



Commercial Insurance Group, LLC  
 5655 S Delaware Street  
 Littleton, CO 80120  
 Phone: 303-900-2960 Fax: 303-648-5391

**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: \_\_\_\_\_?

Does the applicant own any other business? \_\_\_\_\_ Yes \_\_\_\_\_ No.

What percentage of work performed is:

Residential Commercial Other

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? \_\_\_\_\_ (OUR MAX IS 30% SUB)

Indicate the anticipated percentage of work to be performed over the next 12 months under the following exposures:

Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed
Airport Work	_____	_____	Masonry	_____	_____
Blasting	_____	_____	Painting	_____	_____
Bridge Const.	_____	_____	Plastering	_____	_____
Carpentry	_____	_____	Plumbing	_____	_____
Concrete	_____	_____	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	_____	_____			



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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 20 feet? Yes No
If yes, what % of your work is above 20 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?

Signature of Applicant

Title:
Date: