



Contractor's Supplemental Information
(To be completed with Acord 130 application)

Business Name: _____ App#: _____
 Website Address _____ Email address _____

1. Describe the types of work performed by your company:

2. How many years have you been in business? _____
 If less than three years, describe prior experience in this field:

3. Do you use sub-contractors? Yes No What percentage of work is subbed? _____ %
 Do you require certificates of insurance from all sub-contractors? Yes No

4. Do you or any subcontractors you use do any of the following types of work?

	Yes	No		Yes	No		Yes	No
Roofing			Demolition			Masonry		
Plumbing			Wrecking			Carpentry		
Electrical			Painting			Sheet Metal		
Land clearing /tree removal			Wallboard			Concrete		

5. Describe last 3 completed jobs: _____

6. Do you perform any work above 15 feet? Yes No
 If yes what is used? Ladders Scaffolding Scissor lifts N/A
7. Do you perform any work underground below 3 feet? Yes No
 If yes, please describe: _____
8. Are owners active in daily operations? Yes No
 If yes are they included or excluded from coverage? Included Excluded
9. Who is responsible for overseeing and directing the safety efforts of your company?
 (name, title & phone#): _____
10. Does your company have a formal, written safety program? Yes No
 If so, are employees required to sign off on this program and a copy placed in their
 personnel file? Yes No
11. Do you have a post-accident drug-testing policy? Yes No
12. Are group health benefits provided for your company's employees? Yes No
13. Any group transportation of employees? Yes No
14. Percentage of Commercial work _____ % vs. Residential work _____ %
15. Will you do work in more than one state? Yes No
 If yes, please describe: _____

Signature: _____ Date: _____

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."