



AmTrust North America  
An AmTrust Financial Company

Contracting Supplemental

1. Type of contracting performed:

- a. \_\_\_\_\_% New Construction; \_\_\_\_\_% Existing Properties  
b. \_\_\_\_\_% Residential; \_\_\_\_\_% Commercial; \_\_\_\_\_% Industrial

2. Who are the primary customers? \_\_\_\_\_

3. Hiring Practices (please check all that apply):

- |                     |                          |                            |                          |
|---------------------|--------------------------|----------------------------|--------------------------|
| Written Application | <input type="checkbox"/> | Pre-hire Drug Testing      | <input type="checkbox"/> |
| Reference Checks    | <input type="checkbox"/> | Post Accident Drug Testing | <input type="checkbox"/> |
| Physicals           | <input type="checkbox"/> | MVR Checks                 | <input type="checkbox"/> |

4. Please describe the Personal Protective Equipment worn:

5. Regarding Safety:

- Do you have a safety program? ☐ Yes ☐ No  
Any light duty or return to work? ☐ Yes ☐ No  
Does machinery have point of operation guarding? ☐ Yes ☐ No  
Are lock out / tag out procedures in place? ☐ Yes ☐ No

6. Maximum height worked: \_\_\_\_\_ Please provide details of percent and type of work performed at this height and fall protection in place:

7. Any work below grade? ☐ Yes ☐ No Max Depth \_\_\_\_\_ % of total work \_\_\_\_\_

8. Maximum weight lifted: \_\_\_\_\_ If lifting more than 40lbs, how is material handled?:

9. Do you employ any casual or day labor, leased or temporary employees? ☐ Yes ☐ No

10. Any use of cranes, booms or similar heavy equipment? ☐ Yes ☐ No

If yes, please provide details: \_\_\_\_\_

11. What is the max number of employees traveling in a single vehicle? \_\_\_\_\_

12. Any out of state, international or overnight (with state) travel? ☐ Yes ☐ No

13. Percent & type of work subcontracted to others? \_\_\_\_\_

Are certificates of insurance obtained from all subcontractors? ☐ Yes ☐ No