



# ABC SIWCF Supplemental Application

Residential Contractor Review



Date: \_\_\_\_\_

Applicant Name - Legal Entity: \_\_\_\_\_

DBA - if applicable: \_\_\_\_\_

Work Category: \_\_\_\_\_

### ELIGIBILITY Please check only the boxes that apply.

<input type="checkbox"/>	In business for more than three full years
<input type="checkbox"/>	Generate a minimum of \$15,000 in annual workers' compensation premium
<input type="checkbox"/>	Have a documented and written safety program
<input type="checkbox"/>	Business is not primarily engaged in roofing, framing or drywall

### NEW CONSTRUCTION WORK PERFORMED Please complete only the boxes that apply.

Applies	Total Sales %	Total Payroll %
<input type="checkbox"/> Single family, detached homes	<input type="text"/> %	<input type="text"/> %
<input type="checkbox"/> Duplex, triplex, fourplex	<input type="text"/> %	<input type="text"/> %
<input type="checkbox"/> Townhouses	<input type="text"/> %	<input type="text"/> %
<input type="checkbox"/> Condominiums	<input type="text"/> %	<input type="text"/> %
<input type="checkbox"/> Apartment complexes	<input type="text"/> %	<input type="text"/> %
<input type="checkbox"/> Commercial construction	<input type="text"/> %	<input type="text"/> %
<input type="checkbox"/> Industrial/warehouse buildings	<input type="text"/> %	<input type="text"/> %
<input type="checkbox"/> Steel frame construction	<input type="text"/> %	<input type="text"/> %
<input type="checkbox"/> Municipalities or MDOT	<input type="text"/> %	<input type="text"/> %
<input type="checkbox"/> _____	<input type="text"/> %	<input type="text"/> %

Additional explanation: \_\_\_\_\_

### PAYROLL BREAKDOWN - enter the approximate % of total payroll in each category, if applicable.

<input type="text"/> %	New construction
<input type="text"/> %	Renovations or remodels
<input type="text"/> %	Work performed by subcontract labor relative to total payroll
<input type="text"/> %	Service work. E.g., HVAC, electrical, plumbing
<input type="text"/> %	Demolition, lead, mold or asbestos abatement
<input type="text"/> %	Roofing, framing or drywall
<input type="text"/> %	Work over two stories in height, not including interior remodels
<input type="text"/> %	Underground work: trenching, water/sewer installation, etc. (see Underground supplemental app.)

Additional explanation: \_\_\_\_\_

### GENERAL OPERATIONS & SAFETY

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have an employee post-accident return-to-work program?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have regular safety meetings or toolbox talks?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have written employee incident or accident reporting procedures?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any form of employee drug testing?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have designated care providers or clinics for employee injuries?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a vehicle or fleet safety program in place?

### SAFETY CONTACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_