

**HOMEBUILDERS SIF
Supplemental Contractors Application**

Phone: 877.542.2743 or 225.387.0286
Fax: 800.883.6491 or 225.334.0666

Agency Contact Name: _____ Agency Contact Email: _____

1. Name of Applicant _____

2. Description of operations _____

3. Month/Year the business was established _____ Prior w/c coverage Yes No

NOTE: If the applicant has not had continuous workers' comp coverage for the past 24 months, attach a work history for each owner that describes his/her experience managing or supervising employees for the same type of business for which coverage is being submitted. In lieu of a work history, you can attach a list of projects completed during the past two years. A Job Project List form is available on our website, www.lhbasif.com.

4. Does the applicant own any business not included with this submission? Yes No

If yes, explain _____

5. What percentage of the work performed is Residential? _____ Commercial? _____ Industrial? _____

6. What percentage of the work performed is New Construction? _____ Renovations/Remodeling/Repairs? _____

7. Number of direct employees? _____ Number of other employees (contract laborers, uninsured subs)? _____

8. List types of work performed by direct employees _____

9. List types of work performed by contract laborers or uninsured subs _____

10. List types of work performed by insured subs _____

11. Does the applicant attempt to use the same subs for all jobs? Yes No

12. Does the applicant act as a consultant to a homeowner or other property owner? Yes No

13. Does the applicant ask the homeowner or other property owner to pay any subcontractors directly? Yes No

If so, explain: _____

14. Does the applicant use day laborers, 'walk-up' labor, labor obtained from half-way houses, work-release prison labor, labor obtained from temporary employment services, or any other workers hired on a temporary or casual basis who are unknown to the applicant? Yes No

For what type(s) of work? _____

How/where does the applicant obtain these types of laborers? _____

15. Is any work performed over 45 feet or 3 stories in height? Yes No If yes, percentage of work at or above this height? _____%

16. The following statement must be signed and dated by the applicant:

By signing this statement, I agree to retain an insured subcontractor to perform any and all roofing work including, but not limited to, new construction, additions, or renovations/repairs of existing structures. I agree to obtain a Certificate of Insurance from the roofing subcontractor (prior to the commencement of the work) that certifies workers' compensation coverage for the State of Louisiana provided by an insurer who is authorized by the State to provide workers' compensation coverage. Note: A list of authorized insurers is available from the Louisiana Department of Labor at http://www.laworks.net/wrk_owca.asp. Once coverage has been bound, I understand that failure to use an insured subcontractor for all roofing work may result in cancellation.

Signature of Applicant

Date