

Workers' Compensation Supplemental Application

EMPLOYEE HEALTHCARE INFO

Do employees get paid sick leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a group medical plan provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name of healthcare provider: _____	
If yes, what is the % of employees enrolled? _____ What is the % paid by the employer? _____	
Do employees get paid vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do employees get a retirement or pension plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does the employer contribute? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a specific medical provider used to treat injured employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently participating in a Medical Provider Network? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the name of current MPN? _____	
Is CPR training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # of employees certified: _____	
RTW program: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, 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	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	Set procedures for reporting claims: <input type="checkbox"/> Yes <input type="checkbox"/> No
Average claim reporting timeframe: _____	Any interchange of labor: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain: <input type="checkbox"/> Another business <input type="checkbox"/> Subsidiary <input type="checkbox"/> Between departments <input type="checkbox"/> Other: _____
Is job-specific training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Orientation Program: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, is orientation: <input type="checkbox"/> Verbal Only <input type="checkbox"/> Verbal & documented
Employee to supervisor 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	
Are subcontractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why: _____	
Are certificates of insurance kept on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are independent contractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why: _____	
How are they paid? <input type="checkbox"/> 1099's <input type="checkbox"/> Other: _____	

SAFETY PROGRAM & ORGANIZATION - WORK PREMISES & 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 and illness prevention program: <input type="checkbox"/> Yes <input type="checkbox"/> No	Loss control services performed in 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 business in last year?
If yes, does it encompass all employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____
What type of incentive: _____	
Are safety meetings conducted? <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 <input type="checkbox"/> Other: _____	
Do employees receive safety training/orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is training: <input type="checkbox"/> Formal/Documented <input type="checkbox"/> Informal	
Is there a safety director or risk manager? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Title: _____	
If yes, is the position: <input type="checkbox"/> Full time or <input type="checkbox"/> In additional responsibility of another employee?	
Material Safety Data Sheets available for all chemicals and products used: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Any material handling exposures: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____	
Any lifting exposures: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> < 25 lbs. <input type="checkbox"/> 25-40 lbs. <input type="checkbox"/> 40+ lbs.	
Forklift training provided: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, annual certification: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is all machinery/equipment property guarded: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Any use of Baler equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment condition: <input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Average	Are all equipment operators trained/certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Written lock out/tag out/block out procedures in place: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Respiratory program in place: <input type="checkbox"/> Yes <input type="checkbox"/> No
Personal protection equipment provided: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	What type of PPE? _____
If yes, strict enforcement of utilization: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Max height you will work: _____ feet What is used? <input type="checkbox"/> Ladder <input type="checkbox"/> Scaffolding <input type="checkbox"/> Scissor lift <input type="checkbox"/> NA	
If scaffolding is used, does insured build its own? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is building/premises: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	Condition of premises: <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Average
# of years at current location: _____	Age of building occupied: _____ years

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AGRICULTURE - FARMING	
Harvesting is: <input type="checkbox"/> Mechanized <input type="checkbox"/> 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 If yes, # of employees housed: _____
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.
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 its own milk products? <input type="checkbox"/> Yes <input type="checkbox"/> No
Milking barn is: <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 If yes, Any contract towing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any road repair assistance? <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 If yes, Any sales of Alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No Open 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No Is cashier's booth bullet proof? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any fueling operations? <input type="checkbox"/> Yes <input type="checkbox"/> No Any security/surveillance cameras on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Any test driving of customers' vehicles? <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	
Any off-premises or mobile services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details including percentage of payroll dedicated: _____	
Any vehicle crushing operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a ventilated/filtered spray booth for painting operations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Do you have a written respiratory protection program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, Do employees complete a medical evaluation questionnaire? <input type="checkbox"/> Yes <input type="checkbox"/> No If medical evaluation questionnaire completed, is it reviewed by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No Are employees properly trained in the use and care of respiratory protection equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Has proper fit testing been provided to each employee and their assigned respirator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any work performed on vehicles greater than 2.5 ton capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are employees ASE trained and certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees? _____	

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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):			
New Construction _____	Remodeling _____	Service/Repair _____	
Commercial _____	Apts/Condos/Tract Homes _____	Single Custom Homes _____	
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 If yes, Max depth in feet: _____ and % 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 of Confined Spaces Training.			
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.			
<input type="checkbox"/> NA Blasting	<input type="checkbox"/> NA Drilling	<input type="checkbox"/> NA Light Pole Work	<input type="checkbox"/> NA Demolition
<input type="checkbox"/> NA Grading	<input type="checkbox"/> NA Wrecking	<input type="checkbox"/> NA Multi Story Buildings	<input type="checkbox"/> NA Gas Mains
<input type="checkbox"/> NA Asbestos	<input type="checkbox"/> NA Highway Work	<input type="checkbox"/> NA Scaffold set-up	<input type="checkbox"/> NA Roofing
<input type="checkbox"/> NA Sewer:	<input type="checkbox"/> NA Exterior Framing	<input type="checkbox"/> NA Structural Steel	<input type="checkbox"/> NA Bridge Work
<input type="checkbox"/> NA Tunneling	<input type="checkbox"/> NA Street/road work	<input type="checkbox"/> NA Spray painting	<input type="checkbox"/> NA Dock/Sea Walls
<input type="checkbox"/> NA Supervisory only	<input type="checkbox"/> NA Crane Work	<input type="checkbox"/> NA Concrete Tilt-up	<input type="checkbox"/> NA Excavation

APARTMENT OPS / BUILDING OPS / HOTEL/MOTEL	
Is housing provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Any furnished apartments provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, # of employees housed and describe their responsibilities: _____	
% of units furnished? _____%	
Are employees involved in property maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details: _____	
Security guards employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Security cameras or other security devices on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details (i.e. armed or unarmed, hours on premises): _____	
Does management collect payment from resident and/or is banking controlled by employee(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are employees responsible for eviction notification and/or enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of guest rooms: _____	
Room rates: <input type="checkbox"/> <\$50 <input type="checkbox"/> \$50-\$100 <input type="checkbox"/> \$100+	Rent rooms: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Any shuttle, limo, or similar service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	
Any restaurant exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes: Does it include 24-hour room service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bar or lounge area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any entertainment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	
Moving of furniture? <input type="checkbox"/> Yes <input type="checkbox"/> No Mattress flipping or rotating? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how often and # of employees involved in process? _____	

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JANITORIAL CONTRACTORS				
Check appropriate exposures in the following areas:				
<input type="checkbox"/> Education Facilities	<input type="checkbox"/> Nursing Homes	<input type="checkbox"/> Apartment houses	<input type="checkbox"/> Stores	<input type="checkbox"/> Hotels
<input type="checkbox"/> Hospitals	<input type="checkbox"/> Airports	<input type="checkbox"/> Office Buildings	<input type="checkbox"/> Fire/Flood/Restoration	
<input type="checkbox"/> Government	<input type="checkbox"/> Museums	<input type="checkbox"/> Medical Offices	<input type="checkbox"/> Manufacturing Plants	Other: _____
Indicate % of services provided (must equal 100%):				
_____ General cleaning*	_____ Chimney cleaning	_____ Debris clearing		
_____ Industrial cleaning	_____ Ceiling tile cleaning	_____ Landscaping		
_____ Carpet cleaning	_____ Elevator maintenance	_____ Parking lot cleaning		
_____ Snow removal	_____ Maid/housekeeping services	_____ Fire/flood restoration		
_____ Exterior window cleaning above 1 st floor	_____ Heating, A/C ventilation service	_____ Aircraft service and maintenance		
_____ Pest control	_____ Floor waxing and refinishing	_____ Crime scene clean-up		
_____ Pressure or steam washing operations	_____ Servicing/cleaning of hoods/filters/grease traps/etc			
* 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Employees supervised? <input type="checkbox"/> Yes <input type="checkbox"/> No Supervision: <input type="checkbox"/> Direct <input type="checkbox"/> Roving _____				

LANDSCAPING	
Any tree trimming performed that is off the ground? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any boulder or tree removal performed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any use of tractors, loaders or similar equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any highway or median work conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any use of chippers, mulchers, cherry pickers, booms or other similar equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain: _____	
Any use of pesticides or fertilizers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, is the application completed by: <input type="checkbox"/> Employee <input type="checkbox"/> Outside vendor?	
Any debris removal or land clearing activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain: _____	

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

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

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Note: All information provided is subject to verification by way of an underwriting survey or inspection. Underwriter 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.

Applicant Name: _____

Signature of Applicant: _____

Date: _____

Additional Comments/Explanations: