

IMPORTANT—TO HELP ENSURE ACCURATE PROCESSING, PLEASE COMPLETE FORM IN ITS ENTIRETY.

FL WC CS 01 19

ACCOUNT INFORMATION

Applicant _____

Quote # _____ Effective date ____/____/____

Contractor license #'s _____

Applicant's mobile # _____

If any work is performed outside of Florida, list applicable states:

Website address _____

Gross receipts past year \$ _____

Radius of operation (list counties) _____

Estimated current receipts \$ _____

OPERATIONS

Does applicant have a dedicated safety director? ☐ YES ☐ NO

If yes, name: _____

Does the applicant work on condominiums or apartments? ☐ YES ☐ NO

Does the applicant work for any condominium associations, HOA's or property management firms? ☐ YES ☐ NO

Does applicant provide materials or installation for other General Contractors on a project basis? ☐ YES ☐ NO

Does the applicant provide plans, designs, or drawings through an in-house architect or design employee? ☐ YES ☐ NO

TYPE OF WORK PERFORMED BY APPLICANT OR OWNER/OFFICER:

Developer _____ %

Fire/water restoration _____ %

Property Management _____ %

Room additions _____ %

Repair/service work _____ %

Structural work _____ %

Remodeling work _____ %

Other (*explain below*) _____ %

Maximum # of stories _____

Maximum depth below grade _____

Please check all exposures that apply:

☐ CCIP/OCIP (wrap ups) % of revenue _____

☐ Use scaffolding **Who installs** _____

☐ Use stilts

☐ Use ladders

☐ Roofing work

☐ Use fall protection

☐ Use harnesses

☐ Use cranes

☐ LPG work

☐ Work in confined spaces

☐ Boiler work

☐ Any public works

☐ Blasting work

☐ Trenching **Max depth** _____

☐ Use trench boxes, sloping

☐ Work on buildings over 3 stories (excluding interior work) **Max height** _____

☐ Working on walls over 6' tall **Max height** _____

☐ Structural work performed

☐ Removal of load bearing walls

☐ If yes to previous question, does a licensed engineer approve the plans

☐ Work performed in removal of asbestos, lead and/or mold

☐ Work performed on roads/bridges/highways/overpasses/traffic signals

☐ Tree removal, topping or relocation

☐ USL&H

Applicable classifications: _____

Remuneration: _____

Number of employees: _____

Less than 10% of total payroll? ☐ YES ☐ NO

WORKERS' COMP CLASSES ANTICIPATED

All anticipated types of exposures (class codes) must be listed on the ACORD 130FL Workers' Compensation and Employers' Liability Application. If any additional exposure is incurred during the policy term, Builders Mutual must be notified prior to work performed. Upon approval the classification will be added to the policy. If Builders Mutual is not notified of any exposure not covered by the classification(s) listed on the policy, the classification(s) will be added at audit or when discovered.

SUBCONTRACTED WORK

Total cost of subcontracted work in the past year for insured subcontractors \$ _____

What type of **uninsured** subs does the applicant use? _____

What work are the subcontractors hired to do? _____

Does applicant provide supervision of subs through foremen? ☐ YES ☐ NO

Does applicant use leased workers, or subs with leased workers? ☐ YES ☐ NO

Does applicant accept exemptions in place of workers' comp? ☐ YES ☐ NO

>> If yes, what percentage of the applicant's labor force are leased or exempt workers? _____ %

Please check all that apply:

- ☐ Certificates of Insurance are obtained prior to subcontractors starting work
- ☐ Applicant uses written subcontractor agreements
- ☐ Applicant requires subcontractors to carry Workers' Comp
- ☐ Subcontractors are allowed to work **without** providing the applicant with a Certificate of Insurance

HIRING PRACTICES

Please check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Written application required | <input type="checkbox"/> Background check performed | <input type="checkbox"/> Driving records checked |
| <input type="checkbox"/> Pre/post hire drug testing | <input type="checkbox"/> References checked | <input type="checkbox"/> Day/temporary labor used |

For new hire safety basics, visit buildersmutual.com/worksafe. Additional risk management resources can be found at buildersmutual.com/RM.

OWNERS/OFFICERS

Members Name	Involved in Other Entities	Current Exemption
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

_____ Applicant Signature	_____ Date	_____ Producer's Signature	_____ Date
_____ Notary Public Signature	_____ Date	_____ Notary Public Signature	_____ Date