



CID Insurance Services

THE BROKERS PREFERRED WHOLESALE SOLUTION

Workers' Comp - Contractors - Artisan & Trade

For a complete submission, please include the following information:

- ACORD Application 130
- Supplemental Application

If you don't see what you need or have any questions,
please email your underwriter:

Darby@cidinsurance.com

CID Insurance Programs Inc. DBA CID Insurance Services

Workers Compensation Supplemental Application (To be Completed with Acord 130 application)

Named Insured: _____		Web Address: _____																						
Insured's FEIN: _____		Contractor's License Number: _____																						
Percentage of Subbed Work %		Percentage of Work %																						
a) Percentage: _____		a) New Construction: _____																						
b) What Type: _____		b) Remodeling: _____																						
c) What Type: _____		c) Residential: _____																						
		d) Commercial: _____																						
		e) Industrial: _____																						
Waiver of Subrogation Needed?		a) Blanket: _____																						
		b) Specific: _____																						
WORK PERFORMED BY EMPLOYEES? (CHECK ALL THAT APPLY) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> GENERAL CONTRACTING</td> <td><input type="checkbox"/> CONCRETE</td> <td><input type="checkbox"/> EXCAVATION</td> <td><input type="checkbox"/> FRAMING/CARPENTRY</td> <td><input type="checkbox"/> ELECTRICAL</td> <td><input type="checkbox"/> GLASS/GLAZIER</td> <td><input type="checkbox"/> PLASTERING/DRYWALL</td> </tr> <tr> <td><input type="checkbox"/> FLOORING</td> <td><input type="checkbox"/> ROOFING</td> <td><input type="checkbox"/> WINDOW/DOOR INSTALL</td> <td><input type="checkbox"/> PAINTING</td> <td><input type="checkbox"/> PLUMBING</td> <td><input type="checkbox"/> MASONRY</td> <td><input type="checkbox"/> HVAC</td> </tr> <tr> <td><input type="checkbox"/> LANDSCAPING</td> <td><input type="checkbox"/> SHEET METAL/GUTTERS</td> <td><input type="checkbox"/> TILE INSTALL</td> <td><input type="checkbox"/> OTHER</td> <td></td> <td></td> <td></td> </tr> </table>				<input type="checkbox"/> GENERAL CONTRACTING	<input type="checkbox"/> CONCRETE	<input type="checkbox"/> EXCAVATION	<input type="checkbox"/> FRAMING/CARPENTRY	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> GLASS/GLAZIER	<input type="checkbox"/> PLASTERING/DRYWALL	<input type="checkbox"/> FLOORING	<input type="checkbox"/> ROOFING	<input type="checkbox"/> WINDOW/DOOR INSTALL	<input type="checkbox"/> PAINTING	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> MASONRY	<input type="checkbox"/> HVAC	<input type="checkbox"/> LANDSCAPING	<input type="checkbox"/> SHEET METAL/GUTTERS	<input type="checkbox"/> TILE INSTALL	<input type="checkbox"/> OTHER			
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Any Exposure to the Following: <input type="checkbox"/> Lead Paint or Asbestos Removal <input type="checkbox"/> Roofing <input type="checkbox"/> Concrete Tilt Up <input type="checkbox"/> Demolition/Blasting <input type="checkbox"/> Supervisory Only																								
ANY WORK ABOVE GROUND? <input type="radio"/> YES <input type="radio"/> NO		MAXIMUM HEIGHT? _____ FEET _____ STORIES																						
		PLEASE DESCRIBE FALL PROTECTION CONTROLS																						
ANY WORK BELOW GROUND? <input type="radio"/> YES <input type="radio"/> NO		MAXIMUM DEPTH? _____ FEET																						
		PLEASE DESCRIBE TRENCH SAFETY CONTROLS																						
Is the Applicant Involved in Wrap Up or OCIP Projects? <input type="checkbox"/> Yes <input type="checkbox"/> No																								
RADIUS OF OPERATIONS		DO MORE THAN 4 EMPLOYEES TRAVEL TOGETHER IN THE SAME VEHICLE? <input type="radio"/> YES <input type="radio"/> NO																						
		ANY WORK OUTSIDE OF YOUR HOME STATE? <input type="radio"/> YES <input type="radio"/> NO																						
		IF YES, WHICH STATES? _____																						
PERCENTAGE OF WORK SUBCONTRACTED TO OTHERS? % CHECK ALL JOBS PERFORMED BY SUBCONTRACTORS <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> JANITORIAL</td> <td><input type="checkbox"/> CONCRETE</td> <td><input type="checkbox"/> EXCAVATION</td> <td><input type="checkbox"/> FRAMING/CARPENTRY</td> <td><input type="checkbox"/> ELECTRICAL</td> <td><input type="checkbox"/> GLASS/GLAZIER</td> </tr> <tr> <td><input type="checkbox"/> PLASTERING/DRYWALL</td> <td><input type="checkbox"/> FLOORING</td> <td><input type="checkbox"/> ROOFING</td> <td><input type="checkbox"/> WINDOW/DOOR INSTALL</td> <td><input type="checkbox"/> PAINTING</td> <td><input type="checkbox"/> PLUMBING</td> </tr> <tr> <td><input type="checkbox"/> MASONRY</td> <td><input type="checkbox"/> HVAC</td> <td><input type="checkbox"/> LANDSCAPING</td> <td><input type="checkbox"/> SHEET METAL/GUTTERS</td> <td><input type="checkbox"/> TILE INSTALL</td> <td><input type="checkbox"/> OTHER</td> </tr> </table>				<input type="checkbox"/> JANITORIAL	<input type="checkbox"/> CONCRETE	<input type="checkbox"/> EXCAVATION	<input type="checkbox"/> FRAMING/CARPENTRY	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> GLASS/GLAZIER	<input type="checkbox"/> PLASTERING/DRYWALL	<input type="checkbox"/> FLOORING	<input type="checkbox"/> ROOFING	<input type="checkbox"/> WINDOW/DOOR INSTALL	<input type="checkbox"/> PAINTING	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> MASONRY	<input type="checkbox"/> HVAC	<input type="checkbox"/> LANDSCAPING	<input type="checkbox"/> SHEET METAL/GUTTERS	<input type="checkbox"/> TILE INSTALL	<input type="checkbox"/> OTHER			
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UNINSURED SUBCONTRACTORS? <input type="radio"/> YES <input type="radio"/> NO		IF YES, ANTICIPATED COST OF UNINSURED SUBCONTRACTORS LABOR? \$ _____																						
		CASH/1099 LABOR? <input type="radio"/> YES <input type="radio"/> NO																						
		IF YES, ANTICIPATED COST OF CASH LABOR? \$ _____																						
DO YOU USE WRITTEN SUBCONTRACTOR AGREEMENTS CONTAINING HOLD HARMLESS/INDEMNITY AGREEMENTS? <input type="radio"/> YES <input type="radio"/> NO		DOES THAT AGREEMENT REQUIRE THE SUBCONTRACTOR TO CARRY WORKERS COMPENSATION INSURANCE? <input type="radio"/> YES <input type="radio"/> NO																						
		DO YOU OBTAIN CERTIFICATES OF INSURANCE FROM ALL SUBCONTRACTORS? <input type="radio"/> YES <input type="radio"/> NO																						
Is there a driving/delivery exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		Radius of operations/travel: <input type="checkbox"/> <50 miles <input type="checkbox"/> 50-100 <input type="checkbox"/> 100+																						
If yes, what is frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____		Any group transportation of employees? <input type="checkbox"/> Yes <input type="checkbox"/> No																						
Is a PUC/DMV filing required? <input type="checkbox"/> PUC <input type="checkbox"/> DMV <input type="checkbox"/> N/A		If yes, how provided? <input type="checkbox"/> Car <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Bus																						
Are vehicles company owned? <input type="checkbox"/> Yes <input type="checkbox"/> No		# of employees transported per vehicle _____																						
If yes, types of vehicles: _____		# of vehicles used to transport _____																						
If yes, are vehicles taken home? <input type="checkbox"/> Yes <input type="checkbox"/> No		Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly																						
# Of vehicles? _____ # Of drivers? _____																								
Vehicle/fleet maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No																								

Note: All information provided is subject to verification by way of an underwriting survey or inspection. We must be notified of any significant change in operations or payroll. Terms of insurance coverage may be cancelled for misrepresentation if information provided is inaccurate.

Signature of Applicant: _____ Date: _____