

**PAINTING / POWER WASHING CONTRACTORS  
SUPPLEMENTAL APPLICATION**

**This Supplemental Application along with all other requested Donegal Insurance Group Applications and/or ACORD Applications constitute the Application for Insurance.**

**A. APPLICANT INFORMATION**

Applicant Name<sup>1</sup>: \_\_\_\_\_ Web Site Address: \_\_\_\_\_  
 Quote/Policy Number: \_\_\_\_\_ Date Quote Needed: \_\_\_\_\_  
 Agency Name and Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

<sup>1</sup> Whenever used in this Application, the term "Applicant" includes all firm names, trading names, 'Doing Business As' (DBA) names, and if incorporated, the Parent Corporation and all of its subsidiaries, unless stated to the contrary in the Remarks section of this Application.

**B. GENERAL INFORMATION**

1. Describe the operation by providing the percent of total operations resulting from each item listed under the six groups below.

a.) Residential: _____ %	b.) New Construction: _____ %
Commercial: _____ %	Remodeling: _____ %
Industrial: _____ %	Repair/Service: _____ %
Institutional: _____ %	
c.) Breakdown of Operations	
Brush / Roller _____ %	d.) Jobsite Exposures:
Compressed Air / Spray On _____ %	Inside Building _____ %
Laser Technology: _____ %	Outside Building (3 Stories or Less) _____ %
Power Washing: _____ %	Outside Building (Over 3 Stories) _____ %
Electrostatic: _____ %	Other : _____ %
Powder Coating: _____ %	
Other : _____ %	f.) Any Specialized Painting?
e.) Operating as a Prime Contractor: _____ %	Floor Coatings _____ %
Operating as a Sub-Contractor: _____ %	Waterproofing _____ %
	Insulating: _____ %
	Sound Proofing: _____ %
	Fireproofing: _____ %

2. Does applicant subcontract out any work?  Yes  No

If yes, indicate:

a. Operations performed by subcontractor(s): \_\_\_\_\_  
 b. Total cost of subcontracted work past year: \_\_\_\_\_

c. Are certificates of insurance obtained from all subcontractors?  Yes  No

d. Do any subcontractors carry coverages or limits less than the applicant's?  Yes  No

3. Is any work performed above 3 stories?  Yes  No

Describe:

4. a. Is applicant required to provide the *Additional Insured-Completed Operations* endorsement for any tract homebuilder?  Yes  No
- b. Please list tract homebuilders that applicant performs work for: \_\_\_\_\_
- 
5. Is exterior painting performed? (If so, please answer the following):  Yes  No
- Are overspray containment screens used?  Yes  No
- a. Is a buffer zone setup?  Yes  No
- If yes, what distance from worksite? \_\_\_\_\_
- b. Is there a procedure for tracking wind and weather conditions?  Yes  No
- If yes, when is wind tracking done? \_\_\_\_\_
- c. Are employees pulled off of a job due to inclement weather or wind conditions?  Yes  No
- d. Are records kept of all jobs (including length of job & weather conditions)?  Yes  No
- If yes, how long are records kept? \_\_\_\_\_
6. Has the applicant ever installed Exterior Insulation Finishing Systems (EIFS)?  Yes  No
- Describe: \_\_\_\_\_
7. Is the applicant a Certified Renovator in accordance with EPA's Lead-Based Paint Renovation, Repair, and Painting Program (RRP)?  Yes  No
8. Does the applicant have Lead Abatement or Risk Assessor Certification?  Yes  No
- If so, please provide EPA number: \_\_\_\_\_
9. Any work performed on bridges, towers, tanks, or industrial machinery?  Yes  No
- Describe: \_\_\_\_\_
10. Any sandblasting or similar work?  Yes  No
- Describe: \_\_\_\_\_
11. Any high pressure power washing?  Yes  No
- (Greater than 2,500 PSI and 3.5 gallons per minute)
- If yes, indicate the maximum PSI and gallons per minute: \_\_\_\_\_
12. Is work completed from swinging scaffold?  Yes  No
13. Does the applicant own and maintain scaffolding equipment?  Yes  No
14. Does the applicant work six feet or more above lower levels?  Yes  No
- a. Please check fall protection methods that are used:
- Personal Fall Arrest Systems  Yes  No
- Safety Nets  Yes  No
- Guard Rails  Yes  No
- Other: \_\_\_\_\_
- b. Is there a written fall protection program?  Yes  No
- c. Is there documented training for employees?  Yes  No

15. Is equipment leased to others with or without operators?

Yes  No

Describe: \_\_\_\_\_

16. Check any loss prevention controls in place:

- Safety committee
- Posted physicians panels
- Light duty return to work program
- Written safety program
- "Tool Box" safety talks
- Other (Describe): \_\_\_\_\_

17. List largest jobs in progress.

	Customer Name	Location/Description	Cost
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

18. List largest jobs completed within the past year.

	Customer Name	Location/Description	Cost
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

**REMARKS:**