



CONTRACTOR SUPPLEMENTAL WORKERS' COMPENSATION APPLICATION

Please include this supplemental application with a fully completed ACORD 130 – Workers' Compensation Application.

Application/Policy #: _____ Effective Date: _____

Employer Name: _____ Federal ID #: _____

Website: _____ Email: _____

Agency Name: _____ Contact: _____

Class and Payroll Data

Provide historical payroll data by class for no less than the current and immediately prior three policy years or submit final audit invoices for the same period, if available. Applicable only to policy years not insured by Republic Indemnity. If additional space is needed, payroll data may be entered in the Comments section on the last page.

	Class		Class		Class		Class		Class
Current Year									
1 st Year Prior									
2 nd Year Prior									
3 rd Year Prior									

Loss Experience and Rating Information

Provide currently valued loss runs for the expiring and immediately prior three policy years (required only for policy years not insured by Republic Indemnity), and the most current experience modification worksheet. Attach a copy of the latest contractors premium adjustment approval, if applicable (available for Alaska, Missouri, Montana, New Mexico, and Oregon risks).

General Information

1. State, license type, and license no. (for each state and license type): _____

2. What percentage of the operation is:

Residential: _____%

New Construction: _____% Restoration/Repair: _____% Alterations/Remodeling/Finish Work: _____%

Commercial: _____%

New Construction: _____% Restoration/Repair: _____% Alterations/Remodeling/Finish Work: _____%

3. What percentage of the employer's payroll is subject to Davis-Bacon or other prevailing wage laws? _____%

4. Is any work subcontracted to other employers? Yes No

If Yes, indicate the nature of the work: _____

Percentage subcontracted: _____%

Are Certificates of Workers' Compensation Insurance required from subcontractors? Yes No



How often does the employer hire day/casual laborers? Frequently Occasionally Never
Describe the nature of the work performed by these workers: _____

Does the employer obtain workers from temporary or staffing agencies? Frequently Occasionally Never

5. Employee Experience and Safety Program

Is a full-time supervisor assigned to each job site? Yes No

What is the experience level of full-time supervisors/job foreman and their duties?

Number of employees represented by a union: _____

Number of employees employed under three years: _____

Number of employee-trainees: _____

Describe the following (when applicable):

Type of personal protective equipment (PPE) provided and enforcement of PPE use:

Job-site hazard detection and mitigation procedures:

Accident investigation procedures:

On-going safety training and meetings:

Drug and alcohol use policy:

Employee recruitment and hiring procedures and standards:

Equipment safety (e.g. ladder usage) and hazardous material training:

Abatement procedures when asbestos, lead or other hazardous material is encountered on the job:

Are crane operations performed by employees or sublet to a third-party? Employees Third-party No Crane Use

Is there a formal fall protection program in place? Yes No

If Yes, please describe the fall protection program in detail:

When working on construction sites, are guardrails and barricades used where needed to prevent falls? Yes No



How often do employees work in confined spaces? Frequently Occasionally Never

6. What is the maximum weight employees are required to lift manually? _____

How frequently is safe lifting training provided to employees?

Upon Hire Annually Informal (none provided) Other: _____

Please describe the equipment provided (e.g. hand trucks, hoists, etc.) to assist employees in safely transferring materials between and around job sites: _____

7. What is the typical radius of operation from the primary business location? _____ miles

Does the employer operate any motor vehicles which require proof of workers' compensation coverage to a state or federal regulator? Yes No

Provide additional details, if Yes: _____

Is there out-of-state travel or intra-state travel greater than 50 miles? Out-of-state travel Travel greater than 100 miles

Please provide additional information (e.g. frequency of travel, destination, etc.), if either of the above are applicable:

Are service vehicles employer-owned or employee-owned? Employer-owned Employee-owned

Where are vehicles garaged when not in use or during off-hours? Employer premises Employee premises

Who is responsible for vehicle maintenance? Employer Employee-owner Other: _____

Are MVRs (Motor Vehicle Records) pulled annually for drivers? Yes No

How often do more than four employees travel together in a single vehicle? Frequently Occasionally Never

8. What is the maximum height at which employees work? _____

Does the employers work involve roof repairs or modifications? Yes No

Which of the following equipment is used in the performance of the employer's work:

Ladders Scaffolding Cherry Picker/Boom Other Equipment: _____

Who performs scaffolding set-up or take down operations? Employees Third-party N/A

If employees, are employees certified? Yes No

If applicable, is scaffolding inspected daily by a certified individual before work commences? Yes No

9. How often do employees engage in trenching or excavation work? Frequently Occasionally Never

If work is conducted below grade level, what is the maximum depth at which employees' work? _____

If applicable, is a competent person employed/consulted to inspect and determine if trenches and excavations require shoring? Yes No



If applicable, does the employer engage the services of an underground detection service before commencing trenching or excavation work? Yes No

10. Is mold remediation or restoration work performed? Yes No

Please describe, if Yes: _____

11. How often does the employer’s direct work involve the construction of exterior walls, truss systems, or load bearing walls?

Frequently Occasionally Never

Concrete Contractors; Masonry Contractors

Select any of the following types of construction or operations that apply to this employer (even if incidental):

Performs work that affects the structural integrity of a building or foundation	Foundations or footings	Basement floors or walls	Sidewalk, driveway or parking lot flatwork	Airport runways or aprons
Street, road, bridge or highway	Building exterior finishing	Guniting or shotcrete work	Casting of structural beams, walls or floor panels	Batch plant or production operations, or cement distribution

Electrical Contractors

Select any of the following activities or operations that apply to this employer (even if incidental):

Industrial work or work involving 240 volts or more	Solar panel installation or maintenance	Holiday light installation	Lighting for special events, or work conducted at event or sports venues
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Heating, Ventilation and Air-Conditioning (HVAC) Contractors; Plumbing Contractors

Select any of the following activities or operations that apply to this employer (even if incidental):

Solar panel installation or maintenance	Work performed on public water lines and/or sewers	Boiler or gas/oil burner installation or maintenance	Work performed on industrial processing equipment	LPG sales; or installation, service, or repairs on LPG equipment
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Painting Contractors

Select any of the following activities or operations that apply to this employer (even if incidental):

Stripe painting on highways or streets	Graffiti abatement	Tank painting or cleaning	Painting of steel structures or bridges	Painting of ship hulls
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