



Contractor Supplemental Application

Applicant Firm Name: _____

Physical Address: _____ Street _____ City _____ State _____ Zip _____

Contact: _____ Phone: _____ Email: _____

Overview

How long in business? _____ years

Have you had prior Workers' Compensation Coverage? Y / N If yes, how many consecutive years? _____

Do you own any other businesses? Y / N

Do you do any industrial work? Y / N

Do you do any renovation/repair work? Y / N

Do you sub any work out to others? Y / N If yes, total percentage of sub work: _____

Do you require certificates of insurance from all subs? Y / N

Do you attempt to use the same subs for all jobs? Y / N

Do you perform any roofing or framing operations? Y / N

Do you perform any demolition work? Y / N

Do you use any casual labor? Y / N

Any work performed over 15-ft. in height? Y / N If yes, percentage of work over 15-ft: _____

Any work performed below ground level? Y / N If yes, what is the maximum depth? _____

Do you use scaffolding or lifts for elevated work? Y / N

Do you own any scaffolding used? Y / N

Do you use W-2's for employees? Y / N

Do you use 1099's for employees? Y / N

Do you have a tax ID number? (Please list, if yes.) Y / N Tax ID: _____

Any storm or debris removal work performed? Y / N

Do you have a drug free workplace program that includes Post-accident testing? Y / N

Have you ever had any work subject to USL & H or Jones Act? Y / N

ADDITIONAL COMMENTS:

Descriptions of Operations:

Give percentage of work for _____% Residential _____% Commercial _____% Industrial

Give percentage of work for _____% New Construction _____% Renovations _____% Service/Repair

List states where work is performed: _____

List work performed by subs: _____

Percentage of work done by subs: _____% Number employees: _____ Full-time _____ Part-time _____ Casual labor

Please indicate the highest level of your work in total feet and your percentage of work at this level: _____ ft. _____%

SEND COMPLETED APPLICATIONS TO QUOTES@AIAMGA.COM