

**CONTRACTORS WORKER'S COMPENSATION APPLICATION**

Date: \_\_\_\_\_

**COMPANY'S INFORMATION**

Legal Business' Name: \_\_\_\_\_

Entity Type: Sole Proprietorship \_\_\_\_\_ LLC \_\_\_\_\_ Corporation \_\_\_\_\_ Partership \_\_\_\_\_ Other: \_\_\_\_\_

Employer Identification Number (EIN) or Tax Payer Number: \_\_\_\_\_

Do you have a License?: Yes \_\_\_\_\_ No \_\_\_\_\_ if so, License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Year Business started: \_\_\_\_\_ Owner's Years of Experience: \_\_\_\_\_ Owner's Managerial Experience: \_\_\_\_\_

**OWNERS/OFFICERS**

Owner/Officer 1

Owner/Officer 2

Owner/Officer 3

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

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

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

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Sec. No.: \_\_\_\_\_

Social Sec. No.: \_\_\_\_\_

Social Sec. No.: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Briefly describe the work you do: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any losses or claims within the last three years? \_\_\_\_\_ if so please answer the questions below:

Loss type

Amount pay

Carrier's Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LOCATIONS INFORMATION**

Location 1: Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Location 2: Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**FINANCIAL INFORMATION**

Annual Gross Sale/Receipts: Last 12 months \_\_\_\_\_ Projected for next 12 months \_\_\_\_\_

**UNDERWRITING INFORMATION**

No. of Full Time Employees: \_\_\_\_\_ No. of Part-time Employees: \_\_\_\_\_

If sub-contractors are used percentage of Sales/Receipts derived from sub-contractor: \_\_\_\_\_

Annual Payroll: Last 12 months \_\_\_\_\_ Projected for next 12 months \_\_\_\_\_

Please provide employee categories and annual payroll expenses per each category (Example: Carpentry, Painting, Plumbing, etc)

CATEGORY/CLASS	NO. OF EMPLOYEES	ANNUAL PAYROLL
CARPENTRY-5403:	_____	_____
PAINTING-5474:	_____	_____
DRY WALL INSTALLATION-5445:	_____	_____
PLUMBING-5103:	_____	_____
ELECTRICAL-3179:	_____	_____
OTHER CLASSES:		
_____	_____	_____
_____	_____	_____

Do you do work in NY? \_\_\_\_\_ If so, which counties \_\_\_\_\_

Do you do exterior work over 3 stories? \_\_\_\_\_

Any roofing work? \_\_\_\_\_

Do you do demolition work? \_\_\_\_\_

Do you do snow plow? \_\_\_\_\_

Percentage of Residential Work: \_\_\_\_\_ Commercial Work: \_\_\_\_\_

Percentage of New Construction: \_\_\_\_\_ Structural Remodel: \_\_\_\_\_ Non- Structural Remodel: \_\_\_\_\_

**ADDITIONAL COMMENTS:**

\_\_\_\_\_  
Applicant's Name and Title Signature & Date

Sent/Referred by: \_\_\_\_\_ send quote to: \_\_\_\_\_  
Print name and number (Fax # or E-mail)