

The Brethren Mutual Insurance Company

149 North Edgewood Drive, Hagerstown, MD 21740

CONTRACTORS SUPPLEMENTAL APPLICATION

Named Insured _____ **Date** _____
Agency _____

Type of Contractor: _____

Number of Years Experience: _____

Number of Employees:	Full Time:	Part Time:
Type of Construction:	Residential %:	Commercial %:
	New Construction %:	Remodel %:
Gross Receipts Prior Year	\$	
Payroll Prior Year	\$	
Cost of Subcontracted Work for Prior Year	\$	
States of Operation	<input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> VA <input type="checkbox"/> Other	

General Questions		Yes	No
1.	Has the nature of the applicant's operations changed in the past 12 months? (<i>Describe</i>)	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has the applicant ever been cited for safety or health violations?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the applicant have a formal training program? (<i>Attach Copy</i>)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does applicant draw plans, designs, or specifications for others?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do any operations include blasting or utilize or store explosive material?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Any demolition or wrecking work?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Any use of cranes?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do your subcontractors carry coverages or limits less than yours?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are subcontractors allowed to work without providing you with Certificates of Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does applicant lease equipment to others with or without operators?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Do any operations include excavation, tunneling, underground work or earth moving?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Any operation or owned, leased or rented property not covered by this policy?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Describe Last Three Projects Completed

Type of Work	Length of Project	Cost of Job	No. of Employees	Residential/Comm'l.

