



Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact person and phone number: _____

Years present business has been in operation? _____ Years with management experience: _____

Describe all operations in detail: _____

Full time employees: _____ Part time: _____ Total Receipts: _____ Total Payroll: _____

Percent of work sub contracted? ___ Yes ___ No Type of work sub contracted? _____

If yes, are certificate of insurance requested from all sub contractors? _____

Do you require them to name you additional insured on their General Liability policies? ___ Yes ___ No

Are written contracts obtained from all subcontractors which include a hold harmless clause in your favor?
___ Yes ___ No If no, explain when not required: _____

Type of work: Residential _____% Commercial _____%
New Construction _____% Remodeling _____%

Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? _____

Is a formal safety program in operation? ___ Yes ___ No

Do you perform any snowplowing? ___ Yes ___ No Do you perform any demolition? ___ Yes ___ No

Do you perform roofing installations or repair? ___ Yes ___ No Any use of cranes? ___ Yes ___ No

Have you ever been involved as a General Contractor in the building of Residential Homes, Condominiums,
Townhouses or Apartment Buildings? ___ Yes ___ No

If yes, indicate the maximum number built during any 12-month period during the last five years:

_____ Residential Homes _____ Condos
_____ Townhouses _____ Apartment Buildings

Any work performed above 3 stories in height? ___ Yes ___ No Maximum number of stories: _____

Any work performed below grade? ___ Yes ___ No Maximum depth _____ ft. _____ % of total work

Does applicant lease employees? ___ Yes ___ No

Which states do you currently or plan to operate or in which you have a contractor's license: _____
