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Electrical Contractor Supplemental

(Complete in addition to the Acord 130)

1. Insured Name: _____ License Number: _____

2. Percentage of Residential: _____ Commercial _____ Industrial _____

3. What is the travel radius of the insured? _____

4. What percentage of the insured's business is derived from sales, installation, service, and repair operations?

Sales _____

Installation _____

Service _____

Repair _____

Is a significant portion of the insured's work performed in buildings under construction?

Does the insured perform specialized services (e.g., neon sign or laser repair)?

Is the insured engaged in utility, construction, or maintenance electrical contracting? If so, please elaborate on jobs performed

What precautions do the insured's employees take when working at heights? How frequently are ladders or scaffolds inspected?

What are the number, age, training, duties, and experience of all employees? Does the insured employ apprentices or part-time employees? What is the level of supervision of employees?

Are employees trained in safe work practices? Is the insured in compliance with all applicable OSHA standards, including OSHA standard 1910.137, Electrical Protective Equipment?

Does the insured store any flammable and combustible liquids on the premises? Is the insured in compliance with NFPA 30, Flammable and Combustible Liquids Code?

Does the insured permit smoking on the premises? Are "No Smoking" signs prominently posted in all areas where smoking is prohibited, such as storage rooms?