

SUPPLEMENTAL APPLICATION

Company Name: _____
 DBA(s): _____
 Address: _____
 Phone Number: _____ Fax Number: _____
 FEIN: _____ Website: _____

Year	Payroll	What is the level of your financials?
Current 20_____	\$ _____	<input type="checkbox"/> In-house
1 st Prior 20_____	\$ _____	<input type="checkbox"/> CPA Compiled
2 nd Prior 20_____	\$ _____	<input type="checkbox"/> CPA Reviewed
3 rd Prior 20_____	\$ _____	<input type="checkbox"/> CPA Audited

Estimated # of Employees: _____ Years in Business: _____
If less than 5 years in business, state # of Years of Industry Experience: _____

Does your company currently have a positive net income? Yes No
 If no, explain: _____

Does your company have a positive net equity? Yes No
 If no, explain: _____

Does your company own aircraft? Yes No
 If yes, explain: _____

Does your company provide any group transportation? Yes No
 If yes, explain: _____

Does your company own any vans or busses? Yes No
 If yes: # of vehicles: _____ Radius driven: _____

How do your employees arrive at the jobsites?

Do you give any employee incentives for transporting workers to the jobsite? Yes No
 If yes, explain: _____

Does your company have any out of state operations? Yes No
 If yes, explain: _____

Is your company involved in employee leasing? Yes No
 If yes, explain: _____

Has your company ever had any work related deaths? Yes No
 If yes, explain: _____

List any and all other entities with FEINs *different* from above (if applicable):

AGRICULTURAL/GROWERS:

Does your company transport products across 2 state lines? Yes No
If yes, explain: _____

CONSTRUCTION:

Contractors Licencse #: _____

Does your operation have any USL&H or maritime exposure? Yes No
If yes, explain: _____

Is your company involved in any of the following operations:

- Asbestos Abatement Yes No
- Demolition Yes No
- Pollution Remediation Yes No
- Roofing Yes No
- Steel Erection Yes No

If yes, explain: _____

What percentage of your operations is commercial vs. residential?

% Commercial: _____ % Residential: _____

FARM LABOR CONTRACTORS:

Farm Labor Contractors License #: _____

Does your FLC license contain a Transportation Authorization? Yes No

Is this company less than 3 years old? Yes No

****IF YOU HAVE BEEN IN BUSINESS FOR LESS THAN THREE YEARS PLEASE ATTACH A TYPED RESUME. ****

If you answered YES to the above question, please answer the following additional questions:

List any family members in the industry in past years. Please be sure to include individual names as well as company names:

List any company names and individual names that YOU have worked for in past years:

Signature

Title

Date