BITCO CONSTRUCTION GROUP, INC.

Contractor Program
Supplemental Application
And
Safety Program Questionnaire
2021

All questions must be answered completely. Questions left blank are not acceptable. All loss summaries must be completed unless a similar format is supplied in the initial submission; "See Loss Runs" is not acceptable. An incomplete application will constitute declination of the account.

Please note a complete application for insurance consists of:

- Currently valued Loss Runs for the current year and the prior five years for the coverages being requested, valued within 90 days of the Coverage Effective Date
- A list of all proposed named insureds with FEIN #'s and a description of their operations
- Current Experience Modification Rating Worksheet(s) on Workers' Compensation submissions (NCCI and/or other state bureau)
- Contact name(s), phone and fax numbers for the contractor's Loss Control and Claims Representatives

General Information Section:

1. Proposed Effective Date:
2. Applicant(s):
3. FEIN #(s):
4. Years in Business:
5. Total number of clerical and field employees at peak period in a year:

General Information Section (continued):

6. Complete the following job list showing the ten largest jobs by Construction Value and location for the next 12 months:

Job Description	Construction Value	Location (Zip Code or City & State)

7. Complete description of all operations (attach separate sheet if necessary). Provide breakdown by percentage of commercial, state, municipal, any residential or USL&H work:

8. Has/have the applicant(s) been involved in any Joint Venture(s) or Partnership(s) not described in Named Insureds?

☐ Yes ☐ No If Yes, describe.

9. Target Premiums:

General Liability: $_____ Automobile: $_____ Workers Compensation: $_____

10. Is applicant currently or ever been involved in any Controlled Insurance Program(s)? (Wrap-ups)

☐ Yes ☐ No If Yes, please list name(s) of Programs:

General Information Section (continued):

11. Are the following lines of business controlled by submitting broker?
    Gen. Liab. ☐ Yes ☐ No Auto ☐ Yes ☐ No Work Comp: ☐ Yes ☐ No
    If No, please explain:

12. Has the contractor ever been involved in, currently involved with, or have any future plans involving residential work?
    ☐ Yes ☐ No If Yes, please explain.

13. Describe any operations which the contractor performs, or may perform, that fall outside of normal duties, for example, blasting, USL&H, Maritime, asbestos abatement, pollution remediation, etc. or any other operations that are other than contracting:

14. Does the applicant have a formal safety program in operation? ☐ Yes ☐ No
    If Yes, how long has the safety program been in operation?

15. Does the applicant provide a warranty? ☐ Yes ☐ No
    If Yes, provide details.

General Information Section (continued):

15. Provide WC and direct payroll, subcontract costs, gross sales and number of power units for the upcoming year, current year and the actual for the past five years along with premium history:

Year	Work Comp. Payroll	Gen. Liab. Payroll	Subcontract Costs	Gross Sales	# Power Units
2017-18 (Projected)					
2016-17					
2015-16					
2014-15					
2013-14					
2012-13					
2011-12					
2010-11					
2009-10					
2008-09					

General Information Section (continued):

17. Premium History

Premium History

Year	General Liability	Commercial Auto	Workers' Compensation
2017-18			
2016-17			
2015-16			
2014-15			
2013-14			
2012-13			
2011-12			
2010-11			
2009-10			
2008-09			

Workers' Compensation Section:

ACORD™ Applications must include:

- Description of Operations
- Complete Exposure Information for rating:
  - Class Codes and Estimated Annual Remuneration by State
  - Number of Employees
  - Officers, Partners or other Individuals to be Included or Excluded
- Current Experience Modification Rating Worksheet(s) (NCCI and/or applicable state bureau)

18. Provide currently valued loss history for the current year at least the past five years "ground up" – 100% amount of incurred losses: all amounts to include medical, indemnity, and allocated loss adjustment expenses.

Workers' Compensation Loss Summary

Policy Term	Paid Losses	Outstanding Losses	Incurred Losses	No. of Losses	Valuation Date	Applicable Ded. / SIR
2017-18						
2016-17						
2015-16						
2014-15						
2013-14						
2012-13						
2011-12						
2010-11						
2009-10						
2008-09						

Workers' Compensation Section (continued):

18. Provide a description of all Workers' Compensation Losses in excess of $25,000.

Workers' Compensation Losses in Excess of $25,000

Date of Loss	Total Incurred	Status	Details of Loss	Valuation Date

Commercial General Liability Section:

ACORD™ Applications must include:

- Description of Operations
- Complete Exposure Information for rating:
  - Schedule of Hazards fully completed including Classifications, Class Codes and Premium Bases by State by Location
- Number of Employees

20. Are the appropriate applicant(s) named as an additional insured on the subcontractor's liability insurance?

☐ Yes ☐ No If No, please explain:

21. Are written contracts, including a hold harmless in favor of the applicant, required of subcontractors?

☐ Yes ☐ No If No, please explain:

22. Who is the contractor's bonding carrier? What percentage of their work requires bonding?

23. Please provide information on the current GL program:

Current Deductible: ☐ $1,000 ☐ $2,500 ☐ Other – Specify $

Rated on: ☐ Gross Sales ☐ Payroll ☐ Other – Specify Basis

GL Limits	
General Aggregate	$
Products/Completed Operations Aggregate	$
Personal & Advertising Injury (Any one Person or Organization)	$
Each Occurrence	$
Damage to Premises Rented to You (Any one Premises)	$
Medical Expense (Any one Person)	$
EBL Limits	
Aggregate	$
Each Employee	$
Deductible	$ Per Claim ☐ Per Employee ☐

Commercial General Liability Section (continued):

24. Does the contractor's present program EXCLUDE:

	YES	NO
Subsidence?	☐	☐
Construction Defects?	☐	☐
Action-Over Claims?	☐	☐
Pollution?	☐	☐
Architects & Engineers E & O?	☐	☐
Continuing Damages?	☐	☐

25. Is the contractor aware of any losses in the past ten years involving subsidence or construction defects?

☐ Yes ☐ No

If Yes, please provide a description and current status of each incident / loss:

26. Are there any OCP (Owners & Contractors Protective Liability) policies currently in force for this contractor?

☐ Yes ☐ No

If Yes, provide the following for each policy that will require policies to be issued by us:

Term	Policy Limit	Insured

Commercial General Liability Section (continued):

27. Have there been any losses associated with any OCP policies?

☐ Yes ☐ No If Yes, provide the following:

Policy Term	Paid Losses	Outstanding Losses	Incurred Losses	No. of Losses	Valuation Date

28. Provide a description of all OCP Losses in excess of $25,000:

OCP Losses in Excess of $25,000

Date of Loss	Total Incurred	Status	Details of Loss	Valuation Date

Commercial General Liability Section (continued):

28. Provide currently valued loss history for the current year and at least the past five years "ground up" – 100% amount of incurred losses: all amounts to include indemnity and allocated loss adjustment expenses

Commercial General Liability Loss Summary

Policy Term	Paid Losses	Outstanding Losses	Incurred Losses	No. of Losses	Valuation Date	Applicable Ded. / SIR
2017-18						
2016-15						
2015-16						
2014-15						
2013-14						
2012-13						
2011-12						
2010-11						
2009-10						
2008-09						

Commercial General Liability Section (continued):

28. Provide a description of all General Liability Losses in excess of $25,000.

Commercial General Liability Losses in Excess of $25,000

Date of Loss	Total Incurred	Status	Details of Loss	Valuation Date

Commercial Auto Section:

ACORD™ Applications must include:

- Complete Vehicle Information for rating and DMV reporting:
  - Vehicle Year, Make, Model and Vehicle Identification Number ***FULL 17-DIGIT VIN NUMBERS ARE REQUIRED FOR ALL VEHICLES 1981 MODEL YEAR AND NEWER***
  - Garage Locations
  - Vehicle Class
  - Original Cost New
  - Business Class Use and Radius of Operation
  - Gross Vehicle Weight (GVW) or Gross Combination Weight (GCW)
  - Registered Owner's Name & Address
- Complete Driver Information:
  - Driver Name
  - Driver Date of Birth
  - Driver License Number and State of Licensure

31. Provide a breakdown of the fleet list by the categories shown below:

Fleet Breakdown by Vehicle Type and Number of Power Units

Vehicle Type	Number of Power Units
Light Trucks	
Medium Trucks	
Heavy Trucks	
Extra Heavy Trucks	
Truck-Tractors	
Private Passenger	

Commercial Auto Section (continued):

31. Provide currently valued loss history for the current year and at least the past five years “ground up” – 100% amount of incurred losses: all amounts to include indemnity and allocated loss adjustment expenses.

Commercial Auto Loss Summary

Policy Term	Paid Losses	Outstanding Losses	Incurred Losses	No. of Losses	Valuation Date	Applicable Ded. / SIR
2017-18						
2016-17						
2015-14						
2014-15						
2013-14						
2012-13						
2011-12						
2010-11						
2009-10						
2008-09						

Commercial Auto Section (continued):

31. Provide a description of all Automobile Losses in excess of $25,000.

Commercial Auto Losses in Excess of $25,000

Date of Loss	Total Incurred	Status	Details of Loss	Valuation Date

Safety Program Questionnaire

Safety Performance

1. Company Safety Contact:
   Name:
   Phone Number: Email Address:

2. Please list your company's Experience Modification Rating (EMR) for the three most recent years.

Year	EMR

3. List your company's number of injuries/illnesses from your OSHA 200/300 logs for the three most recent years.

	Years		
Fatalities			
OSHA recordable incidents			
Lost work day incidents			
Total lost work days			
Total man-hours			

Safety Program Questionnaire (continued):

Safety Program

4. Please answer the following:

		YES	N/A
a.	Do you have a written safety program?	☐	☐
b.	Are all workers trained in the contents of the safety program, responsibilities and Code of Safe Practices?	☐	☐
c.	Do you have a safety policy statement from top management?	☐	☐
d.	Do you have a disciplinary process for enforcement of your safety program?	☐	☐
e.	Does management set corporate safety goals?	☐	☐
f.	Do you have a written policy on accident reporting and investigation?	☐	☐
g.	Do you have modified duty, return-to-work policy?	☐	☐
h.	Is safety part of your supervisor's performance evaluation?	☐	☐
i.	Do you have a personal protective equipment policy?	☐	☐
j.	Does each level of management have assigned safety duties and responsibilities?	☐	☐
k.	Do you conduct safety orientation training for each employee?	☐	☐
l.	Do you conduct weekly safety meetings focused on your specific work operations / exposures?	☐	☐
m.	Does your safety program require safety-training meetings for each supervisor (foreman and above)? If Yes, how often? ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually	☐	☐
n.	Do you require equipment operation / certification training?	☐	☐
o.	Do you have a safety committee? If Yes, how often do you meet? ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually	☐	☐
p.	Do you conduct written job site safety inspections? If Yes, how often? ☐ Daily ☐ Weekly ☐ Monthly	☐	☐

Safety Program Questionnaire (continued):

Safety Program (continued):

	YES	N/A
q. Do you investigate accidents? How are they reported? ☐ Total Company ☐ By Project ☐ By Foreman ☐ By Superintendent ☐ By Project Manager	☐	☐
r. Do you discuss safety at all preconstruction and progress meetings?	☐	☐
s. Do you have a written substance abuse program? If Yes, does it include: ☐ Pre-employment testing ☐ Return-to-duty testing ☐ Random testing ☐ Disciplinary process ☐ Post accident testing ☐ Alcohol testing	☐	☐
t. Do you have a written fall protection policy?	☐	☐
u. Do you periodically update work safety rules? If Yes, when was the last update?	☐	☐

v. What work practices are addressed by your work safety rules?

	YES	N/A		YES	N/A
CPR / First Aid	☐	☐	Access – Entrances/Stairways	☐	☐
Barricades, signs, signals	☐	☐	Respiratory protection	☐	☐
Blasting	☐	☐	Material handling/storage	☐	☐
Compressed air and gases	☐	☐	Vehicle safety	☐	☐
Concrete work	☐	☐	Traffic controls	☐	☐
Confined space entry	☐	☐	Public protection	☐	☐
Cranes/rigging and hoisting	☐	☐	Equipment guards and grounding	☐	☐
Electrical safety	☐	☐	Flammable material handling/storage	☐	☐
Emergency procedures	☐	☐	Trenching and excavation	☐	☐
Fire protection and prevention	☐	☐	Lockout/tagout	☐	☐
Floor and wall openings	☐	☐	Personal protective equipment	☐	☐

Safety Program Questionnaire (continued):

Safety Program (continued):

	YES	N/A			YES	N/A
Fall protection	☐	☐		Tools/power and hand	☐	☐
Housekeeping	☐	☐		Electrical power lines	☐	☐
Ladders and scaffolds	☐	☐		Airport and Marine safety	☐	☐
Welding and cutting	☐	☐		OTHERS:		
	☐				☐	
	☐				☐	

5. Additional Comments: