



THE BUILDERS GROUP
SUPPLEMENTAL APPLICATION

GENERAL AND SAFETY

- 1. Do you have a written safety program? Yes No
If yes, please provide a copy.
2. Are safety meetings and/or training or toolbox talks conducted? Yes No
If yes, are the meetings/trainings/toolbox talks documented? Yes No
3. Is a formal stretching program in place? Yes No
4. Is there an accident investigation program? Yes No
5. Is there a Return-to-Work program in place with light duty work identified? Yes No
If yes, is it formal or informal ?
6. Do you have a drug testing program? Yes No
If yes, is testing performed both Pre-hire and Post-Accident? Yes No
7. Do you have a fleet safety program in place? Yes No n/a (no driving exposures)
8. Do you have a distracted driving policy requiring hands free cell phone use and no texting while driving? Yes No
9. What Personal Protective equipment is required? (check all that apply)
Safety Glasses Safety Vests
Masks/Respirators Hearing protection
Hard Hats/Helmets Face Shield
Personal Fall Arrest Gloves
Equipment Other
10. Are medical benefits provided? Yes No
11. What are your hiring practices? (check all that apply)
Application Formal job descriptions
Formal Interview Informs employee of Conducts formal new
physical job requirements employee training/
Pre-employment physicals orientation

CONTRACTORS (to be completed by all Contractors)

Applicant does not perform this type of work (skip section)

- 1. Indicate the % of work conducted in each of the following operations [each subsection must add up to 100%]
• New Construction % Remodeling/Service/Repair %
• Commercial % Industrial % Residential %
• Interior % Exterior %

2. Are subcontractors used? Yes      No  
If yes, do you monitor subcontractors COIs? Yes      No
3. Union contractor? Yes      No  
If yes, are they a member of the UCWCP? Yes      No
4. Any work involving asbestos, hazardous product abatement, chemical/petroleum products or lead? Yes      No  
If yes, please provide details:
5. Do you perform work requiring USL&H? Yes      No  
If yes, please explain:
6. What is the maximum height at which you will work?      feet
7. What specific methods are used to control fall exposures over 6'? (check all that apply)  
Guardrails  
Safety Nets  
Personal Fall Arrest System
8. Is there a formal lock out/tag out program in place for equipment maintenance, electrical work?  
Yes      No
9. Are there established weight limits for individual manual material handling? Yes      No  
If yes, what is the maximum weight?

***PLEASE COMPLETE ONLY THE SECTIONS FOR WORK THAT YOU SELF-PERFORM***

**CABINET MANUFACTURING**

**Applicant does not perform this type of work (skip section)**

1. Is the building equipped with a central dust collection system? Yes      No
2. Are any of the following used for material handling? (check all that apply)  
Overhead cranes/hoists      Scissor tables  
Carts      Multi-person/team lifts  
Tables with sheels
3. Any finishing work performed? Yes      No
4. Is there a respiratory protection program in place? Yes      No
5. Is there a hearing protection program in place? Yes      No
6. Is installation performed? Yes      No

**CONCRETE AND MASONRY**

**Applicant does not perform this type of work (skip section)**

1. Is dry concrete cutting or coring performed? Yes      No  
If yes, what controls are in place to mitigate silica exposures?
2. Is scaffolding utilized? Yes      No  
If yes, is scaffolding inspected daily by a qualified person? Yes      No
3. Are employees trained on ladder safety and fall protection? Yes      No
4. Are you using rough terrain forklifts? Yes      No

**DRYWALL****Applicant does not perform this type of work (skip section)**

1. Are stilts and scaffolds inspected daily for wear, defects and improper setup? Yes No

**EXCAVATION****Applicant does not perform this type of work (skip section)**

1. Are utility locates performed prior to excavating? Yes No
2. Is work performed to depths greater than 4'? Yes No
3. When necessary, what methods are used to prevent trench collapse or cave-in? (check all that apply)
- |                     |                    |
|---------------------|--------------------|
| Sloping or benching | Engineered systems |
| Shoring             | Pilings            |
| Trench boxes        |                    |
4. Is there a competent person (properly trained with authority to act)? Yes No
5. What % of operations are hydrovac? %
6. What % of operations are directional boring? %

**GARBAGE HAULERS (must have commercial roll off exposures)****Applicant does not perform this type of work (skip section)**

1. Percentage of waste hauled: commercial waste % residential waste %  
construction debris % recyclables % hazardous waste %
2. Percentage of type: roll-off % dumpsters % front-end or side automated  
(residential) loading % manual load %
3. Does the insured operate a material recovery facility, transfer station, dump, or landfill?  
Yes No
4. What % of the insured's refuse pick-up operations are fully automated (driver never leaves the truck)? %

**HVAC AND PLUMBING****Applicant does not perform this type of work (skip section)**

1. Is LOTO used when hooking up natural gas for HVAC units? Yes No

**LANDSCAPING****Applicant does not perform this type of work (skip section)**

1. Any of the following operations (check all that apply):
  - Lawn services – mow & blow
  - Tree planting greater than 15 gallons
  - Sprinkler installation
  - Work along non-residential medians or major roads/highways
  - Tree removal or tree trimming from above ground
  - Set-up of holiday decorations
  - Work that requires excavation or trenching below 4'
2. Do the operations include snow removal? Yes    No  
 If yes, is manual shoveling of snow performed? Yes    No
3. Any snow or ice dam removal from rooftops? Yes    No
4. Please indicate if any of the following services are performed (check all that apply):
 

Concrete or Masonry work	Electrical or gas hook ups
Decks	Fences
Demolition	Retaining walls/water features
Other	

**MANUFACTURING *related to construction*****Applicant does not perform this type of work (skip section)**

1. Any secondary operations performed? (check all that apply)
 

Assembly	Painting/powder coating
Deburring/grinding	Plating
Heat treating	Welding
2. Are mechanical or hydraulic power presses in use? Yes    No
3. Are all accessible moving parts guarded on machinery/equipment? Yes    No
4. Any installation, service, field work provided? Yes    No
5. What material handling equipment is used? (check all that apply)
 

Forklift	Dollies
Overhead cranes	Pallet jacks
Lift tables	Other
Carts	
6. Do you deliver the finished product    or use a common carrier    or both    ?

**PAINTING****Applicant does not perform this type of work (skip section)**

1. What % of work is: interior    % exterior    % [answer must total 100%]
2. Is scaffolding utilized? Yes    No  
 If yes, are scaffolds inspected daily for wear, defects and improper setup? Yes    No
3. When using oil-based products, is respiratory protection utilized? Yes    No

**ROOFING****Applicant does not perform this type of work (skip section)**

1. What % of the insured's operations are: [overall combined total must equal 100%]

	<b>Commercial Flat Roofs</b>	<b>Residential Flat Roofs</b>	<b>Commercial Pitched Roofs</b>	<b>Residential Pitched Roofs</b>	<b>Combined Total</b>
New Construction					
Re-Roofing / Replacement					
Service Work / Maintenance					
Solar Panel Installation					
<b>Overall Combined Total</b>					

2. What method is used to remove ballast rock when performing roof replacements? (check all that apply)

- Manually with shovels
- Vacuum equipment
- Utilize subcontractors

**SAND & GRAVEL****Applicant does not perform this type of work (skip section)**

1. Do sand and gravel operations fall under the MSHA regulations? Yes      No
2. Does the company have equipment training and inspection process? Yes      No



Applicants' Signature

Date



Agent's Signature

Date