

NAME: _____ FEIN/SSN: _____

CONTACT NAME: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____ WEBSITE URL: _____

1. Detailed description of operations (List of work performed): _____

2. Any prior coverage? Yes No If so, forward any loss runs for the last 5 years

3. Have you ever had Worker's Comp coverage under another name? Yes No If yes, please explain: _____

4. Years in business: _____

5. Written Safety Program in place? Yes No

6. Written Drug Testing Policy in force? Yes No

7. Are all employees LA Residents? Yes No If no, please explain: _____

8. Are all employees US Citizens? Yes No If no, please explain: _____

9. List all states where work is performed: _____

a. % of work performed **OUTSIDE** of Louisiana _____

10. How are employees paid? W-2 1099 Check Cash Other Explain Other: _____

11. Total number of employees (including 1099 workers): _____

12. What % of work performed is Residential: _____ Commercial: _____

13. What % of work performed is Interior: _____ Exterior: _____

14. What % of work is sub-contracted? _____

a. List type of work done by **INSURED** sub-contractors _____

b. List type of work done by **UNINSURED** sub-contractors: _____

15. Do you attempt to use the same sub-contractors for all jobs? Yes No If no, please explain: _____

16. Any use of casual or day labor: Yes No If yes, please explain: _____

17. Is any roofing work performed? Yes No If yes, please explain: _____

18. Is any work performed at or above 15 feet? Yes No If yes, please explain: _____

a. How are heights reached? _____

Signature of Applicant: _____ Date: _____