

INVO UNDERWRITING

Contractors Supplemental Application

General Information

Company Name: _____ Website URL: _____

Email Address: _____ Phone Number: _____

Percentage of Work (Total must equal 100%):

_____ % Commercial _____ % Remodeling
_____ % Residential _____ % Industrial

Operations & Exposures

Work Performed By Employees (Check All That Apply):

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> General Contracting | <input type="checkbox"/> Flooring | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Plastering/Drywall |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Roofing | <input type="checkbox"/> Sheet Metal/Gutters | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Excavation | <input type="checkbox"/> Window/Door Install | <input type="checkbox"/> Tile Install | <input type="checkbox"/> Other |
| <input type="checkbox"/> Framing/Carpentry | <input type="checkbox"/> Painting | <input type="checkbox"/> Electrical | |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Glass/Glazier | <input type="checkbox"/> Masonry | |

Full Description of Operations:

Any Exposure to the Following (Check All That Apply):

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Highways/Bridges | <input type="checkbox"/> Navigable Waterways | <input type="checkbox"/> Aircraft |
| <input type="checkbox"/> Watercraft | <input type="checkbox"/> Lead Paint or Asbestos Removal/Abatement | |

Any Work Above Ground? <input type="checkbox"/> Yes <input type="checkbox"/> No	Max Height: _____ Feet _____ Stories	Please Describe Fall Protection Controls: _____
Any Work Below Ground? <input type="checkbox"/> Yes <input type="checkbox"/> No	Max Depth: _____ Feet	Please Describe Trench Safety Controls: _____
Any Demolition or Blasting Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Describe: _____	

Radius of Operations: _____
miles

Do More Than 4 Employees Travel Together in
Same Vehicle?

Yes No

Any Work Outside of Your Home State? Yes No

If Yes, Which States and How Long in That State? _____

Subcontractor Information

Percentage of Work Subcontracted to Others: _____ %

Check All Jobs Performed By Subcontractors:

<input type="checkbox"/> Janitorial	<input type="checkbox"/> Electrical	<input type="checkbox"/> Masonry	<input type="checkbox"/> Painting
<input type="checkbox"/> Concrete	<input type="checkbox"/> Flooring	<input type="checkbox"/> HVAC	<input type="checkbox"/> Tile Install
<input type="checkbox"/> Excavation	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Plastering/Drywall
<input type="checkbox"/> Framing/Carpentry	<input type="checkbox"/> Window/Door Install	<input type="checkbox"/> Sheet Metal/Gutters	
<input type="checkbox"/> Glass/Glazier	<input type="checkbox"/> Other	<input type="checkbox"/> Roofing	

Uninsured Subcontractors? Yes No Cash/1099 Labor? Yes No

If Yes, Anticipated Cost: \$ _____ If Yes, Anticipated Cost: \$ _____

Use Written Subcontractor Agreements with Hold Harmless/Indemnity?
 Yes No

Does Agreement Require Subcontractor to Carry Workers' Comp?
 Yes No

Do You Obtain Certificates of Insurance From All Subcontractors?
 Yes No

Project History

Please Describe Last 3 Projects:

#	Start Date	Complete Date	Description
1			
2			
3			

Fraud Warning: It is a crime to knowingly and intentionally attempt to defraud an insurance company by providing false or misleading information or concealing material information during the application process or when filing a claim. Such conduct could result in the policy being voided and subject to you criminal and civil penalties.

Insured Signature

Date