Western World INSURANCE GROUP

Insulation Contractors
Supplemental Application
(Complete in addition to ACORD)

1. Name of Applicant: _____

   Web Site Address: _____

2. Are you Accredited or Certified by the manufacturer of the product? ☐ Yes ☐ No

   If yes, when? _____

   If no, are you Accredited or Certified by any other organization? ☐ Yes ☐ No

   If yes, when were you Certified and by whom?

   _____

3. Payroll for prior year: $ _____ Estimate current year: $ _____

4. What percentage of your work is performed in the following areas:

   a. New Construction _____% Existing Structures _____%

   b. Residential _____% Industrial _____% Commercial _____%

5. Types and percentage of insulation installed:

   a. Rigid Board Insulation _____% b. Spray Foam Insulation _____%

   c. Fiberglass/Mineral Insulation _____% d. Roof Foam Insulation _____%

   e. Cellulose Insulation _____% f. Other: _____ _____%

6. If Rigid Board Insulation is used for the interior, is it always covered with ½ inch gypsum board or other building code approved material for fire safety? ☐ Yes ☐ No

7. If Spray Foam Insulation is applied, answer questions a. through i. **(If not, proceed to question 8).**

   a. How long have you been installing Spray Foam Insulation? _____

   b. Has the manufactured product been ICC-ES or UL tested and approved? ☐ Yes ☐ No

   c. How old is the Spray Foam application equipment? _____ How often is it maintained? _____

   d. What is the maximum thickness of each pass of the Spray Foam Insulation? _____

   e. How long do you allow the Spray Foam to cool between layers? _____

   f. Is torching or welding being done within 35 feet of the exposed Foam? ☐ Yes ☐ No

      If yes, what type of thermal barrier is used to cover the Foam? _____

   g. Have you ever modified a manufacturer's product? ☐ Yes ☐ No

   h. Have you read the manufacturer's guidelines for the product's use? ☐ Yes ☐ No

   i. Do you have dry chemical, carbon dioxide or foam fire extinguishers at the job site? ☐ Yes ☐ No

8. Have you worked on any condominiums, town houses, or tract homes in the past five years? ☐ Yes ☐ No

   If yes, specify year(s), number(s), location(s) and job description(s): _____

   _____

9. Do you plan on working or are you working on any condominiums, town houses, or tract homes? ☐ Yes ☐ No

   If yes, specify number, location and job description: _____

   _____

10. Have you worked in any of the following states:

    (AK, AZ, CA, CO, HI, ID, MN, NV, NM, OR, SC, UT, WA) ☐ Yes ☐ No

    If yes, indicate which one(s) and provide specific information on each job: _____

    _____

11. Do you plan on working in or are you working in any of the following states: ☐ Yes ☐ No
(AK, AZ, CA, CO, HI, ID, MN, NV, NM, OR, SC, UT, WA)
If yes, indicate which one(s) and provide specific information on each job: _____

_____

12. Do you use any subcontractors? ☐ Yes ☐ No
If yes, do you require that they be Accredited or Certified in the use of Spray Foam? ☐ Yes ☐ No

13. Annual subcontracted costs (labor and material): $ _____
(Include cost of all material provided by you, a subcontractor or owner.)

14. Are certificates of insurance obtained from all subcontractors? ☐ Yes ☐ No
Limits required of all subcontractors: $ _____ Occurrence $ _____ Aggregate
Are you an Additional Insured on all subcontractors' policies? ☐ Yes ☐ No
Is a signed contract used with all subcontractors? ☐ Yes ☐ No
Do all subcontractors "Hold you harmless"? ☐ Yes ☐ No

The above applicant warrants that the above statements and particulars, together with any attached or appended documents, are true and complete and do not misrepresent, mistake, or omit any material facts.

Signature of Applicant: _____ Title (Officer, Partner): _____

Date: _____