



ATTACHMENT 1

Construction Risk Supplemental Application

Insured: _____

Effective Date: _____

1. Complete Description of Operations: _____

2. Employee Information:

Number of full time employees: _____ Part time: _____ Average Wage _____

Are temporary employees used? Yes _____ No _____ Number of temps: _____

Number of locations: _____ Number of employees at each location: _____

Average length of employment: _____

Is the length of employment: Increasing _____ Decreasing _____ Stable _____

Hours of Operation: Hrs/Day _____ Days/Week _____ # of Shifts _____

Are medical benefits provided: Yes _____ No _____ Eligibility period _____

% of employee participation: _____ % of employer contribution: _____

Provider: _____ Are employees unionized: Yes _____ No _____

Has there been any post termination, stress or fraudulent claims: Yes _____ No _____

Is there paid sick leave: Yes _____ No _____ Paid Vacation: Yes _____ No _____

3. Hiring Procedures:

Pre-employment Applications: Yes _____ No _____ References Checked: Yes _____ No _____

Written Job Descriptions: Yes _____ No _____ Physicals: Yes _____ No _____

Drug Testing: Yes _____ No _____ MVR's checked: Yes _____ No _____

New Hire Training Program: Yes _____ No _____

4. Premium and Payroll History (5 years of total premium and payroll)

TOWER GROUP COMPANIES

September 8, 2009



Year: _____ Premium: _____ Payroll: _____

Year: _____ Premium: _____ Payroll: _____

Year: _____ Premium: _____ Payroll: _____

Year: _____ Premium: _____ Payroll: _____

Year: _____ Premium: _____ Payroll: _____

5. Loss Control / Safety Program

Are owners active in daily operations: Yes _____ No _____

Safety program in place & enforced: Yes _____ No _____ How long: _____

Hazard Communication Program: Yes _____ No _____

Individual responsible for safety: _____

Safety incentive program: Yes _____ No _____ Describe: _____

Frequency of safety meetings: _____

Safety training provided: Yes _____ No _____ Describe: _____

Are accident investigations performed: Yes _____ No _____

By whom: _____

Are modified / light duties available: Yes _____ No _____

Does the insured have driving/delivery exposure: Yes _____ No _____

Number of vehicles: _____ Radius of operation: _____

Vehicle maintenance program in place: Yes _____ No _____

Types of personal protective equipment worn: _____

Material handling exposure: Yes _____ No _____

Back belts worn: Yes _____ No _____

Maximum weight lifted: _____

Mechanical devices used: _____



Point of operation: Yes _____ No _____

Moving parts: Yes _____ No _____

Drive mechanism: Yes _____ No _____

Lock out / tag out: Yes _____ No _____

Describe additional loss control measure taken by employer: _____

6. Construction Information

Contractor's license #: _____ Years in this trade: _____

% of work subcontracted out: _____

Indicate % of each: New construction _____ Remodeling _____

Indicate % of each: Residential _____ Commercial _____

Indicate % of each: Interior work _____ Exterior work _____

Scaffolding work: Yes _____ No _____

Maximum height worked: _____ Maximum depth worked: _____

Any use of cranes, booms or other heavy construction equipment: Yes _____ No _____

Explain: _____

Any work in confined spaces: Yes _____ No _____

Explain: _____

Any work involving asbestos, hazardous product abatement, chemicals, USL&H, or underground tank replacement: Yes _____ No _____

Explain: _____

Other comments:

Completed by: _____ Date: _____