

Painting Supplemental Application

I. GENERAL INFORMATION SECTION:

Risk Name:	Date application completed:
Risk Contact Name:	Your website address:
List any associations of which you are a member:	
Please explain any material changes in your operations or business the past 12 months.	

II. ELIGIBILITY SECTION:

How long have you been in business under the current ownership?	<input type="text"/>	Years	
Mix of Business:	<input type="text"/> % Commercial	<input type="text"/> % Residential	
Total number of Employees:	<input type="text"/> Full Time	<input type="text"/> Part Time	
Gross Annual Receipts:	<input type="text"/>	Annual Payroll:	<input type="text"/>
Number of Subcontractors:	<input type="text"/>	Total Annual Cost of Subcontractors:	<input type="text"/>
Type of work performed by Subcontractors: <input type="text"/>			

INDICATE YOUR PERCENTAGE OF ANNUAL SALES GENERATED FROM THE FOLLOWING OPERATIONS:

Condominiums, townhouses:	<input type="text"/>	Commercial Interior Painting:	<input type="text"/>	
Tract or Planned Unit Developments with more than 10 homes planned:	<input type="text"/>	Commercial Exterior Painting:	<input type="text"/>	
Apartments:	<input type="text"/>	Residential Individual Accounts:	<input type="text"/>	
Assisted Living Facilities, retirement homes or any other multiunit facility:	<input type="text"/>	Public/ Government:	<input type="text"/>	

Please give a general description of your painting operations:

Any remodeling performed other than painting? Please describe.

III. EMPLOYMENT PRACTICES SECTION:

How are your employees recruited?	<input type="text"/>		
Are your job applicants required to complete a written application?	Y <input type="checkbox"/> N <input type="checkbox"/>	Are criminal backgrounds checked before hiring?	Y <input type="checkbox"/> N <input type="checkbox"/>
Are driving records checked before hiring?	Y <input type="checkbox"/> N <input type="checkbox"/>	Are driving records updated annually and copies maintained in the employee's personnel file?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do employees use their personal vehicles to drive to jobsites?	Y <input type="checkbox"/> N <input type="checkbox"/>	Do you shuttle/transport employees to and from job sites?	Y <input type="checkbox"/> N <input type="checkbox"/>
Are your employees trained to handle hazardous chemical/material spills caused by your operations while at a customer's premises?			Y <input type="checkbox"/> N <input type="checkbox"/>

IV. OPERATIONAL PRACTICES SECTION:

Do you do work above 2 stories other than interior work?	Y <input type="checkbox"/> N <input type="checkbox"/>	Any lead paint removal done? If yes, please explain how and how often below.	Y <input type="checkbox"/> N <input type="checkbox"/>
Is scaffolding used?	Y <input type="checkbox"/> N <input type="checkbox"/>	Do you have keys to the buildings of any clients?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you have a formal training/safety program in place?	Y <input type="checkbox"/> N <input type="checkbox"/>	Do you obtain Certificates of Insurance from all subcontractors?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you require to be named as Additional Insured by your subcontractors?	Y <input type="checkbox"/> N <input type="checkbox"/>	Is any waterproofing done? What % <input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you rent, lease or borrow equipment from others? If so what?			Y <input type="checkbox"/> N <input type="checkbox"/>

V. SIGNATURE SECTION:

I affirm, represent and warrant that the information provided on this supplemental application is true, complete and accurate to the best of my knowledge, and that I am authorized to sign on behalf of, and bind, the applicant stated above.

Name: _____ Title: _____ Date: _____

Tangram Insurance Services 1-800-676-2213

www.tangramins.com