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Send this supplemental along with Acords 125 & 130 and 3 year Loss Runs or No Known Loss Letter to submissions@ranchopacific.com

Contractor Supplementary Application

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.

Name of Current Insurance Carrier: _____

Does the applicant own any other business? _____ Yes _____ No.

Table with 4 columns: Category, Residential, Commercial, Other. Rows: New Construction, Renovation, Total.

How Many employees are listed under direct payroll (W2 filed)? _____

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:

Table with 6 columns: Type of Work, % Direct, % Subbed, Type of Work, % Direct, % Subbed. Rows: Airport Work, Blasting, Bridge Const., Carpentry, Concrete, Masonry, Painting, Plastering, Plumbing, 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

Written Safety Inspection Program _____ Yes _____ No

Formal Lifting Protection Plan _____ Yes _____ No

Formal Fall Protection Plan _____ Yes _____ No

Pre-Hire Drug Testing _____ Yes _____ No

Post Accident Drug Testing _____ 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 15 feet? _____ Yes _____ No

If yes, what % of your work is above 15 feet? _____

How is work performed at increased heights (ladders, scaffolding, Man Lifts, etc)? _____

Depth

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

If yes, what % of your work is 6 feet below ground? _____

Does the applicant have any operations with a USL&H or Jones Act exposure?

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? _____

APPLICANTS SIGNATURE _____ DATE _____

TITLE OF ABOVE _____