

Mackinaw Underwriters, Inc.

CONTRACTORS SUPPLEMENT

Insured's Name: Click or tap here to enter text.

Supplement Completed By: Click or tap here to enter text.

Date: Enter Date.

| Question | Yes | No |
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| 1. Please provide a description of the operations: | Click or tap here to enter text. | |
| 2. List all states, other than the insured's home state, in which operations may be performed: | Click or tap here to enter text. | |
| 3. Is any work subcontracted out? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, what percentage of operations is subbed out? | Enter % | |
| b. What operations are subbed out? | Click or tap here to enter text. | |
| 4. Does the risk keep up to date certificates of insurance on file for all subcontractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the insured perform any demolition, debris removal, or restoration work? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, please describe: | Click or tap here to enter text. | |
| 6. Do any of the insured's operations involve hazardous materials or underground tank or pipe replacement? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, please describe: | Click or tap here to enter text. | |

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| 7. Indicate the percentage of work performed: Commercial: Enter % Residential: Enter % Other: Enter % (please describe): Click or tap here to enter text. | | |
| 8. Does the insured use any cranes, booms, or similar equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, please describe: | Click or tap here to enter text. | |
| 9. Does the insured use forklifts? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, is there training in place? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is there a forklift safety program in place? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are inspections held daily for all forklifts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do all job sites have a full-time supervisor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. What is the maximum exterior height exposure worked (in feet)? | Enter Value | |
| a. If exterior exposure is over 15 feet, does the insured utilize personal fall protection equipment compliant with OSHA standards? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. What is the maximum interior height exposure worked (in feet)? | Enter Value | |
| a. If interior exposure is over 15 feet, what safety devices and procedures does the insured use? | Click or tap here to enter text. | |
| 13. What is the maximum below grade depth exposure worked (in feet)? | Enter Value | |
| a. If the below grade exposure is deeper than 4 feet, what safety devices and procedures does the insured use? | Click or tap here to enter text. | |
| 14. Does the insured use scaffolding? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Is there a Return to Work Program in operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are there any OSHA violations/complaints in the past five years? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, please describe and please detail the adjustments made because of the action: | Click or tap here to enter text. | |
| 17. Is there a full-time safety officer? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, please provide their safety responsibilities: | Click or tap here to enter text. | |
| 18. What type of safety procedures or training is in place? | Click or tap here to enter text. | |