

MIDWESTERN INSURANCE ALLIANCE
WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION (CONTRACTOR)

P. O. BOX 436909 • LOUISVILLE, KY • 40253-6909 • (502) 429-9990



General Information

Company Name					
Business Address					
Describe Operations					
% Residential	%	Average number of employees		Years in Business	
% Commercial	%	Peak number of employees		Union / Nonunion	
States in which the company operates					

Subcontracted Work

What percentage of work is subcontracted	%	List Work that is Subcontracted
Are certificates of insurance required from <u>all</u> subcontractors?		
Is the entire payroll for <u>uninsured</u> subcontractors included in the payroll shown on the application?		
Is a subcontract agreement used with all subcontractors? <i>(If "Yes" please attach a copy)</i>		
Does the company have a tracking system for certificates of insurance?		
How long are certificates of Insurance kept?		

Height/Depth Exposure

Height of Projected Work	1 to 3 stories	%	4 to 5 stories	%	Over 5 stories	%
Will You perform roof repair or replacement?						
Will you perform any work below grade? <i>(if yes indicate maximum depth)</i>						

Safety Management

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the company have a designated safety director?	Name: Phone:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the company require employees to wear personal protective equipment (PPE)?	List Required PPE:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the company have a written safety management plan?	Comments:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are jobsite safety meetings conducted at least weekly?	Comments:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there written safety rules that are effectively communicated with employees routinely?	Comments:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the company use scissor-lifts, man-lifts, or cranes at any time?	Describe:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a new-hire safety orientation process that effectively addresses the job hazards?	Comments:

Recent and Upcoming Jobs

Please list your company's last five jobs and describe the services provided

Job 1

Job 2

Job 3

Job 4

Comments Regarding Upcoming Jobs

To the best of my knowledge, all of the information I have given about my business is true and correct. If information is found to be different as the result of my knowingly attempting to defraud the insurance company, or if information is concealed for the purpose of misleading, or another person files an application for insurance containing materially false information, the insurance company may send direct notice of cancellation.

Officer or Owner of Business

Date