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GlassPro® Package Supplemental Application

Insured: _____

Address: _____

Federal Tax ID # _____ Or Owner's Social Security # _____
 (Required)

COMPLETE ALL SECTIONS, EVEN IF COVERAGE IS NOT REQUESTED

1. DESCRIPTION OF OPERATIONS:

Number of Employees: Full Time; _____ (Excluding the owner) Part Time; _____
 Number of Owners / Partners Etc. _____ / Payroll for owners \$ _____

Briefly describe the owner's day-to-day involvement (i.e. in the field, supervisory only):

TYPE OF WORK PERFORMED

Describe your business operation in detail. (Included type of products sold, manufactured or fabricated, or installed?)

Do you operate as (indicate the % of operations):

General Contractor _____% (You hire multiple classes of sub-contractors to perform work)
 Construction Manager _____% (Your contract is direct with the project owner)
 Subcontractor _____% (You are a sub-contractor of a general contractor)

	Payroll (Include owner's payroll)	Receipts (Required)
Glass Merchant	\$ _____	\$ _____
Glass Manufacturing	\$ _____	\$ _____
Glazier	\$ _____	\$ _____
Window or Door Installation	\$ _____	\$ _____
Windshield Replacement	\$ _____	\$ _____
Other (i.e. etching):	\$ _____	\$ _____
Total	\$ _____	\$ _____

Do you perform any work involving EIFS, Synthetic Stucco or Stucco? Yes No

Subcontracted Work:

% of Work Subcontracted _____% Cost of Subcontracts \$ _____
 Type of work Subcontracted: _____

Are Certificates of Insurance obtained from Subcontractors? Yes No
 Do your contracts with subcontractors contain indemnification and/or hold harmless wording? (If yes, please attach a copy) Yes No

CURRENT COMMERCIAL INSTALLATION

Description	New/ Custom %	Remodel/Service Repair %	Payroll	Receipts
Interior (Mirrors, Shower Enclosures)				
Custom Windows or Door Installation				
Retro-Fit/Pre-Fab. Windows or Doors				
Skylight or Atrium				
Other:				

CURRENT RESIDENTIAL INSTALLATION

Single Family Homes	New/ Custom %	Remodel/Service Repair %	Payroll	Receipts
Interior (Mirrors, Shower Enclosures)				
Custom Windows or Door				
Retro-Fit/Pre-Fab. Windows or Doors				
Skylight or Solarium				
Other:				
Tract Homes	New/ Custom %	Remodel/Service Repair %	Payroll	Receipts
Interior (Mirrors, Shower Enclosures)				
Custom Windows or Door Installation				
Retro-Fit/Pre-Fab. Windows or Doors				
Skylight				
Other:				
Multi-Family Housing	New/ Custom %	Remodel/Service Repair %	Payroll	Receipts
Interior (Mirrors, Shower Enclosures)				
Custom Windows or Door Installation				
Retro-Fit/Pre-Fab. Window or Door				
Skylight				
Other:				

Please describe the experience of foreman overseeing installation:

Are you insured under a WRAP or OCIP Yes No If yes, describe work: _____
 Estimated receipts:\$ _____

Have you done any work on new construction in the past 15 years for any of the following?

If yes estimated receipts

Multi-family residential housing, including; But not limited to condominiums, townhouses Or apartments? Yes No _____

Single Family Housing Yes No _____

Tract Housing on Hillside? Yes No _____

Were you insured under a WRAP or OCIP(Owner Controlled Insurance Program) Yes No _____

Height Exposure

Average Height (# of Stories): _____ Percentage of Work _____ %
 Maximum Height: _____ %

Do you perform any of the following operations?

- Exterior glass installation above three (3) stories requiring Scaffolding or other exterior support equipment Yes No
- Sealant glazing (bonding of glass with a silicone adhesive to the supporting members of a building) over three (3) stories Yes No
- Window or door installation exceeding 50% of gross sales Yes No
- Tuck pointing and sandblasting of exterior walls and chimneys Yes No

- Do you work in any of the boroughs in New York City? Yes No
- Do you work in Cook County, IL? Yes No

Auto Windshield Replacement		
On Site %	Payroll	Receipts
Off Site (Away from premises) %		

2. Equipment

- Do you own, lease, rent, hire or borrow bucket trucks or lifts? Yes No
- Do you own, lease, rent, hire or borrow cranes with hooks or suction cups? **If yes**, completed Crane Supplemental Application is required. Yes No
- Do you rent, lease or borrow equipment from others? Yes No
- With Operators? Yes No
- Type of equipment rented/leased:
- Do you lease, rent or loan out equipment to others? If yes, please describe Yes No
- Do you lease, rent or loan out equipment to others with operators? Yes No
- Is there a leasing/rental contract: Yes No
(If yes, provide a copy)
- Equipment maintenance program in place? Yes No
- Are trucks equipped with glass racks? If yes, how many single glass racks? _____ How many dual glass racks? _____ Yes No

Address/location of the equipment stored?

What type of security do you have in place?

3. Property

- Do you have a showroom? Yes No
- What is the average number of visitors daily? _____
- Describe care and conditions of premises (include housekeeping practices):

-
- Are customer allowed in storage area, work room or garage? Yes No
 - Is your property located within a **1000 ft.** of any of the following: Service/Utility company, public assembly area, major infrastructure or landmark (i.e. gas, electric, nuclear plant, arenas, prominent bridges, tunnels, dams Sears Tower, Alamo) Yes No
 - Briefly describe the area around your building (industrial, residential, off major road, type of lighting etc):
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4. Automobile

- Do you obtain MVR's for all drivers? Yes No
- Do you visually inspect drivers' licenses? Yes No
- Are road tests given to drivers? Yes No
- If so, when and by whom?
- Do you have drivers under the age of 21? Yes No
- Are employees allowed to drive company vehicles, for personal use? If yes, when? _____ Yes No
- Do family members have use of company vehicles? Yes No

If yes, when & who? _____

Are there written procedures for use of company vehicles? Yes No

(If yes, please attach copy)

Do you have an automobile maintenance program in place? Yes No

If yes, please describe the program:

5. Safety:

Do you check references before hiring? Yes No

Do you have a formal hiring procedure manual? Yes No

Do you have a formal Training program in place? Yes No

Does manual include section on use of fall protection? Yes No

Are employees trained in use of each piece of equipment? Yes No

Is safety training documented? Yes No

Do you complete background checks on employees? Yes No

Are employees furnished with safety equipment? Yes No

Chain mail gloves, Safety shoes, Aprons, Goggles

Are employees trained in lifting? Yes No

Are employees certified Glaziers? # _____ and _____%

Are employees encouraged to keep certification current? Yes No

Any "high hazard jobs" preplanned to identify hazards and controls needed? Yes No

Are employees trained what to do when a vehicle or customer accident occurs? Yes No

Do you have any incentive based safety programs? Yes No

Describe your training / safety programs in place.

Please provide a copy of any written hiring manual, safety programs or training material.

Do you comply with all standards of any statute, ordinance, regulation or license requirements or any federal, state or local government which apply to your operations? Yes No

6. Associations:

Are you a member of any professional Glass Association? Yes No

Name of Association(s):

7. Premium Information:

Expiring Premium per Line

of Business:

Target Premium per Line

of Business:

Insured's Signature:

Print Name:

Title:

Date Signed:

ED: 1/10