



# Supplemental Application

**ULLICO Casualty Company**

1625 Eye Street, NW  
Washington, DC 20006  
202.682.4954 tel  
202.962.8853 fax

A ULLICO Inc. Company  
www.ullico.com

Insured Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State

Zip

License # \_\_\_\_\_ Gross Sales \_\_\_\_\_

## General Information

Provide a detailed description of the operations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|              | Total Annual Payroll | Premium |
|--------------|----------------------|---------|
| Current Year | _____                | _____   |
| 1st Prior    | _____                | _____   |
| 2nd Prior    | _____                | _____   |
| 3rd Prior    | _____                | _____   |

Years in business: \_\_\_\_\_ # of Shifts: \_\_\_\_\_ Year in Trade: \_\_\_\_\_  Union  Non-Union

Please provide name(s) of affiliated trade or industry associations (SMACNA, PIPE, Laborers, Operating Engineers, NECA, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chapter or Union Local affiliation \_\_\_\_\_

Percentage of Union employees \_\_\_\_\_

Total number of employees \_\_\_\_\_

Of those employees, how many are  Operational \_\_\_\_\_

Is management active in business?  Yes  No

Full Time  Part Time  Seasonal

Clerical / Sales \_\_\_\_\_



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States for which you have jobsites \_\_\_\_\_

Job-site location \_\_\_\_\_ Number of employees \_\_\_\_\_ How long is the job duration? \_\_\_\_\_

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Job-site location \_\_\_\_\_ Number of employees \_\_\_\_\_ How long is the job duration? \_\_\_\_\_

Employee Status  Increasing  Decreasing  Stable Number of W2's filed in the 12 months \_\_\_\_\_

Any day laborers?  Yes  No If so, How Many? \_\_\_\_\_

Percentage of work \_\_\_\_\_  New construction \_\_\_\_\_  Repair \_\_\_\_\_

Any work subcontracted  Yes  No If yes, are certificates of Insurance required from subcontractor?  Yes  No

### List types of jobs perform within the past year

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Specialty work (exposures to)

- |   |  |  |                                      |                                    |
|---|--|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Asbestos removal | <input type="checkbox"/> Work at heights | <input type="checkbox"/> Confined spaces | <input type="checkbox"/> Demolition  | <input type="checkbox"/> Tunneling |
| <input type="checkbox"/> Trenching        | <input type="checkbox"/> Blasting        | <input type="checkbox"/> Shoring         | <input type="checkbox"/> Scaffolding | <input type="checkbox"/> Heavy     |
| <input type="checkbox"/> Equipment        | <input type="checkbox"/> High Voltage    | <input type="checkbox"/> Over water      |                                      |                                    |

Explain any that you have checked \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a driving or delivery exposure?  Yes  No Radius of travel? \_\_\_\_\_ Frequency? \_\_\_\_\_

Are vehicles company owned?  Yes  No Are company vehicles taken home at night by employees?  Yes  No

Are employees transported to jobsite in company vehicle?  Yes  No

If so, number of employees \_\_\_\_\_ number of vehicles? \_\_\_\_\_

Is there any out-of-state or overnight travel?  Yes  No



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## Hiring Practices

- |                            |  |  |  |                                |  |
|----------------------------|--|--|--|--------------------------------|--|
| Written applications       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pathogenic test                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Substance abuse screening      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employee manual            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Reference checks                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Written disciplinary procedure | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Audio testing              | <input type="checkbox"/> Yes <input type="checkbox"/> No | Written warnings                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pre / Post employment physical | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Counseling                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Orthopedic back test                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Exit interviews                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Motor vehicle record check | <input type="checkbox"/> Yes <input type="checkbox"/> No | Documentation of pre-employment injuries | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |  |

## Safety Operations

- |   |  |  |  |
|---|--|--|--|
| Loss control been updated in past 12 months | <input type="checkbox"/>                                 | Training for work at heights above 1 story         | <input type="checkbox"/>   |
| Written safety program                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Employee safety training                           | <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| Safety meetings conducted for all employees | <input type="checkbox"/> Yes <input type="checkbox"/> No | How often are meetings conducted                   | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
| Violence intervention training              | <input type="checkbox"/> Yes <input type="checkbox"/> No | Jewelry Policy                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| Drug / Alcohol awareness program            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does operation require use of protective equipment | <input type="checkbox"/> Yes <input type="checkbox"/> No         |
- If yes, what type**
- |               |                          |           |                          |                |                          |                |                          |       |                          |
|---------------|--------------------------|-----------|--------------------------|----------------|--------------------------|----------------|--------------------------|-------|--------------------------|
| Safety shoes  | <input type="checkbox"/> | Gloves    | <input type="checkbox"/> | Eye protection | <input type="checkbox"/> | Ear protection | <input type="checkbox"/> |       |                          |
| Lifting belts | <input type="checkbox"/> | Hard hats | <input type="checkbox"/> | Long pants     | <input type="checkbox"/> | Boots          | <input type="checkbox"/> | Other | <input type="checkbox"/> |

**If "Other" is checked, please explain** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Machine Guarding

- |                                      |  |                                 |  |                 |  |
|--------------------------------------|--|---------------------------------|--|-----------------|--|
| Point of operation                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Moving parts                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Drive mechanism | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lockout/tag out procedures in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any work performed above 6 feet | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |  |

**If yes, explain special safety precautions taken** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Any work performed below 4 feet underground  Yes  No

**If yes, explain special safety precautions taken** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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Maximum weight lifted manually is \_\_\_\_\_

List any mechanical lifting devices used (i.e. forklift, excavators, loaders etc.)

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Does the insured have a return to light duty plan  Yes  No With full pay  Yes  No

Do you have a return to full time modified work plan  Yes  No CPR training provided?  Yes  No How often? \_\_\_\_\_

Number of employees certified? \_\_\_\_\_ Do you have a Safety Director?  Yes  No

**If so, please provide name and phone number**

|       |              |
|-------|--------------|
| _____ | _____        |
| Name  | Phone Number |

## Special Exposures?

|       |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

Has the ownership of the organization changed in the past 5 years?  Yes  No



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## Addendum for Contracting Exposures: Please be specific in your response to the following questions:

### General Questions

Exposure to harmful substances? (nuclear material, asbestos, etc)  Yes  No

**If yes, explain special safety precautions taken** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Use of hazardous tools or equipment (explosives, chemicals, etc)  Yes  No

**If yes, explain special safety precautions taken** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are subcontractors used?  Yes  No If so are certificates on file?  Yes  No Checked annually?  Yes  No

Are subcontractors directly supervised?  Yes  No

Any work below grade?  Yes  No

**If so, special training?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any work at heights?  Yes  No

**If so, special training?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any work in confined spaces?  Yes  No

**If so, special training?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Any use of cranes or heavy equipment?  Yes  No

Use of scaffolding?  Yes  No

**If so, to what height?** \_\_\_\_\_

Loss control completed in permanent yards?  Yes  No

Jobsites located in remote areas?  Yes  No

OSHA inspections and recommendations completed  Yes  No

Loss control of business completed?  Yes  No Management involvement?  Yes  No

Any jobsites located outside US, its possessions, and Canada on permanent or part-time basis?  Yes  No

Is Employment Practices Liability provided under your General Liability Policy or separate policy?  Yes  No

Any jobsite located near navigable waters?  Yes  No

Are you involved in any joint ventures?  Yes  No

Do you lease or borrow workers from another source?  Yes  No

Are any employees part of a PEO?  Yes  No

Are you part of a "wrap-up" workers compensation policy?  Yes  No

Do you own subsidiaries?  Yes  No If so, do they have their own insurance?  Yes  No

## Roofing Exposures

How do temperature extremes and/or windy conditions affect work schedule and safety precautions? \_\_\_\_\_

Are employees trained through apprentice schools?  Yes  No

Are employees required to complete a safety awareness program?  Yes  No How often and who administers it? \_\_\_\_\_

Describe the drug awareness program provided by the employer other than that of the union? \_\_\_\_\_

Are pre-employment physicals given to detect balance / equilibrium issues?  Yes  No Are they given annually?  Yes  No

Precautions are taken when working on an inclined/slope surface? I.e. Foot locks, brackets, crawling board ladders, etc.  Yes  No

Do you specialize in any unusual roofing designs or heights or slopes?  Yes  No

Perimeter barriers in use at all times?  Yes  No With safety flags?  Yes  No Are guardrails/handrails used?  Yes  No



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Do you use a "roof monitor"?  Yes  No      Are employees tied off on roofs?  Yes  No      **If not, why not?** \_\_\_\_\_

Do guardrails in addition to a protective cover surround roof openings?  Yes  No

Are flags in use to alert workers to their presence?  Yes  No

If a parapet or eave is not present is a retaining platform erected that extends beyond the roof edge along with guard rails and toe boards?  Yes  No

Are pre job inspections performed to determine weak spots?  Yes  No

If they are present do you install a temporary work surface?  Yes  No

**If not, what alternative is used and is workers made aware of these and other conditions?** \_\_\_\_\_

Are kettles, fittings and pumping equipment inspected daily?  Yes  No      Do you have a service plan for this equipment  Yes  No  
and how often are they serviced? \_\_\_\_\_

Are you in OSHA compliance for workers to wear a full-face mask when operating the kettle?  Yes  No

Do you identify overhead power lines and how is this exposure handled?  Yes  No \_\_\_\_\_

How do you handle hazardous materials exposures? \_\_\_\_\_

What mechanical devices do you use to haul materials to the roof site? \_\_\_\_\_

Are materials manually carried  Yes  No      and if so what is the average weight? \_\_\_\_\_

What percentage is residential? \_\_\_\_\_      What percentage is commercial? \_\_\_\_\_

## Retail/Wholesale Exposures

Type of merchandise? \_\_\_\_\_

Wholesale % of sales? \_\_\_\_\_      Retail % of sales? \_\_\_\_\_

Any repackaging operations?  Yes  No      **If yes, please explain** \_\_\_\_\_

Any assembly of materials?  Yes  No

Type of distribution? Common carrier? Own trucking? \_\_\_\_\_