



SCHBSIF CONTRACTORS SUPPLEMENTAL APPLICATION

HOMEBUILDER % Residential _____
 ARTISAN
 OTHER % Commercial _____

Agency Name: _____
 Applicant _____ Effective Date _____
 Type of Business _____ Applicant's Cell/Mobile # _____
 E-mail Address: _____ Website Address: _____

Has the owner ever been insured or quoted by the SCHBSIF?
 Yes No If yes, policy number(s) _____
 Do you currently have Workers Compensation coverage in force? Yes No
 If yes, who is your current WC carrier? _____ If not in force, please advise last
 cancellation/expiration date for WC coverage: _____
 Years in Business _____ Years Experience _____ # of Employees _____

Previous FEIN's, DBA's and AKA's _____
 Payroll Past Year: Employees _____
 Payroll Past Year: Uninsured Subcontractors _____

What type of uninsured subs does the applicant use? _____
 Are insured subcontractors allowed to work without providing the applicant with a certificate of insurance?
 Yes No If Yes, Details: _____

Do you use any cash, casual labor, or labor services? Yes No If Yes, how many days per year is it
 used? _____ What is the estimated cost for cash, casual or labor services? _____
 If cash services used, how is it documented? _____
 Any work performed outside the state of South Carolina? Yes No If Yes, please describe _____

Please describe hiring procedures for employees: _____

.....
 Please complete the following sections as they apply to the applicant. If N/A, please note. Explain all
 "Yes" responses in remarks.

Fall Protection

1. Is Scaffolding used? Yes No
2. If Yes, to what height? _____
3. Are guard rails used on scaffolding? Yes No

Describe in detail all fall protection used on job site (i.e. guardrails, harnesses, covers, etc.) and under what
 circumstances they are used: _____

Air Conditioning & Heating

1. Any Boiler Work Done? Yes No
2. Any Asbestos Removal Done? Yes No

Carpentry

1. Any Roofing Done? If "yes", what % _____ Yes No
2. Any Shop Work Done? Yes No
3. Any Renovation Work Done? If "yes", what % _____ Yes No
4. Any Gutting of Interior Load Bearing Walls? Yes No

Electrical Wiring

1. Any Underground Cable Work? Yes No

Excavation & Grading of Land and Septic Tank Installation

1. Depth-typical and maximum _____

2. Type of Excavation: Water Lines Yes No
Sewer Yes No
Septic Yes No
Basements Yes No
Other _____ Yes No

3. Any Work Done in Streets or Roads? Yes No

4. Are trench boxes or other protection used? Yes No

Describe when and how they are used. If no, explain: _____

Insulation

1. Any removal? If "yes, indicate what type and disposal Procedures Yes No

2. Indicate type of insulation work done _____

Landscaping

1. Any grading of land or excavation work done? Yes No
If "Yes", what % _____

2. Any spraying of bushes, lawn, etc, with pesticides, herbicides, or fertilizers? If "Yes", explain extent, how often and what is used? Yes No

3. Any Tree Trimming work done? Yes No
If "Yes", what % _____

Masonry

1. Do you excavate also? Yes No

Painting

1. Inside % _____ Outside % _____ Yes No

2. Any work done above two stories? Yes No

3. Any epoxies used? Yes No

4. Any lead paint removal done? Yes No

Plumbing

1. Any septic tank installation? Yes No

Remarks: Explanations as needed from responses above: _____

To the best of my knowledge all the information I have given about my business is true and correct. If information is found to be different as the result of my knowingly attempting to defraud the SCHBSIF, or information is concealed for the purpose of misleading, or another person files an application for insurance containing materially false information the SCHBSIF may send direct notice of cancellation.

Officer or Owner of Business

Date