



Contractors Supplement			
Named Insured			
Years of Experience	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you performing work for the tribe or tribal members on tribal land only <i>(If no, please describe below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a formal safety program in operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What minimum limits do you require of your subcontractors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do work with government/military contracts <i>(If yes, are you waiving sovereign immunity, please attach a copy of the contract)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Additional insured endorsement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Waiver of Subrogation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a hold harmless agreement in favor of the tribe	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have knowledge of any occurrence which might give rise to a claim <i>(If yes, please describe below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Please complete the following if your employees are performing any of the following work:		
Class	Payroll	Describe
Alarm systems		
Blasting		
Phone or Cable installation		
Carpentry – residential		
Carpentry – interior		
Carpentry – other		
Concrete		
Drywall/wallboard		
Excavation		
Electrical work – inside		
Electrical work – other		
Fire suppression system		
Heating/Air Conditioning		
Landscaping		
Masonry		
Painting		
Plumbing		
Underground installation of water or septic		

Roofing	
Percentage commercial work	
Any work above 2 stories	
Percentage of residential work	
Any hot tar used	
Where is the tar heated	
Size of kettles for tar	
Any other type of construction or project management that is not listed above, please describe	