

# Painting Supplemental

NATIONAL FIRE & MARINE INSURANCE COMPANY  
 NATIONAL INDEMNITY COMPANY OF THE SOUTH

Name of Applicant \_\_\_\_\_ ZIP Code (of premises) \_\_\_\_\_

Website \_\_\_\_\_ Previous Policy Number (for renewals) \_\_\_\_\_

1. Fill out the following table according to the painting work performed.

		Percent	Annual Non-Owner Employee Payroll**
Buildings	Interior	%	\$
	Exterior	%	\$
Steel Structures and Bridges		%	\$
Oil and Gas Tanks		%	\$
Ship Hulls		%	\$
Items in a Workshop or Manufacturing Plant		%	\$
Street or Sidewalk Pavement		%	\$
Total		100 %	\$

\*\* Exclude owners and executives; include supervisory employees

2. Is any work done on any buildings greater than 3 stories in height?  Yes  No

3. Is any painting work done related to new construction?  Yes  No

4. Is any work done on sites of new residential construction (including condo conversions)?  Yes  No

If yes, mark all of the following on which any work may be done, any products used, or any related operations performed. (The following selections could affect coverage.<sup>1</sup> Answer accurately and to the best of your knowledge.)

- |  |   |
|--|---|
| <input type="checkbox"/> New Condominiums  | <input type="checkbox"/> New Townhomes                    |
| <input type="checkbox"/> Condo Conversions | <input type="checkbox"/> Other New Multi-Family Dwellings |
| <input type="checkbox"/> New Apartments    | <input type="checkbox"/> Tract Housing                    |
| <input type="checkbox"/> New Multiplexes   | <input type="checkbox"/> Custom, Single-Family Housing    |

5. Fill out the following table regarding workers performing painting work.

	Number
Active Owners*	
Non-Owner Employees**	

\* Include only owners and executives performing or supervising painting work

\*\* Exclude owners and executives; include supervisory employees

6. Is any casual or temporary labor used which was not included in the previous question?  Yes  No  
 If yes, what is the approximate total cost of casual or temporary labor? \_\_\_\_\_

7. Are subcontractors used?  Yes  No  
 If yes, what are the total subcontractor costs including materials? \_\_\_\_\_

8. Is any work done other than painting?  Yes  No  
 If yes, describe other operations. \_\_\_\_\_

**This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application.**

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

<sup>1</sup> For details, please request form M-5683 Exclusion - Residential Construction with Exceptions for Single Houses or Repair or Remodeling.