



## Contractors Supplemental

### Company Information

1. Company Name: \_\_\_\_\_
2. FEIN: \_\_\_\_\_
3. Website Address: \_\_\_\_\_
4. Years in Business: \_\_\_\_\_
5. Years in Trade: \_\_\_\_\_
6. What work do you specialize in: \_\_\_\_\_
7. Number of employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

### General Information

8. List the last three (3) jobs completed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Maximum Height Exposure: \_\_\_\_\_
10. What % of your operation is:  
Residential \_\_\_\_\_ %  
Commercial \_\_\_\_\_ %  
Industrial \_\_\_\_\_ %  
Restoration \_\_\_\_\_ %  
Subcontracted \_\_\_\_\_ %
11. Do you have current Certificates for Workers Comp Insurance from Subcontractors: \_\_\_\_\_
12. Does applicant E-Verify employees: \_\_\_\_\_
13. Do all jobs have full-time supervision: \_\_\_\_\_  
Please describe experience level of full-time supervisors/foremen and their duties:  
\_\_\_\_\_
14. Does your company offer the following:  

	Yes	No
Written Safety Program		
Post-accident drug testing		
Pre-hire physicals		
Return to work program		
Pre-employment drug testing		

15. Has your company ever been involved in or plan to be involved in any of the following operations? Whether directly involved or as a subcontractor?

Yes No

- Roofing
- Use of cranes
- Blasting
- Bridges, dams levees or tunnels
- Buildings over three stories
- Demolition or wrecking operations
- Landfills
- Removal or repair of underground tanks
- Boiler work (any type)
- Asbestos removal or installation
- Pollution clean-up
- Steel Erection
- Hauling for others
- Work requiring United States Long Shore and Harbor Work Comp

Summarize all yes answers: \_\_\_\_\_

## Safety Information

16. Please describe any regular employee safety/training meetings:

17. What type of personal protective equipment is provided and what is the method of enforcement: \_\_\_\_\_

18. Are business vehicles supplied or available for employee use: \_\_\_\_\_  
If yes, how often are individual MVR's checked on employees who drive: \_\_\_\_\_

How do train your employees on driver safety: \_\_\_\_\_

Are vehicles driven to and from personal homes to job sites: \_\_\_\_\_

Is personal use of company vehicles permitted: \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Please describe vehicle maintenance program: \_\_\_\_\_

19. What work do you do on or near overhead or underground electrical power lines and what precautions do you take: \_\_\_\_\_

20. Please describe your procedures when asbestos, lead or other hazardous material is encountered: \_\_\_\_\_

21. Do you contribute financially to a health benefit plan for full-time employees: \_\_\_\_\_