

Wood & Furniture Program (WOOD) Supplemental Application		
Applicant Name		Producer Name
Applicant Contact Name		Producer E-mail Address
Applicant Web Site Address	Applicant E-mail Address	Date Completed
Are you a member of a trade association?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which one(s):		

Please provide contact name, address and phone number for required Applicant Control visit.

1. What is Applicant's primary operation?

Infant Furniture Manufacture _____ %	Fixture Manufacturer _____ %
Custom Woodwork _____ %	Furniture Manufacturer _____ %
Wood Turned Products _____ %	Wood Component Manufacturer _____ %
TOTAL _____ %	

If less than 51%, then the Applicant is **ineligible** for WOOD

Please indicate percentage of work related to the following:

Commercial _____ %	Residential _____ %
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If residential, does the Applicant produce custom products or mass produced products? Please describe

Other: (describe)

What is the intended use of the manufactured product?

If the Applicant manufactures residential cabinets and/or doors with wholesalers and/or distribution in California, the Applicant is **ineligible** for the program.

2. Does the Applicant install their product? Yes No

If **Yes**, indicate percentage of operation that is installation. _____%

3. Does the Applicant hire subcontractors? Yes No

If **Yes**, list the type of work subcontracted:

Does the Applicant obtain certificates of insurance from all subcontractors? Yes No

Does the Applicant require all subcontractors to carry primary limits equal to or greater than their own? Yes No

Is the Applicant named as an additional Applicant on all subcontractors' policies? Yes No

Does the Applicant use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the Applicant? Yes No

Indicate the types of subcontractor agreements the Applicant typically signs:

Standard (AIG, AIA, contracts) Yes No Custom Yes No Other Yes No

4. Indicate if the Applicant performs any of the following operations:

<u>Operations</u>	<u>% of total sales</u>	<u>Actual \$ amount</u>
Upholstering	_____%	\$_____
Refinishing	_____%	\$_____

Comments:

If the total indicated in above exceeds 25%, then this Applicant is **ineligible** for the WOOD program.

5. Does the Applicant know the end use of all products manufactured? Yes No

If **No**, please answer the following questions:

Are products manufactured to the specifications of others? Yes No

Name the customer and the industry of the products:

6. Attach all product literature and brochures.

Producer's Signature

Date

Applicant's Signature

Date