



ELITE CONTRACTORS TRUST OF NEW YORK
Supplemental Application

Company Name: _____

Address: _____

Phone: _____ Federal ID Number: _____

Fax: _____ NYS UI Number: _____

Contact Name: _____

General Information

Number of Years in Business _____

If less than 5, number of years in trade _____

If less than 3 years, submit Owner's Resume of Experience

Detailed Description of Operations:

Hours of Operation: _____ TO _____ Number of days per Week: _____

Number of Employees per class code: _____

Out of State Exposure: Yes No if yes, what states: _____
Do all employees reside in New York State? _____ if no, what states: _____
Are all employees paid out of New York State? _____ if no, what states: _____

Please list all additional insured or DBA that are associated with this client

Additional Insured or DBA Name	Address	FEIN

Exposure Information

Percentage new construction: Residential _____ % Commerical _____ % Industrial _____ %
 Percentage remodeling: Residential _____ % Commerical _____ % Industrial _____ %
 Percentage repair: Residential _____ % Commerical _____ % Industrial _____ %
 Percentage of sub contracted work: _____ % what is subbed: _____
 If subcontractors used does insured obtain certificate of insurance for all Subs? _____
 Maximum height exposure: _____ feet Maximum depth exposure: _____ feet

Use of cranes:	Yes	No	if yes, explain _____
Use of scaffolding:	Yes	No	if yes, explain _____
Excavation work:	Yes	No	if yes, explain _____
Roofing exposure:	Yes	No	if yes, explain _____
Bridge work:	Yes	No	if yes, explain _____
Seasonal employees:	Yes	No	if yes, explain _____
Lease employees to others:	Yes	No	if yes, explain _____
Change in operations:	Yes	No	if yes, explain _____
Owned autos:	Yes	No	Radius of Travel: _____
Motor vehicle records checked:	Yes	No	if no, explain _____
Load/Unload of materials by employee	Yes	No	if yes, explain _____
Deliveries made:	Yes	No	if yes, explain _____
Use of Chemicals or Pesticides	Yes	No	if yes, explain _____

Management/ Safety

Safety Contact: _____ Phone: _____

Full time Safety Director:	Yes	No
Part time Safety Director:	Yes	No
Management involvement in safety programs:	Yes	No
Safety incentive program:	Yes	No
Return to work program:	Yes	No
Equipment safe guards:	Yes	No
Hazardous materials safety program:	Yes	No
Lock out/ tag out program:	Yes	No
First aid kept at job site:	Yes	No
Safety training provided:	Yes	No
Accident investigation conducted:	Yes	No
Formal written safety program:	Yes	No
Loss control inspections conducted:	Yes	No
Implementation of recommendations made by loss control:	Yes	No
Safety meeting conducted:	Yes	No

How often _____

Hiring Practices

Obtain written applications:	Yes	No
Reference obtained and checked:	Yes	No
Written job description per employee:	Yes	No
Written employment manual:	Yes	No
Pre employment physicals:	Yes	No
Drug or substance abuse testing:	Yes	No
	Yes	No

I hereby certify, to the best of my knowledge that all information provided is accurate

Broker Signature

Date

FIVE YEARS OF HISTORICAL PAYROLLS / PREMIUMS / LOSSES

THIS INFORMATION IS REQUIRED TO PROVIDE A QUOTATION

POLICY TERM	ANNUAL PREMIUMS	TOTAL INCURRED