



### SHEET METAL SUPPLEMENTAL APPLICATION

(Complete in Addition to Accord Application)

Name: \_\_\_\_\_

FEIN/SSN #: \_\_\_\_\_

Number of year's experience: \_\_\_\_\_

#### APPLICATION INFORMATION

Risk is a: (% for each)

New Construction	_____ %		
Residential Construction	_____ %	Work performed <b>over</b> 2 stories	_____ %
Remodeling/Additions	_____ %	Work performed less than 2 stories	_____ %
Repair/Service Work	_____ %	Commercial Construction	_____ %
Industrial/Plant	_____ %		

- What is the method of payroll for employees? ( ) W-2 ( ) 1099
- Any cash payments or casual labor? ( ) Yes ( ) No
- If yes, are payroll taxes withheld? Percent of payroll \_\_\_\_\_ %

#### SHEET METAL QUESTIONNAIRE

- Type of work done by you and your employees:

\_\_\_\_\_

\_\_\_\_\_

- List the last 3 jobs:

Location	Type of Job	Sales Receipt
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

- List the largest job performed within the last twelve months:

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Is the framing **Metal** or **Wood**? \_\_\_\_\_
- Are the buildings pre-fabricated? ( ) Yes ( ) No
- Does the insured do any framing of the structure or strictly the outer shell?  
\_\_\_\_\_
- Does the insured do any roofing? ( ) Yes ( ) No  
If so, what is the maximum height exposure at the peak of the roof?  
\_\_\_\_\_
- When using a sky-track or scissor-lift, does employee ever exit the lift? ( ) Yes ( ) No
- Does the insured use fall protection for exposures over seven feet? ( ) Yes ( ) No
- Does the insured do any welding? ( ) Yes ( ) No
- How is the structure members secured?  
\_\_\_\_\_  
(bolting, welding, riveting, nailing)
- Do any structures have concrete beams or girders?  
\_\_\_\_\_
- Are any operations above ground level? ( ) Yes ( ) No  
If so, what equipment is used?  
\_\_\_\_\_

**COMPLETE FOR SUBCONTRACTED WORK, IF ANY**

- List type and percentage of work performed by subcontractors:

\_\_\_\_\_ %      \_\_\_\_\_ %  
 \_\_\_\_\_ %      \_\_\_\_\_ %

- Are certificates of insurance obtained prior to subcontractors starting work? ( ) Yes ( ) No
- Do subcontractors carry Workers' Compensation Insurance? ( ) Yes ( ) No
- Are certificates of insurance required and kept on file? ( ) Yes ( ) No
- What is the frequency of update? \_\_\_\_\_
- Do you require waivers of subrogation from contractors? ( ) Yes ( ) No

**Signature of Applicant:** \_\_\_\_\_  
**Name/Title/Date:** \_\_\_\_\_  
**Signature of Agent/Date:** \_\_\_\_\_