

Integrity Insurance

A Member of the Grange Mutual Casualty Group
2121 East Capitol Drive, P. O. Box 539
Appleton, WI 54912-0539

**CONTRACTORS SUPPLEMENT
APPLICATION**

Named Insured: _____ Effective Date: _____

OPERATIONS

Is applicant a: General Contractor Subcontractor Developer

Percentage of Work: Residential _____ Commercial _____ Industrial _____

If residential, number of homes built in a year? _____ Range of values of homes? _____

Any multi-family, apartment or condominium construction performed now or in the past? Yes No

Work performed in what states: _____

Total Annual Receipts: Previous Year _____ Estimated for Current Year _____

Annual Payroll: Previous Year _____ Estimated for Current Year _____

Number of Employees: Full Time _____ Seasonal _____ % who are skilled labor _____

Does applicant act as a General Contractor on any projects? Yes No

What percentage of receipts is on this basis? _____%

If General Contractor, what percentage of work is performed by subcontractors: _____%

Subcontractor costs including all payroll and materials you provide or subcontractor provides: _____

What type of work do subcontractors typically perform?

- | | | | |
|-------------------------------------|----------------------------------|-------------------------------------|-----------------------------------|
| Carpentry <input type="checkbox"/> | Drywall <input type="checkbox"/> | Electrical <input type="checkbox"/> | Plumbing <input type="checkbox"/> |
| Insulation <input type="checkbox"/> | Masonry <input type="checkbox"/> | Painting <input type="checkbox"/> | Roofing <input type="checkbox"/> |
| Window <input type="checkbox"/> | HVAC <input type="checkbox"/> | Concrete <input type="checkbox"/> | Stucco <input type="checkbox"/> |
| Excavation <input type="checkbox"/> | EFIS <input type="checkbox"/> | | |

Are the same subs used on each project? Yes No

If applicant acts as a general contractor:

Is there a written subcontractor agreement with each contractor? Yes No

(ATTACH COPY)

Does the agreement contain a hold harmless clause? Yes No

Requirements that subcontractor liability limits equal applicants? Yes No

Requirements to add applicant as an additional Insured for both general operations and completed operations? Yes No

Do you obtain, from every subcontractor, a certificate of insurance and copy of additional insured endorsement before work commences? Yes No

Have you or are you currently applying EFIS/Stucco or similar materials? Yes No

If applicant acts as a subcontractor:

Are indemnity agreements accepted from General or another subcontractor which requires the applicant to be responsible for sole negligence of other parties to the contractor? Yes No

Renovation/Remodeling % _____ Type of Work _____

Years of experience: In this business? _____ Experience in management of this business? _____

If required, does the applicant have current and valid licenses or certifications? Yes No

If yes, in what area? _____

Do you keep records of all plans used on projects? Yes No

Percentage of work at:

Ground level _____% 0-15 feet _____% 15 – 30 ft _____% Over 30 ft _____%

Normal weight lifted by an employee: 0 – 50 pounds Over 50 pounds

Safety Management:

Written safety program in place? Yes No

Are subcontractors required to participate in the safety program? Yes No

Fall protection program in place? Yes No

Drug and alcohol screening program in place? Yes No

Is there a return to work program? Yes No

Any recent OSHA violations? Yes No

Is there a written job site security procedure? Yes No

Is job site supervision on: a continuous basis hourly by applicant supervisor or other explain: _____

Complete the following where applicable to your Specific Construction Work Performed

| | YES | NO |
|---------------------------------------|--------------------------|--------------------------|
| Painting/Paperhanging | | |
| Inside ____% Outside ____% | | |
| Any painting of storage tanks? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any bridge or tower painting? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any spray painting or sandblasting? | <input type="checkbox"/> | <input type="checkbox"/> |
| Precautions taken against over spray? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any lead paint removal? | <input type="checkbox"/> | <input type="checkbox"/> |

| | YES | NO |
|---|--------------------------|--------------------------|
| Electrical Wiring | | |
| Any work on overhead power lines? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any installation of burglar/fire alarm systems? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any work on transformers? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any trenching work? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any industrial installation or repair? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you work with cherry pickers? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any street or traffic/railway signals? | <input type="checkbox"/> | <input type="checkbox"/> |

| | YES | NO |
|---|--------------------------|--------------------------|
| Plumbing | | |
| Installation of pressure, flammable, gases or chemical systems? | <input type="checkbox"/> | <input type="checkbox"/> |
| Installation of sprinkler systems? | <input type="checkbox"/> | <input type="checkbox"/> |
| Insulation removal? | <input type="checkbox"/> | <input type="checkbox"/> |
| Septic tank installation? | <input type="checkbox"/> | <input type="checkbox"/> |

| | YES | NO |
|---|--------------------------|--------------------------|
| Carpentry | | |
| Removal of asbestos? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any roofing performed? | <input type="checkbox"/> | <input type="checkbox"/> |
| Window installation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Type of carpentry worked performed? _____ | | |

| | YES | NO |
|------------------------------------|--------------------------|--------------------------|
| Excavation/Grading | | |
| Any trenching? | <input type="checkbox"/> | <input type="checkbox"/> |
| Maximum depth: _____ FT | | |
| Street or road construction? | <input type="checkbox"/> | <input type="checkbox"/> |
| Snowplowing? | <input type="checkbox"/> | <input type="checkbox"/> |
| Sewer and water main work? | <input type="checkbox"/> | <input type="checkbox"/> |
| Utilities marked prior to digging? | <input type="checkbox"/> | <input type="checkbox"/> |

| | YES | NO |
|--|--------------------------|--------------------------|
| Air Conditioning, Heating | | |
| Any boiler work? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, maximum PSI? _____ | | |
| Any LPG work percentage? _____ | | |
| Refrigeration systems installed or serviced? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any process piping? | <input type="checkbox"/> | <input type="checkbox"/> |
| Installation of dust collection systems? | <input type="checkbox"/> | <input type="checkbox"/> |

YES NO

Concrete, Masonry and Asphalt

- Any concrete mix in transit? YES NO
- Street or road construction? YES NO
- Any culvert or bridge construction or repair?
 YES NO
- Any retaining walls? YES NO
- Any waterproofing work? YES NO
- Any tuck pointing? YES NO
- Maximum stories? _____

Landscaping

- Any grading or excavation work? YES NO
- Any tree trimming? YES NO
- Spraying of pesticides or herbicides? YES NO
- Any snowplowing work? YES NO

Drywall Plastering

- Any past / present stucco or EIFS work? YES NO
- Any scaffolding used? YES NO
- Maximum height? _____

YES NO

Sheet Metal / Siding

- Percentage: Gutters & downspouts _____%
- Siding _____%
- Roofing _____%
- Ducts _____%
- Any shop work? YES NO

Structural Steel

- To what height do you operate? _____
- Is standard tie down equipment used? YES NO
- Do you own or rent cranes? YES NO
- Do you work on towers or bridges? YES NO

COMMENTS:

Completed by: _____

Date: _____