



WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)

AGENCY NAME AND ADDRESS	COMPANY:	
	UNDERWRITER:	
PRODUCER NAME: CS REPRESENTATIVE NAME:	APPLICANT NAME:	
	OFFICE PHONE:	MOBILE PHONE:
OFFICE PHONE (A/C, No, Ext):	MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code)	YRS IN BUS:
MOBILE PHONE:		SIC:
FAX (A/C, No):		NAICS:
E-MAIL ADDRESS:	E-MAIL ADDRESS:	WEBSITE ADDRESS:
CODE: SUB CODE:	SOLE PROPRIETOR	CORPORATION
AGENCY CUSTOMER ID:	PARTNERSHIP	LLC
		TRUST
		UNINCORPORATED ASSOCIATION
		OTHER:
	CREDIT BUREAU NAME:	ID NUMBER:
	FEDERAL EMPLOYER ID NUMBER	NCCI RISK ID NUMBER
		OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER

STATUS OF SUBMISSION		BILLING / AUDIT INFORMATION	
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	BILLING PLAN	PAYMENT PLAN
<input type="checkbox"/> BOUND (Give date and/or attach copy)	<input type="checkbox"/> ASSIGNED RISK (Attach ACORD 133)	<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> ANNUAL <input type="checkbox"/>
		<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> SEMI-ANNUAL
			<input type="checkbox"/> QUARTERLY % DOWN:
			AUDIT
			<input type="checkbox"/> AT EXPIRATION <input type="checkbox"/> MONTHLY
			<input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/>
			<input type="checkbox"/> QUARTERLY

LOCATIONS		
LOC #	HIGHEST FLOOR	STREET, CITY, COUNTY, STATE, ZIP CODE

PROPOSED EFF DATE		PROPOSED EXP DATE		NORMAL ANNIVERSARY RATING DATE		PARTICIPATING		RETRO PLAN	
						NON-PARTICIPATING			
PART 1 - WORKERS COMPENSATION (States)		PART 2 - EMPLOYER'S LIABILITY		PART 3 - OTHER STATES INS		DEDUCTIBLES (N / A in WI)		AMOUNT / % (N / A in WI)	
		\$ EACH ACCIDENT				<input type="checkbox"/> MEDICAL		<input type="checkbox"/> U.S.L. & H. VOLUNTARY COMP	
		\$ DISEASE-POLICY LIMIT				<input type="checkbox"/> INDEMNITY		<input type="checkbox"/> FOREIGN COV	
		\$ DISEASE-EACH EMPLOYEE						<input type="checkbox"/> MANAGED CARE OPTION	
DIVIDEND PLAN/SAFETY GROUP			ADDITIONAL COMPANY INFORMATION						
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES		
TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES	TOTAL MINIMUM PREMIUM ALL STATES	TOTAL DEPOSIT PREMIUM ALL STATES
\$	\$	\$

CONTACT INFORMATION				
TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION				
ACCTNG RECORD				
CLAIMS INFO				

INDIVIDUALS INCLUDED / EXCLUDED									
PARTNERS, OFFICERS, RELATIVES (Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.) Exclusions in Missouri must meet the requirements of Section 287.090 RSMo.									
STATE	LOC #	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/PAYROLL

STATE RATING WORKSHEET

FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM

RATING INFORMATION - STATE:

LOC #	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES		SIC	NAICS	ESTIMATED ANNUAL REMUNERATION/PAYROLL	RATE	ESTIMATED ANNUAL MANUAL PREMIUM
				FULL TIME	PART TIME					

PREMIUM

STATE:	FACTOR	FACTORED PREMIUM	FACTOR	FACTORED PREMIUM
TOTAL	N / A	\$		\$
INCREASED LIMITS		\$	SCHEDULE RATING *	\$
DEDUCTIBLE *		\$	CCPAP	\$
EXPERIENCE OR MERIT MODIFICATION		\$	STANDARD PREMIUM	\$
		\$	PREMIUM DISCOUNT	\$
ASSIGNED RISK SURCHARGE *		\$	EXPENSE CONSTANT	N / A \$
ARAP *		\$	TAXES / ASSESSMENTS *	N / A \$
		\$		\$
* N / A in Wisconsin				
TOTAL ESTIMATED ANNUAL PREMIUM		MINIMUM PREMIUM		DEPOSIT PREMIUM
\$		\$		\$

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION / LOSS HISTORY

AGENCY CUSTOMER ID: _____

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS						LOSS RUN ATTACHED
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO: POL #					
	CO: POL #					
	CO: POL #					
	CO: POL #					
	CO: POL #					

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	
2. DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	
6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)	
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	
9. ANY GROUP TRANSPORTATION PROVIDED?	
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	
11. ANY SEASONAL EMPLOYEES?	
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	
15. ARE ATHLETIC TEAMS SPONSORED?	

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES	Y/N
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	
17. ANY OTHER INSURANCE WITH THIS INSURER?	
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: _____	
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).	

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)			
<p>PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)</p> <p style="text-align: right;">(Applicant's Initials): _____</p>			
<p>Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).</p> <p>Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.</p> <p>Applicable in Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.</p> <p>Applicable in Florida and Oklahoma: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (In FL, a person is guilty of a felony of the third degree).</p> <p>Applicable in Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.</p> <p>Applicable in Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.</p> <p>Applicable in Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.</p> <p>Applicable in Utah: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.</p>			
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.			
APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

CID Insurance Programs Inc. DBA CID Insurance Services

Workers Compensation Supplemental Application (To be Completed with Acord 130 application)

Named Insured: _____		Web Address: _____	
Insured's FEIN: _____			
Contact Name and Phone Number			
Inspections: _____	_____	() -	_____
Premium Audit: _____	_____	() -	_____
Claims: _____	_____	() -	_____
Prior Payroll and Premium Information			
	<u>Total Annual Payroll</u>		<u>Premium \$</u>
Current Year: _____	_____	_____	_____
Prior Year: _____	_____	_____	_____
Prior Year: _____	_____	_____	_____
Prior Year: _____	_____	_____	_____
Prior Year: _____	_____	_____	_____
Operations and Benefits			
Broker controlled account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please provide a detailed description of the operation: _____ _____ _____			
Years in business? _____ Hours of operation- _____ to _____			
# of Shifts - _____ Does the applicant ever allow employees to work more than 3 consecutive 12 hour shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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	
Is a PUC/DMV filing required? <input type="checkbox"/> PUC <input type="checkbox"/> DMV <input type="checkbox"/> N/A		If yes, how provided? <input type="checkbox"/> car <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Bus	
Are vehicles company owned? <input type="checkbox"/> Yes <input type="checkbox"/> No		# of employees transported per vehicle _____	
If yes, types of vehicles: _____		# of vehicles used to transport _____	
If yes, are vehicles taken home? <input type="checkbox"/> Yes <input type="checkbox"/> No		Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
# Of vehicles? _____ # Of drivers? _____			
Vehicle/fleet maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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? _____			
# of employees: Full time _____ Part-time _____ Seasonal _____ Volunteers _____ (Verify number is consistent with the number on Acord App)			
# of employees per location: #1 _____ #2 _____ #3 _____ #4 _____ (If more space is needed please use separate page)			
# 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 _____ If union, Exp. date of contract _____		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	

Workers Compensation Supplemental Application

(To be Completed with Acord 130 application)

Retirement / Pension plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does employer contribute? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Group medical provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		% of employees enrolled _____	
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	
# 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	Criminal Background Checks ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are personnel files documented for pre-existing injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a formal written accident report? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Average claim reporting time frame - _____		Are there set procedures for reporting claims? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is job specific training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any Interchange of labor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employee Orientation Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain <input type="checkbox"/> Another business <input type="checkbox"/> Subsidiary	
If yes, is the orientation <input type="checkbox"/> Verbal only? <input type="checkbox"/> Verbal and Documented?		<input type="checkbox"/> between departments <input type="checkbox"/> Other: _____	
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			
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 checked="" 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	

Workers Compensation Supplemental Application

(To be Completed with Acord 130 application)

If scaffolding used, does the insured build their own? <input type="checkbox"/> Yes <input type="checkbox"/> No	What types of PPE? _____
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	Is housing provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, % of use? _____	If yes, # of employees housed - _____
Any seasonal workers used for operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does all farm machinery have safety guards intact? <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	
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	Any crop dusting operations? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, applications by <input type="checkbox"/> Employees? <input type="checkbox"/> Outside Vendor?	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 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	
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):			
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 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"/> N/A			
Blasting	Drilling	Light Pole Work	Demolition
Grading	Wrecking	Multi Story Buildings	Gas Mains
Asbestos	Highway Work	Scaffold set-up	Roofing
Sewer	Exterior Framing	Structural Steel	Bridge Work
Supervisory only	Street/road work	Spray painting	Dock/Sea Walls
Tunneling	Crane Work	Concrete Tilt-up	Excavation

Apartment Ops / Building Ops / Hotel/Motel

Is housing provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any furnished apartments available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, # of employees housed and describe their responsibilities: _____		If yes, % 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 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 - _____			
Housekeeping exposures: 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? _____			

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"/> Hospitals	<input type="checkbox"/> Airports	<input type="checkbox"/> Office Buildings	<input type="checkbox"/> Stores	<input type="checkbox"/> Fire/Flood/Restoration
<input type="checkbox"/> Government	<input type="checkbox"/> Museums	<input type="checkbox"/> Medical Offices	<input type="checkbox"/> Hotels	<input type="checkbox"/> Manufacturing Plants

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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

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Cargo Classification: <input type="checkbox"/> See attached MCS-150 or <input type="checkbox"/> 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: <input type="checkbox"/> Attached or <input type="checkbox"/> 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 <input type="checkbox"/> Not Applicable				
e) Number of Non-Union: _____ Union: _____				
f) Do the drivers load and unload their trucks? <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide detail of the types of materials loaded/unloaded and any equipment used: _____)				
Is the applicant enrolled in the DMV Pull Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how often? _____				
Is the applicant enrolled in the CHP BIT Program? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Total # of Trucks _____ # of Trucks with Sleeper Cabs _____ Single Trailers _____ Double Trailers _____ Triple Trailers _____				
Any trucks / trailers with ramps? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide # _____				
Any trucks / trailers with lift-gates? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide # _____				
Any team driver operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details- _____				
If union operations, provide Month / Year of contract renewal: _____				
Public Entities				
Municipality _____ County _____				
Check each applicable operational department / category:				
<input type="checkbox"/> Water Department	<input type="checkbox"/> Power Department	<input type="checkbox"/> Sewer Department	<input type="checkbox"/> Street / Road Department	
<input type="checkbox"/> Street Sweeping / Cleaning	<input type="checkbox"/> Building Inspector	<input type="checkbox"/> Code Enforcement	<input type="checkbox"/> Garbage / Refuse / Recycling	
<input type="checkbox"/> Parks / Recreation	<input type="checkbox"/> Landscape Maintenance	<input type="checkbox"/> Tree Trimming	<input type="checkbox"/> Waste Treatment	
<input type="checkbox"/> Housing Authority	<input type="checkbox"/> Day Care / Child Care	<input type="checkbox"/> Public Housing Nurse	<input type="checkbox"/> Electricians	
<input type="checkbox"/> Painters	<input type="checkbox"/> Mechanic	<input type="checkbox"/> Truck Driver		
<input type="checkbox"/> Fire Department	<input type="checkbox"/> Police Department	<input type="checkbox"/> Animal Control		
# F/T Staff _____ # P/T Staff _____				
Any Volunteers or Intern Staff? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____				
City Council Positions? <input type="checkbox"/> Yes <input type="checkbox"/> No # _____				
County Supervisors Positions? <input type="checkbox"/> Yes <input type="checkbox"/> No # _____				
Does the hiring process include: Drug Screening? <input type="checkbox"/> Yes <input type="checkbox"/> No Pre Employment Physicals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____				
Any Post Accident Drug Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is there a probationary period upon hire? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____				
Are employees provided with any New Employee Orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does each job have a written job description? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do employees receive initial job training? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is training on-going and documented? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do employees work shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____				
Any on-call employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____				
Do any employees have take home vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____				
Any underground work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____				

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Any work above 12' in height? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____
Any confined space exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____
If yes, is there a Written Confined Space Entry Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any sub-contracted operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____
Are W / C Certificates of Insurance obtained on all sub-contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any use of independent contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____
Number of vehicles? _____ Driving Radius? _____
Do employees use personal vehicle for business purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____
Newspaper / Publishing
Any home delivery services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, independent contractors and/or employees? _____
Provide details: _____
Any delivery operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # of vehicles _____ Driving radius _____
Any telemarketing operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, independent contractors and/or employees? _____
Provide details: _____
Any security operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, independent contractors and/or employees? _____ Armed or Unarmed? _____
Provide details: _____
Do employees or independent contractors use personal vehicle for company business? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are certificates of insurance in file? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are MVR's (Motor Vehicle Reports) obtained on all drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the Company enrolled in the DMV "Pull" Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any employee or independent contractor travel: Out of State, Out of Country, On Navigable Waters, within War Zones or Exposure to Civil Disturbances, Etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details: _____
Any excessive noise levels within the operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details: _____
Have noise levels been evaluated within the Press / Bindery Areas and/r areas with noise producing machinery and equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details: _____
If noise level testing has been completed, are copies of the results available for review? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the company have a written Hearing Conservation Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees use/wear and PPE (Personal Protective Equipment)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details: _____
Does the company have a written Ergonomics Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the company have a written Material Handling Program, with identified weight limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the company have a written Lock Out / Tag Out Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is maintenance of equipment / machinery completed by employees and/or outside vendors? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details: _____
Are all forklift / material handling equipment operations certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pest Control
Type of operations: <input type="checkbox"/> Commercial <input type="checkbox"/> Agricultural <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Structural
<input type="checkbox"/> Structural repairs or replacements <input type="checkbox"/> Dry Rot Wood Repair <input type="checkbox"/> Shower Pan Replacement
<input type="checkbox"/> Chemical Treatment Services <input type="checkbox"/> Fumigation <input type="checkbox"/> Foam <input type="checkbox"/> Other
Provide Details: _____
Percentage of tenting, if any? _____
Lawn treatment or care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details: _____
Other Service _____
Provide details: _____
Place an (x) next to each of the applicable services available:
<input type="checkbox"/> Ants <input type="checkbox"/> Spiders <input type="checkbox"/> Roaches <input type="checkbox"/> Fleas <input type="checkbox"/> Ticks <input type="checkbox"/> Wasps
<input type="checkbox"/> Mosquitoes <input type="checkbox"/> Bees <input type="checkbox"/> Killer Bees <input type="checkbox"/> Bee Removal <input type="checkbox"/> Mice <input type="checkbox"/> Termite
<input type="checkbox"/> Rats <input type="checkbox"/> Snakes <input type="checkbox"/> Raccoons <input type="checkbox"/> Opossum <input type="checkbox"/> Skunks <input type="checkbox"/> Bats
<input type="checkbox"/> Rodents <input type="checkbox"/> Gopher Control <input type="checkbox"/> Bird/Pigeon Control <input type="checkbox"/> Animal Trapping <input type="checkbox"/> Animal Removal <input type="checkbox"/> Bird/Rodent Proofing
<input type="checkbox"/> Other If other, provide details: _____
Personal protective equipment required: _____


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Written Injury & Illness Prevention Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Written Haz-Com Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Written Heat Stress Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Written Respiratory Protection Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Written Fall Protection Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Special Written Procedures for working in Confined Spaces (Attics & Under Residences / Buildings)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Documented New Employee Orientation including Documented Training? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Healthcare			
<input type="checkbox"/> For Profit	<input type="checkbox"/> Hospital Affiliation _____		
<input type="checkbox"/> Not For Profit	<input type="checkbox"/> Religious Affiliation _____		
<input type="checkbox"/> Medicare Certified	<input type="checkbox"/> JCAHO Accredited (Date) _____		
<input type="checkbox"/> Medicaid Certified	<input type="checkbox"/> Government		
	% of Total Residents	Separate Unit ?	
Psychiatric Care(excluding depression)	_____ %	_____	
Dementia/Alzheimer	_____ %	_____	
Mental Retardation	_____ %	_____	
HIV (Aids)	_____ %	_____	
Other: _____			
% of Ambulatory without assistance _____			
Please explain any changes during the last 3 years; Or anticipated changes in the next year. _____			
Does your IIPP (SB198) address the following specific Healthcare related exposures:			
Patient Handling ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____	
Blood-borne Pathogens ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____	
Aggressive/Combative Behavior ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____	
Any other ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____	
Is a Registered Nurse, Manager or supervisor who knows procedures for Workers' Compensation and Safety on each shift ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you treat any worker injuries on site ?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Describe _____		
Are all injuries reported to your insurer ?	<input type="checkbox"/> Yes <input type="checkbox"/> No, Explain _____		
Do you have a policy to maintain contact with an injured worker ?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
For Skilled Nursing Facilities only, Please answer the following:			
Within the past year has their been a change in the Administrator or Director of Nursing positions ? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain _____			

% turnover of RN/LVN positions during the past year ? _____			
What % of new residents do you evaluate prior to admission ? _____			

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