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Workers' Compensation Supplemental Application: Contractor
(Carpentry, Excavation, HVAC, Landscaping,
Masonry/Flat Cement, Painting/Paperhanging, Plumbing)

Policyholder Name: _____

Policy Number (if application is for a renewal): _____

Web Site Address (if applicable): _____

Agency Name: _____

Complete answers to the following questions will help us gain a better understanding of this business's operations. Thank you!	
Will the employer consider temporary modified-duty and/or alternative-job assignments to assist ill/injured employees in staying at or returning to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the employer have a written Safety Program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the employer have regular safety meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
What are the employer's sources for hiring new employees?	
List the radius of operations.	
Is the applicant exclusively engaged in roofing, framing, or drywall operations? If no, will the applicant take any jobs that only involve roofing, framing, or drywall?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is scaffolding used? If yes, who is responsible for maintaining the scaffolding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Cite the maximum electricity voltage used. _____ volts	
Cite the maximum height for which work is performed. _____ feet	
Are pesticides or herbicides used? If yes, are certified applicators used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is any above-ground tree cutting or trimming performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does all machinery have proper safety guards compliant with OSHA standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are forklifts, cranes, or wheeled containers used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is any underground tunneling or trenching performed? If yes, are trench boxes used? Cite the maximum depth within which work is performed. _____ feet	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are any water or gas main connections performed? If yes, identify which. _____ Water _____ Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Continued . . .

Workers' Compensation Supplemental Application: Contractor *continued*
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Please cite the percentage of commercial and residential work conducted.	
_____ % Commercial	_____ % Residential
Is personal protective equipment required to be worn by employees? Does the employer provide this equipment for employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is training on the proper techniques of lifting conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe any unusual exposures/controls for this business.	

Please use the space below or on the reverse side as necessary to complete this form.

Fraud Notice

Applicable in Tennessee and Vermont: It is a crime to knowingly provide false, incomplete or misleading information to any party to a Workers' Compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: Substantial] civil penalties. (Specific language not applicable in CO, FL, HI, MA, NE, OH, OK, OR, TN, or VT; in DC, LA, ME, VA, and WA, insurance benefits may also be denied.)

I am an authorized representative of the applicant and certify that reasonable enquiry has been made to obtain the correct coverages, rating values and answers to questions included in this application. I certify that the answers are true, correct and complete to the best of my knowledge.

Signature Print Name Date