WCRIBMA
THE WORKERS' COMPENSATION RATING AND INSPECTION BUREAU OF MASSACHUSETTS

MASSACHUSETTS WORKERS' COMPENSATION ASSIGNED RISK POOL

CONSTRUCTION CONTRACTOR SUPPLEMENTAL APPLICATION

Where space restricts a complete answer, attach responses on a separate sheet of paper.

1. Employer Name: _____
2. a. License Type: _____ b. License #: _____
3. a. # of W-2's issued last year: _____ b. # of 1099's issued last year: _____
4. Does the applicant use day laborers? ☐ YES ☐ NO If Yes, how are they paid? _____
5. Attach a list of the five largest jobs performed by the employer within the past year, including the jobsite addresses, a description of the work performed, and the dollar value of each.
6. Estimated percentage of work completed last year by: Self & Employees: _____% Subcontractors: ____% (Must total 100%.)
7. Provide the total number of subcontractors used over the last year: _____
8. Describe the type(s) of work the applicant subcontracted out: _____

   _____

   _____
9. Do you have workers' compensation certificates of insurance on file for each subcontractor used? ☐ YES ☐ NO
   If NO, you must include the payroll of each subcontractor without a certificate in Section VI of your coverage application.
10. Does the applicant use any individuals who perform the work themselves and have no employees? ☐ YES ☐ NO
    If Yes, documentation must be maintained which supports that those individuals are independent contractors in accordance with M.G.L. c. 149, s. 148B. If such documentation is not available, or if the designated carrier finds evidence of an employment relationship, then premium may be charged as if the individuals were employees.
11. If the applicant has no employees and does not use subcontractors, answer the following:

    a. How is the work performed? _____

    b. Who performs the work? _____

    c. Why do you need workers' compensation insurance? _____
12. Percentage of Operations (Must total 100%.): General Contractor*: _____% Subcontractor*: _____%

    Other: _____% Explain 'other' in detail: _____
13. Indicate the % of work conducted in each of the following categories. (Each line must total 100%.)

    New Construction _____% + Additions to Existing Construction _____% + Remodel/Repair _____% = 100%

    Commercial Construction _____% + Residential Construction _____% = 100%

    Interior Construction _____% + Exterior Construction _____% = 100%
14. If external construction is performed, what is the maximum height at which you will work? _____
15. Is the applicant involved in "Wrap Up" or "Owner Controlled Insurance Projects"? ☐ YES ☐ NO
    If YES, attach a list of all such projects you are involved in now or may be involved in within the next year.

* Definitions: Subcontractor – Contractor who is hired by a General Contractor and not directly by the owner.
General Contractor – Contractor who is hired directly by the owner for new or renovation projects. They may perform the work or subcontract it out.

EMPLOYER & PRODUCER STATEMENTS: I understand that this Contractor Supplemental Application is being submitted as an attachment to the employer's Massachusetts Assigned Risk Pool Application for Workers' Compensation Insurance and is part of that application. By signing this application, I am stating that I am the employer or have been authorized by the employer to complete this application, and I have read, understand and confirm that the Applicant's Agreements, the Fraud Notice, and the Producer's Statement agreed to on the Pool application are applicable to this form as well.

EMPLOYER'S SIGNATURE (Sole Proprietor, Partner, Officer, Member or Trustee)	**DATE**	**PRODUCER'S SIGNATURE**	**DATE**