



|  |   |                          |
|--|---|--------------------------|
| Name of Applicant:   | Federal Employer Identification Number (FEIN):                    |                          |
| DBA (If Different):  | Contact Name:   |                          |
| Phone Number:  | Fax Number:   |                          |
| Email Address:   | Website URL:  |                          |
| Mailing Address:   | Years in Business:<br>Nature of Business:                         |                          |
| Physical Address(es) – Please list all locations:<br>1) Street:<br><br>City, State, Zip:<br><br>Phone:<br><br>Contact: | 3) Street:<br><br>City, State, Zip:<br><br>Phone:<br><br>Contact: |                          |
| 2) Street:<br><br>City, State, Zip:<br><br>Phone:<br><br>Contact:  | 4) Street:<br><br>City, State, Zip:<br><br>Phone:<br><br>Contact: |                          |
| <b>Classifications (Please List)</b>   |   |                          |
| Employee Classification  | Number of Employees   | Estimated Annual Payroll |
| _____  | _____   | _____                    |
| _____  | _____   | _____                    |
| _____  | _____   | _____                    |
| _____  | _____   | _____                    |
| _____  | _____   | _____                    |
| _____  | _____   | _____                    |



| Names of Partners and Officers to Be Included/Excluded (If Applicable) |               |       |             |         |
|--|---------------|-------|-------------|---------|
| Name   | Date of Birth | Title | Ownership % | Inc/Exc |
| 1.   |               |       |             |         |
| 2.   |               |       |             |         |
| 3.   |               |       |             |         |

| Do You:   | Yes/No |
|---|--------|
| 1. Own or Lease Aircraft?   |        |
| 2. Have any past/present operations involving disposal/treatment of hazardous waste/pollutants?               |        |
| 3. Perform any work above 15 feet (outside only)?   |        |
| 4. Perform work on barges, vessels, ships or on the water?  |        |
| 5. Provide group transportation?  |        |
| 6. Utilize Part-Time or Seasonal Employees?   |        |
| 7. If "YES" to #6, what % of overall workforce?   |        |
| 8. Utilize volunteer or donated labor?  |        |
| 9. Have employees who regularly travel out of state for job?  |        |
| 10. Sponsor any athletic teams?   |        |
| 11. Require physicals after offers of employment are made?  |        |
| 12. Provide employee health plan(s)?  |        |
| 13. Have any labor interchange with any other subsidiary or affiliated company?                               |        |
| 14. Have any leased employees?  |        |
| 15. Have any 1099 or independent contractor labor relationships?<br>Please provide estimated annual revenues: |        |

If yes, please explain below:

- Please attach a list of employees.
- Must include three years loss history, if applicable.