

**CONTRACTOR SUPPLEMENTAL APPLICATION  
(GENERAL LIABILITY)**

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH **ROCKWOOD CASUALTY INSURANCE COMPANY**, A LICENSED INSURER.

Insured: \_\_\_\_\_

Insured's Email Address: \_\_\_\_\_

1. Years of experience: \_\_\_\_\_

2. Does the Applicant perform any of the following?

- |                                 |                              |                             |                       |
|---------------------------------|------------------------------|-----------------------------|-----------------------|
| Roofing (Repair or Replacement) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                       |
| Work above ground               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Max. Height _____     |
| Work below ground               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Max. Depth _____      |
| Removal of lead or asbestos     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                       |
| Demolition                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                       |
| Spray Painting                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                       |
| Snow Removal                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, explain _____ |

3. Does the applicant work in any other state?  Yes  No If yes, explain \_\_\_\_\_

4. Number of Full-Time Employees? \_\_\_\_\_

5. Number of Part-Time Employees? \_\_\_\_\_

6. Estimated Payroll? \_\_\_\_\_

7. Are employees given W-2s or 1099s? \_\_\_\_\_

8. Does the insured use Casual or Day Labor?  Yes  No

9. Are sub-contractors used?  Yes  No If yes, % \_\_\_\_\_

10. Describe all work sub-contracted:  
\_\_\_\_\_

11. Are Certificates of Insurance required for all sub-contractors?  Yes  No

**IF RISK IS A JANITORIAL CONTRACTOR INCLUDE THE FOLLOWING:**

1. Please check the services that the insured now provides or would provide if requested:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| General Cleaning (includes dusting, floor or rug cleaning, restroom cleanup) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Carpet Cleaning  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chimney Cleaning   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pest Control/Exterminating   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fire Restoration   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Maid/Housekeeping Services   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| De-greasing Service (Cleaning restaurant grease traps or Ansul Systems etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Industrial Cleaning  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Elevator Maintenance   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Parking Lot Maintenance  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Crime Scene Cleanup  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Building Security  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cleaning/Renovating Outside Building Walls                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Building Construction or Renovation  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Landscaping (including lawn mowing)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Floor waxing or buffing  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Exterior window cleaning above 1 story                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heating/Ventilation/Air Duct Cleaning or Service                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Aircraft Service and Maintenance   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Describe any other operations that you perform that are not listed above.

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3. If you have any commercial customers please indicate nature of their business.

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**THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION**

APPLICANT'S SIGNATURE	DATE
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