

CONTRACTOR'S SUPPLEMENTAL APPLICATION

1. Please provide a detailed description of all operations. (Attach separate page if necessary)
2. Number of years in business? _____
3. What is the total of annual sales? _____
4. What is the percentage of Residential vs. Commercial work? _____

5. How many full time workers? _____ How many part-time workers? _____
6. How many seasonal workers? _____ How many union workers? _____
7. Does the employer provide Health coverage? _____
8. What percentage of employees are covered by Health Insurance? _____
9. What is the average weekly wage for skilled labor workers? _____
10. What percentage of work is subcontracted? _____ Certificates on file? _____
11. Describe any heights exposure in detail. This includes all work with any type of ladder, crane, scaffolding, scissor lifts, etc. _____

12. Does employer work with Asbestos? _____ (If yes, please provide details)
13. Does employer work underground? _____ (If yes, please provide details)
14. Does employer use welding equipment? _____ (If yes, please provide details)
15. Does employer use heavy equipment? _____ (If yes, please provide details)