_\_\_\_\_ Yes \_\_\_\_\_ No

Formal Fall Protection Plan \_\_\_\_\_ Yes \_\_\_\_\_ No

Pre-Hire Drug Testing & Post Accident \_\_\_\_\_ Yes \_\_\_\_\_ No

If no to the above, is applicant willing to implement safeguards into a Safety Program.

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Height**

Is any work performed over 20 feet? \_\_\_\_\_ Yes \_\_\_\_\_ No

What % of your work is above 20 feet? \_\_\_\_\_

What is the maximum height worked? \_\_\_\_\_

How is work preformed at increased heights (ladders, scaffolding, Man lifts, scissors lifts)? Give details: \_\_\_\_\_

What safety procedures are used (safety harness, etc.)? \_\_\_\_\_

Do you use cranes, cherry pickers, bucket trucks or other similar equipment? If so, give details \_\_\_\_\_

**Depth**

Is any work performed over 6 feet below ground? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Vehicle Exposures:**

Are employees allowed to operate applicant's vehicles(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, are MVR's reviewed on a regular basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

What are the maximum allowable moving violations and /or accidents? \_\_\_\_\_

What is your radius of operation?

Do you provide group transportation for employees? If so, provide details: \_\_\_\_\_

Have you had any vehicle accidents involving an employee in the last 3 years? If so, give details \_\_\_\_\_

Please attach copy of fleet schedule:

Signature of Applicant

\_\_\_\_\_

Title of above \_\_\_\_\_

Date: \_\_\_\_\_