



*The Brokers Preferred Wholesale Solution*

## **Workers' Comp - Artisan/Trade Contractors**

For a complete submission, please include the following information:

- ACORD Application 130
- Business FEIN #
- Supplemental Application
- 4 Years Currently Valued Loss History Regardless of Lapse in Coverage
  - If lapsed, provide date and reason
  - For new venture, provide date of first employee hire (loss runs not required)

If you don't see what you need or have any questions, please email your underwriter: [Darby@CIDinsurance.com](mailto:Darby@CIDinsurance.com)

# CID Insurance Programs Inc. DBA CID Insurance Services

## Artisan/Trade Contractors Supplemental Application (To be Completed with Acord 130 application)

Named Insured: _____		Web Address: _____	
Insured's FEIN: _____		Contractor's License Number: _____	
Percentage of Subbed Work % a) Percentage: _____ b) What Type: _____ c) What Type: _____		Percentage of Work % a) New Construction: _____ b) Remodeling: _____ c) Residential: _____ d) Commercial: _____ e) Industrial: _____	
Waiver of Subrogation Needed? a) Blanket: _____ b) Specific: _____			
<b>WORK PERFORMED BY EMPLOYEES?</b> (CHECK ALL THAT APPLY) <input type="checkbox"/> GENERAL CONTRACTING <input type="checkbox"/> CONCRETE <input type="checkbox"/> EXCAVATION <input type="checkbox"/> FRAMING/CARPENTRY <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> GLASS/GLAZIER <input type="checkbox"/> PLASTERING/DRYWALL <input type="checkbox"/> FLOORING <input type="checkbox"/> ROOFING <input type="checkbox"/> WINDOW/DOOR INSTALL <input type="checkbox"/> PAINTING <input type="checkbox"/> PLUMBING <input type="checkbox"/> MASONRY <input type="checkbox"/> HVAC <input type="checkbox"/> LANDSCAPING <input type="checkbox"/> SHEET METAL/GUTTERS <input type="checkbox"/> TILE INSTALL <input type="checkbox"/> OTHER			
Any Exposure to the Following: <input type="checkbox"/> Lead Paint or Asbestos Removal <input type="checkbox"/> Roofing <input type="checkbox"/> Concrete Tilt Up <input type="checkbox"/> Demolition/Blasting <input type="checkbox"/> Supervisory Only			
<b>ANY WORK ABOVE GROUND?</b> <input type="radio"/> YES <input type="radio"/> NO <b>MAXIMUM HEIGHT?</b> _____ FEET _____ STORIES		PLEASE DESCRIBE FALL PROTECTION CONTROLS	
<b>ANY WORK BELOW GROUND?</b> <input type="radio"/> YES <input type="radio"/> NO <b>MAXIMUM DEPTH?</b> _____ FEET		PLEASE DESCRIBE TRENCH SAFETY CONTROLS	
Is the Applicant Involved in Wrap Up or OCIP Projects? <input type="checkbox"/> Yes <input type="checkbox"/> No			
RADIUS OF OPERATIONS	<b>DO MORE THAN 4 EMPLOYEES TRAVEL TOGETHER IN THE SAME VEHICLE?</b> <input type="radio"/> YES <input type="radio"/> NO	<b>ANY WORK OUTSIDE OF YOUR HOME STATE?</b> <input type="radio"/> YES <input type="radio"/> NO	IF YES, WHICH STATES?
PERCENTAGE OF WORK SUBCONTRACTED TO OTHERS? %	<b>CHECK ALL JOBS PERFORMED BY SUBCONTRACTORS</b> <input type="checkbox"/> JANITORIAL <input type="checkbox"/> CONCRETE <input type="checkbox"/> EXCAVATION <input type="checkbox"/> FRAMING/CARPENTRY <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> GLASS/GLAZIER <input type="checkbox"/> PLASTERING/DRYWALL <input type="checkbox"/> FLOORING <input type="checkbox"/> ROOFING <input type="checkbox"/> WINDOW/DOOR INSTALL <input type="checkbox"/> PAINTING <input type="checkbox"/> PLUMBING <input type="checkbox"/> MASONRY <input type="checkbox"/> HVAC <input type="checkbox"/> LANDSCAPING <input type="checkbox"/> SHEET METAL/GUTTERS <input type="checkbox"/> TILE INSTALL <input type="checkbox"/> OTHER		
<b>UNINSURED SUBCONTRACTORS?</b> <input type="radio"/> YES <input type="radio"/> NO	<b>IF YES, ANTICIPATED COST OF UNINSURED SUBCONTRACTORS LABOR?</b> \$ _____	<b>CASH/1099 LABOR?</b> <input type="radio"/> YES <input type="radio"/> NO	<b>IF YES, ANTICIPATED COST OF CASH LABOR?</b> \$ _____
<b>DO YOU USE WRITTEN SUBCONTRACTOR AGREEMENTS CONTAINING HOLD HARMLESS/INDEMNITY AGREEMENTS?</b> <input type="radio"/> YES <input type="radio"/> NO		<b>DOES THAT AGREEMENT REQUIRE THE SUBCONTRACTOR TO CARRY WORKERS COMPENSATION INSURANCE?</b> <input type="radio"/> YES <input type="radio"/> NO	
<b>DO YOU OBTAIN CERTIFICATES OF INSURANCE FROM ALL SUBCONTRACTORS?</b> <input type="radio"/> YES <input type="radio"/> NO			
Is there a driving/delivery exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		Radius of operations/travel: <input type="checkbox"/> <50 miles <input type="checkbox"/> 50-100 <input type="checkbox"/> 100+	
If yes, what is frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____		Any group transportation of employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a PUC/DMV filing required? <input type="checkbox"/> PUC <input type="checkbox"/> DMV <input type="checkbox"/> N/A		If yes, how provided? <input type="checkbox"/> Car <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Bus	
Are vehicles company owned? <input type="checkbox"/> Yes <input type="checkbox"/> No		# of employees transported per vehicle _____	
If yes, types of vehicles: _____		# of vehicles used to transport _____	
If yes, are vehicles taken home? <input type="checkbox"/> Yes <input type="checkbox"/> No		Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
# Of vehicles? _____ # Of drivers? _____			
Vehicle/fleet maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Note: All information provided for the purpose of securing insurance coverage is subject to underwriting verification, an underwriting survey and/or inspection. You must notify us of any significant change in operations or payroll. Terms may be rescinded, or coverage cancelled if any person knowingly conceals information, and/or provides any inaccurate or materially false information for the purpose of obtaining insurance coverage.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_