

CONTRACTOR'S SUPPLEMENTAL APPLICATION

Workers Compensation

(To be completed with Acord 130 Application)

Business Name: _____ AGC Member: Yes No
Website Address: _____ Business start date: _____
If start-up business, who was your previous employer(s)? _____
Previous Role(s)/Position(s): _____
Years Experience in Industry: _____ Key Personnel: _____
Current General Liability Carrier: _____ Current Surety: _____

Current Year Projection: _____ Estimated Annual Revenue _____ # of Employees _____
5 Year Projection: _____ Estimated Annual Revenue _____ # of Employees _____

Description of Operations/Business: _____
Anticipated Clients & Territory (outside AL): _____
Is your company licensed as: General Contractor Specialty Contractor Subcontractor
In which States: _____
What percentage of work is: _____ Commercial _____ Residential _____ Industrial
What percentage of your operations is: _____ New Construction _____ Renovation/Remodeling
_____ Service/Repair _____ Maintenance _____ Other: _____
% of Work Subcontracted: _____ Estimated Annual Subcontract Costs (\$): _____
Types of work subcontracted: _____
Require Certificates of Insurance and Additional Insured Endorsement from Subcontractors: Yes No
Does your work require USL&H or FELA coverage: Yes No If yes, which: _____

Person responsible for Human Resources: _____
What pre-employment practices do you utilize in hiring personnel: Application Drug Screens
 Reference Checks Skills/Trade Assessment MVR Other _____
Post hire, which of the following do you perform or offer:
_____ Skills/Trade Training _____ Medical Questionnaire _____ Wellness Program
_____ Health Insurance _____ Disability Insurance _____ Periodic Job Reviews
_____ Exit Interviews _____ Employee Manual/Orientation
Do you employ any workers under age of 19: Yes No Over age of 65: Yes No
Do you utilize workers provided by temporary staffing/leasing agency: Yes No
What training/orientation do you provide for temp workers: _____
Does your company need Safety Materials & Training Resources in languages other than English:
 Yes No If yes, in what languages: _____

Person responsible for Field Operations: _____
Do you have supervision on site at all times work is performed: Yes No
Person responsible for Safety: _____
Does this person have other roles besides implementing Safety program? Yes _____ No
Is this person certified CPR/First Aid: Yes No Defibrillators on each site: Yes No
Is a copy of Safety Plan provided to, reviewed, signed, and filed for each employee: Yes No
How often are toolbox meetings held: Monthly Weekly Daily
Please check any type(s) of drug testing required of employees: Random Post-Accident
Does your safety plan address business driving, including smart phone & texting policy: Yes No

Please provide additional info as needed on separate paper and if a start-up business, also provide a copy of business & safety plans and resumes of key personnel if available.