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Workers Compensation Contractor Supplemental Application

Where space restricts a complete answer, attach responses on a separate sheet of paper

1. **Employer Name:** _____
2. **What state(s) do you operate in?** (Please list all addresses)
 - a. _____
 - b. _____
 - c. _____
3. **Does the applicant have more than 50% interest in any other business?** _____ If Yes, complete ERM14 –Workers Compensation Confidential Request For Ownership Information
4. **License Type:** _____ **License #:** _____
5. **# of W-2 issued last year:** _____ **# of 1099's issued last year:** _____
6. **Does the applicant use day laborers?** _____ **If yes, how are they paid?** _____
7. **List five largest jobs performed within the past year:**

Project	Address	Description of work	Dollar Value	Date completed

8. **Estimated % of work completed last year:** (must total 100%) Applicant: _____ % Subcontractor: _____ %
9. **Provide the total number of subcontractors used over the last year:** _____
10. **Describe type of work subbed out:** _____

11. **Do you obtain workers' compensation certificate of insurance from all subcontractor?** _____
If no, you must include the payroll for each subcontractor without a certificate.
12. **If the application has no employees and does not use subcontractors, answer the following:**
 - a. How is work performed: _____
 - b. Who performs the work? _____
 - c. Why do you need workers' compensation? _____
13. **Percentage of Operations (Must total 100%):**
General Contractor: _____% Subcontractor: _____% Other: _____ %
Explain "Other" in detail: _____
14. **Indicate the % of work conducted in each of the following categories. (Each line must total 100%)**
 - a. New Construction _____% Additions to Existing Constructions _____% Remodel/Repair _____%
 - b. Commercial Construction _____% Residential Construction _____%
 - c. Interior Construction _____% Exterior Construction _____%
15. **If external construction is performed, what is the maximum height at which you will work?** _____
16. **Is the applicant involved in "Wrap up" or Owner Controlled Insurance Projects" ?** _____
If yes, attach a list of all such projects you are involved in now or may be involved in within the next year.
17. **Are any employees leased to other companies/ businesses on a permanent or temporary basis?** _____
18. **Are any employee leased from a PEO (Professional Employment Organization)?** _____

I understand that this Contractor Supplemental Application is being submitted as an attachment and is part of the application for coverage. By signing this application I am stating that I am the employer or authorized by the employer to complete this application, and that I have read, understood and confirm that the information contained within is accurate to the best of my knowledge.

Employer's Signature: _____ Title: _____ Date: _____