

Workers Compensation Supplemental Application

Named Insured: _____		Web Address: _____	
Insured's FEIN: _____		State ID #: _____	
Contact Name and Phone Number			
Inspections: _____	_____	()	-
Premium Audit: _____	_____	()	-
Claims: _____	_____	()	-
Prior Payroll and Premium Information			
	<u>Total Annual Payroll</u>		<u>Premium \$</u>
Estimate for Coming Year: _____	_____	_____	_____
Current Year: _____	_____	_____	_____
Prior Year: _____	_____	_____	_____
Prior Year: _____	_____	_____	_____
Prior Year: _____	_____	_____	_____
Operations and Benefits			
Please provide a detailed description of the operation: _____			

Years in business? _____	Hours of operation- _____ to _____	# of Shifts - _____	Weekends, nights, graveyards? _____
Is there a driving/delivery exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		Radius of operations/travel: <input type="checkbox"/> <50 miles <input type="checkbox"/> 50-100 <input type="checkbox"/> 100+	
If yes, what is frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____		Any group transportation of employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for driving: _____			
Is a PUC/DMV filing required? <input type="checkbox"/> PUC <input type="checkbox"/> DMV <input type="checkbox"/> N/A			
Are vehicles company owned? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how provided? <input type="checkbox"/> car <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Bus	
If yes, are vehicles taken home? <input type="checkbox"/> Yes <input type="checkbox"/> No		# of employees transported per vehicle _____	
# of vehicles? _____ Average Age of Vehicles _____		# of vehicles used to transport _____	
# of drivers? _____ Average Age of Drivers _____			
Vehicle/fleet maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
If yes, who does the servicing? <input type="checkbox"/> Outside vendor <input type="checkbox"/> In-house mechanics <input type="checkbox"/> Other: _____			
Do employees use personal vehicles for company business? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do any employees work from home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any out of state, international or overnight (within state) travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		List the # of employees who live or work out of state:	
If yes, please provide details - _____		_____ Live _____ Work	
Why/purpose? _____			
Who will travel? _____		Where? _____ Duration? _____ Frequency? _____	
(Verify number is consistent with the number on Acord App)			
# of employees: Full time _____ Part-time _____ Seasonal _____ Volunteers _____			
Average # years industry experience? _____		Average # years w/Employer? _____	
# of W-2's issued – Last year _____ Previous year _____		How are employees paid? <input type="checkbox"/> Hourly	
Any day laborers or temporary/employee leasing? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Piece rate <input type="checkbox"/> Commission <input type="checkbox"/> Flat salary	
If yes, please provide details on separate page.		<input type="checkbox"/> Other: _____	
% of union employees _____ % of non-union _____		Paid Sick Leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Actual average hourly wage for employees in governing class \$____/hour		Paid Vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Actual average hourly wage for employees in clerical class \$____/hour		Actual average hourly wage for employees in sales class \$____/hour	
Retirement / Pension plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Does employer contribute? <input type="checkbox"/> Yes <input type="checkbox"/> No		% Employer Contributes _____	
Group medical provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Waiting Period – 30/60/90/other _____		% of employees enrolled _____ FT &/or PT eligible? _____	
If yes, name of healthcare provider - _____		% paid by employer _____	
Do you use a specific medical provider to treat injured employees? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently participating in a MPN (Medical Provider Network)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide the name of current MPN: _____			
CPR training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		RTW Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Light Duty/Full Duty/Modified Duty? _____	
# of employees certified? _____		Does it include salary continuation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the ownership of the applicable entity changed within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide details: _____			

Hiring Practices – Employee Selection - Claims

Written Application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-hire drug testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reference Checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Post Accident drug testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre/post employment Physicals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	MVR Checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Orthopedic back testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Audio hearing tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Formal job descriptions on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a formal written accident report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are personnel files documented for pre-existing injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there set procedures for reporting claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Average claim reporting time frame - _____		Any Interchange of labor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is job specific training provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain	<input type="checkbox"/> Another business <input type="checkbox"/> Subsidiary
Employee Orientation Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> between departments <input type="checkbox"/> Other: _____
If yes, is the orientation <input type="checkbox"/> Verbal only? <input type="checkbox"/> Verbal and Documented?			
Supervisor to Employee ratio - <input type="checkbox"/> Better than 4-1 <input type="checkbox"/> 5-1 <input type="checkbox"/> 6-1 <input type="checkbox"/> 7-1 <input type="checkbox"/> >7-1			
Subcontractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what purpose? _____			
If yes, are certificates of insurance obtained and kept on file? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Independent contractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what purpose? _____			
If yes, how are they paid? <input type="checkbox"/> 1099's? <input type="checkbox"/> Other? Please explain- _____			

Safety Program and Organization – Work premises and Environment

Are owners active in daily operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are they excluded from coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Active injury & illness prevention program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has loss control services been performed in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Active safety incentive program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has Cal/OSHA visited or cited your business in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does it encompass all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide explanation on separate page.	
What type of incentive? _____		Are safety meetings conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do employees receive safety training/orientation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how often? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
If yes, is the training - <input type="checkbox"/> Formal / Documented <input type="checkbox"/> Informal		<input type="checkbox"/> Other: _____	
Do you have a safety director or risk manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name and title: _____	
If yes, is the position full time or an additional responsibility of another employee? _____			
MSDS (Material Safety Data Sheets) available for all chemicals and products used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Any material handling exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____			
Any lifting exposures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Forklift training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, <input type="checkbox"/> <25 lbs. <input type="checkbox"/> 25-40 <input type="checkbox"/> 40+		If yes, annual certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 40+, manual lifting or with assistance? Please explain _____			
Is all machinery/equipment properly guarded?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Any use of Baler equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Written Lock out / tag out / block out procedures in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Condition of equipment? <input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Average	
Respiratory program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are all equipment operators trained/ certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
What is the maximum height at which you will work? _____		Personal protection equipment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
What is used? <input type="checkbox"/> Ladder <input type="checkbox"/> Scaffolding <input type="checkbox"/> Scissor lifts <input type="checkbox"/> N/A		If yes, strict enforcement of utilization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If scaffolding used, does the insured build their own?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What types of PPE? _____	
Slip & Fall Prevention program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Hazardous Material Comm. Program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is the building / premises - <input type="checkbox"/> Owned or <input type="checkbox"/> Leased?		# of years at current location? _____	
Condition of premises? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Average		Age of building occupied? _____ year(s)	

Agriculture – Farming

Is harvesting mechanized or manual? _____	
Do you use contracted labor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, % of use? _____	Is housing provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any seasonal workers used for operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details of when season begins and ends, # of seasonal employees hired, and if same employees used each season	Does all farm machinery have safety guards intact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees transported by any vehicles on or off the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on separate page.
Any use of pesticides or fertilizers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, applications by <input type="checkbox"/> Employees? <input type="checkbox"/> Outside Vendor?	Any crop dusting operations? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, services provided by <input type="checkbox"/> Employees? <input type="checkbox"/> Outside Vendor?
Do any family members work in operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Any work off premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on separate page.

Agriculture – Farming, Continued

Dairy Farms:

What is the size of dairy herd? _____	Number of Bulls over 3 years old? _____
Does risk grow their own feed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does risk deliver any of their own milk products? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is milking barn – <input type="checkbox"/> Flat? <input type="checkbox"/> Elevated?	Protective Barriers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Average number of milkings per day? _____	Do any employees conduct or complete work on sump pumps? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees allowed to enter stem pipes around lagoon? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are proper safety procedures in place for working near stem pipes, lagoons or sump pumps? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any confined spaces exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details on separate page – include copy of written procedures and details of Confined Spaces Training.	

Automotive Services

Any towing services provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any road repair assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, any contract towing? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, 24 hour exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a mini-market on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any fueling operations? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, any sales of Alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any security/surveillance cameras on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
Open 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any test driving of customers' vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is cashier's booth bullet proof? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any transportation of customers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Access to Freeway? <input type="checkbox"/> 0-1 mile <input type="checkbox"/> 1-2 miles <input type="checkbox"/> 2+ miles	
Are employees ASE trained and certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees? _____	

Contractors

Contractors license number? _____	Years experience in trade? _____	
Estimated annual gross sales? _____	Estimated # of jobs per year? _____	
Percentage of work sub-contracted out? ___% What type? _____		
If subs used, does insured: <input type="checkbox"/> Check annually? <input type="checkbox"/> Directly supervise subs?		
Average # of certificates collected annually? _____	Average # of Waivers of Subrogation needed? _____	
Indicate % of work conducted in each of the following operations (must equal 100% for each):		
1) New Construction _____	Remodeling _____	Service/Repair _____
2) Commercial _____	Apts/Condos/Tract Homes _____	Single Custom Homes _____
3) Interior _____	Exterior _____ If exterior work done, what is the maximum height exposure? _____	
Any use of cranes, booms or similar heavy construction equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any work below grade? <input type="checkbox"/> Yes <input type="checkbox"/> No	Max Depth in feet - _____	% of total work - _____
Any confined spaces exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details on separate page – include copy of written procedures and details		
Any work involving asbestos, hazardous product abatement, chemical/petroleum products, USL&H, underground tank or pipe replacement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain - _____		
Does this risk conduct work for the government or city municipality? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the applicant involved in "Wrap Up" or "OCIP" projects <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide percentage of total payroll dedicated to these projects, and advise detailed procedures on how applicant determines employee split between these projects and other contracts/projects (not involving "wrap up" or "OCIP".		

Indicate % of work conducted in each of the following operations or Mark not applicable - N/A

Blasting	_____	Drilling	_____	Light Pole Work	_____	Demolition	_____	Tunneling	_____
Grading	_____	Wrecking	_____	Multi Story Buildings	_____	Gas Mains	_____	Crane Work	_____
Asbestos	_____	Highway Work	_____	Scaffold set-up	_____	Roofing	_____	Concrete Tilt-up	_____
Sewer	_____	Exterior Framing	_____	Structural Steel	_____	Bridge Work	_____	Excavation	_____
Supervisory only	_____	Street/road work	_____	Spray painting	_____	Dock/Sea Walls	_____		_____

Hotel/Motel

Number of guest rooms? _____ Room rates: <\$50 \$50-\$100 \$100+ Rent rooms - Daily Weekly Monthly
Any shuttle, limo or similar service? Yes No If yes, please explain - _____
Any Restaurant exposures? Yes No Does it include 24 hour room service? Yes No Bar or Lounge Area? Yes No
Any entertainment provided? Yes No If yes, please explain - _____
Housekeeping exposures: Moving of furniture? Yes No Mattress flipping or rotating? Yes No
If yes, how often and # of employees involved in process? _____

Janitorial Contractors

Check appropriate exposures in the following areas: Education Facilities Nursing Homes Apartment houses
 Hospitals Airports Office Buildings Stores Fire/Flood/Restoration
 Government Museums Medical Offices Hotels Manufacturing Plants

Indicate % of services provided (must equal 100%):

___ General cleaning*	___ Chimney cleaning	___ Debris Clearing	___ Exterior window cleaning above 1 st floor
___ Industrial cleaning	___ Ceiling Tile cleaning	___ landscaping	___ Heating, A/C ventilation service
___ Carpet Cleaning	___ Elevator maintenance	___ Parking lot cleaning	___ Aircraft service and maintenance
___ Snow removal	___ Maid/housekeeping services	___ Fire/flood restoration	___ Servicing/cleaning of hoods/filters/grease traps/etc
___ Pest control	___ Floor waxing and refinishing	___ Crime scene clean-up	___ Pressure or steam washing operations

* General Cleaning includes operations such as vacuuming, dusting, wastebasket trash pick up, floor and rug cleaning, restroom clean-up

Do employees work in pairs or more? Yes No Employees supervised? Yes No Direct or Roving supervision? _____

Landscaping

Any tree trimming performed that is off the ground? Yes No Any boulder or tree removal performed? Yes No
Any use of tractors, loaders or similar equipment? Yes No Any highway or median work conducted? Yes No

Any use of chippers, mulchers, cherry pickers, booms or other similar equipment? Yes No

If yes, please explain - _____

Any use of pesticides or fertilizers? Yes No

If yes, is the application completed by - Employee? Outside Vendor?

Any debris removal or land clearing activities? Yes No

If yes, please explain - _____

Manufacturing – Machine Shops

Any punch press or press brake machinery/equipment? Yes No Machine Guarded: Point of operation Drive Mechanism
Age of machinery: <2 yrs 2-5 yrs 5-10 yrs 10+ yrs Accessible moving parts guarded on machinery/equipment? Yes No
Types of machines (must equal 100%) - Heavy ___ Mid ___ Light ___ Any Computer Network Controlled (CNC) machinery? Yes No
% of off-premise operations: ___ If yes, where/what for? _____
Is building properly ventilated? Yes No Is proper dust collection system in place? Yes No

Restaurants

Entertainment provided? Yes No Bar or separate lounge area? Yes No
Fast Food? Yes No Any catering? Yes No
Number of: ___ Hosts ___ Waitpersons ___ Bartenders If yes, radius of operations: _____ miles % of exposure - ___
___ Valet ___ Busboys ___ Cooks Any delivery? Yes No Delivery hours - _____ to _____
Average price of entrée? <\$5 \$5-\$15 \$15+ If yes, radius of operations: _____ miles % of exposure - ___
Servicing, cleaning of hoods/filters/grease traps or related systems provided by: Outside vendor Employees

Retail / Wholesale

Type of Merchandise? _____
Gross Receipts: Wholesale _____ % Retail _____ % Warehousing? Yes No
Any repacking or repackaging operations? Yes No
If yes, please explain operations: _____
Assembly exposure? Yes No
If yes, please explain exposure: _____
Any distribution exposure? Yes No If yes, by common carrier or does insured have a trucking exposure? Please explain on separate page.

Trucking

Type of Authority: a) Common Carrier Contract Carrier Private Brokerage Exempt

b) Regular Route Irregular Route

Carrier Operations: California Only Interstate

Length of Haul with Total % = 100%:

Under 50 Miles _____%	50 – 200 _____%	201 – 300 _____%
301 – 500 _____%	501 – 1,000 _____%	Over 1,000 _____%

Filings: DOT# _____ PUC# _____ DMV/MCP# _____ Not Applicable

Please Check the Questions and Attached the Applicable Data:

Motor Carrier Identification Report, MCS-150: Attached or Not Applicable

Cargo Classification: See attached MCS-150 or See below (check all that apply):

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> General Freight | <input type="checkbox"/> Logs, Poles Beams, Lumber | <input type="checkbox"/> Liquids/Gases | <input type="checkbox"/> Grain, Feed, Hay | <input type="checkbox"/> Chemicals |
| <input type="checkbox"/> Household Goods | <input type="checkbox"/> Building Materials | <input type="checkbox"/> Intermodal Containers | <input type="checkbox"/> Coal, Coke | <input type="checkbox"/> Commodities Dry Bullion |
| <input type="checkbox"/> Metal Sheets, Coils, Rolls | <input type="checkbox"/> Mobile Homes | <input type="checkbox"/> Passengers | <input type="checkbox"/> Meat | <input type="checkbox"/> Refrigerated Food |
| <input type="checkbox"/> Motor Vehicles | <input type="checkbox"/> Machinery, Large Objects | <input type="checkbox"/> Oilfield Equipment | <input type="checkbox"/> Garbage, Refuse, Trash | <input type="checkbox"/> Beverages |
| <input type="checkbox"/> Driveway/Towaway | <input type="checkbox"/> Fresh Produce | <input type="checkbox"/> Livestock | <input type="checkbox"/> U.S. Mail | <input type="checkbox"/> Paper Products |
| <input type="checkbox"/> Other _____ | | | | |

Drivers: a) Number of Drivers _____ b) Number of Owner/Operators used _____

- Percentage where the Motor Carrier will provide workers' compensation for the Owner/Operators _____%

- Percentage where the Motor Carrier will agree with the Owner/Operator that the Owner/Operator assumes the responsibilities of an Employer for the performance of work: _____%

c) If Owner/Operators used, please attach copy of contract: Attached or Not Applicable

d) Number of company drivers with Motor Carrier at least 12 months: _____

Number of Owner/Operator with Motor Carrier at least 12 months: _____ or Not Applicable

e) Number of Non-Union: _____ Union: _____

f) Do the drivers load and unload their trucks? No Yes (please provide detail of the types of materials loaded/unloaded and any equipment used: _____)

Is the applicant enrolled in the DMV Pull Program? Yes No If so, how often? _____

Is the applicant enrolled in the CHP BIT Program? Yes No

Note: All information provided is subject to verification by way of an underwriting survey or inspection. The company must be notified of any significant change in operations or payroll. Terms of insurance coverage may be cancelled for misrepresentation if information provided is inaccurate.

Signature of Applicant: _____ Date: _____