



CONTRACTORS SUPPLEMENTAL APPLICATION

PART A - BASIC INFORMATION

- Applicant's Name: _____
- Mailing Address: _____
- Have you operated under any other name or names? If so, please list name, address and years in operation:

- What counties (or cities) do you work in? _____
- Number of years you have operated your current business: _____ Years of experience as a contractor: _____
- Your contractor's license number & type: _____
- What are your annual Gross Sales: _____

PART B - CONSTRUCTION ACTIVITIES SURVEY

- Please describe your operations: _____
- % of work performed as a a) General Contractor _____% b) Sub Contractor _____%
- % of work that is

| | | | |
|-----------------------------------|--------|---------------------------|--------|
| a) Residential Construction (new) | _____% | e) Residential Remodeling | _____% |
| b) Office Construction (new) | _____% | f) Office Remodeling | _____% |
| c) Government / Institutional | _____% | g) Commercial | _____% |
| d) Rehabilitation / Seismic | _____% | h) Other (Please Explain) | _____% |
- % of work on a typical project performed by:

| | | | |
|-------------------|--------|---|--------|
| a) Your Employees | _____% | b) Sub-Contractors under your Supervision | _____% |
|-------------------|--------|---|--------|

5. TYPES OF WORK PERFORMED

5A. SPECIAL HAZARDS

Please indicate whether the following trades are

R - RETAINED (performed by your employees) or
 S - SUBCONTRACTED (performed by subcontractors):
 No

Do any of your operations involve the following:

| | | |
|----------------------|-----|----|
| Use of cranes? | Yes | No |
| Use of tower cranes? | Yes | No |

| | | | | | |
|-----------------------|---|---|-------------------------|---|---|
| grading | R | S | electrical | R | S |
| excavation | R | S | plumbing | R | S |
| concrete | R | S | masonry | R | S |
| framing | R | S | demolition | R | S |
| carpentry | R | S | landscaping | R | S |
| roofing | R | S | debris removal | R | S |
| drilling | R | S | street paving | R | S |
| stucco | R | S | parking lot paving | R | S |
| drywall | R | S | bridge construction | R | S |
| painting | R | S | guard rail installation | R | S |
| Other, describe _____ | R | S | | R | S |

Length of Booms: _____ ft.

| | | |
|--|-----|----|
| Removal of Asbestos, Lead, PCBs, Hazardous Materials | Yes | No |
| Dam/Levee Construction | Yes | No |
| Blasting | Yes | No |
| Shoring or underpinning | Yes | No |
| Pile driving | Yes | No |
| Caisson or cofferdam work | Yes | No |
| Other, describe _____ | | |

- Do you perform work more than two stories in height above grade? Yes No If so, what percentage? _____%
Please describe: _____
- Do you perform work below grade? Yes No If so, what percentage? _____%
Please describe: _____
- Is jobsite security provided at night? Yes No If yes, please describe: _____

