

Supplemental Contractor Application

1. Legal Name _____
2. Contractors license number _____ Years in business _____
3. How many years experience does ownership have in this trade? _____
4. What is the average experience level of the employees? _____
5. Detailed description of operations: _____

6. Percentage of work performed on:

	Residential	Commercial	Industrial
New construction	_____ %	_____ %	_____ %
Remodeling	_____ %	_____ %	_____ %
Repair work	_____ %	_____ %	_____ %
Interior	_____ %	_____ %	_____ %
Exterior	_____ %	_____ %	_____ %

Please provide details of interior and/or exterior work performed _____

7. What's the max height exposure? _____ What fall protection systems are used? _____
8. What's the max depth exposure? _____
9. What's the max weight lifted? _____ Is there a lifting program in place? Yes No
10. Any excavation exposure? Yes No If yes, explain depth _____
11. Any roof exposure? Yes No If yes, please explain _____
12. Is scaffolding used? Yes No If yes, please explain _____
 - a. How many employees are on the scaffold at a given time? _____
13. Any use of cranes, booms or other heavy construction equipment? Yes No If yes, please describe _____

14. Any work in confined spaces? Yes No If yes, please provide details _____

15. Any work or exposure involving:

DOT (Road Work)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Demolition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explosives	<input type="checkbox"/> Yes <input type="checkbox"/> No	High voltage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asbestos	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead or mold abatement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tree trimming/removal	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gas, sewer and/or water main	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemicals	<input type="checkbox"/> Yes <input type="checkbox"/> No	ULS&H	<input type="checkbox"/> Yes <input type="checkbox"/> No
Underground tank replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If yes, please provide details _____

16. Is any work sub-contracted? Yes No Percentage of work sub-contracted _____ %

If yes, describe the type of work sub-contracted? _____

17. Are certificates of insurance required from all sub-contractors? Yes No
(If yes, please provide details on certs program)

18. Please list last five projects and describe the services provided

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

19. Please list current projects currently underway or planned for the next 12 months

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

20. Is there a formal training and safety program in place? Yes No

If yes, please provide details on the training provided for new hires and seasoned employees?

21. How many company vehicles? _____ How many employees per vehicle? _____

22. Are MVR's checked? Yes No If yes, how often are they checked? _____

23. How far will you travel for a job (Radius of operations)? _____

24. Will you work in any other state outside of your home state? Yes No If yes, which states _____

To the best of my knowledge all the information I have given about my business is true and correct.

Officer or Owner of business

Date