



**SCHBSIF CONTRACTORS SUPPLEMENTAL APPLICATION**

- HOMEBUILDER % Residential\_\_\_\_\_
- ARTISAN
- OTHER % Commercial\_\_\_\_\_

Agency Name:\_\_\_\_\_

Applicant\_\_\_\_\_ Effective Date\_\_\_\_\_

Type of Business\_\_\_\_\_ Applicant's Cell/Mobile #\_\_\_\_\_

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:\_\_\_\_\_

Are you currently an HBA member? Yes No If so how long have you been an HBA member? \_\_\_\_\_

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 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 scaffolding used?  Yes  No  
If "Yes", to what height? \_\_\_\_\_

4. Any epoxies used?  Yes  No

5. 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