CID Insurance Services
THE BROKERS PREFERRED WHOLESALE SOLUTION

Workers' Comp - Auto Service Operations

For a complete submission, please include the following information:

☐ ACORD Application 130

☐ Supplemental App

If you don't see what you need or have any questions,
please email your underwriter: Lexi@cidinsurance.com

Please submit completed application to:
submissions@cidinsurance.com
Attn: Lexi Johnson
or fax to (619) 593-2008
Any questions, please call (800) 922-7283

Please submit completed applications to submissions@cidinsurance.com or fax to (619) 593-2008.

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

	Total Annual Payroll	Premium $
Current Year:		
Prior Year:		
Prior Year:		
Prior Year:		
Prior Year:		

Operations and Benefits

Broker controlled account? ☐ Yes ☐ 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? ☐ Yes ☐ No

Is there a driving/delivery exposure? ☐ Yes ☐ No	Radius of operations/travel: ☐ <50 miles ☐ 50-100 ☐ 100+
If yes, what is frequency: ☐ Daily ☐ Weekly ☐ Other: _____	Any group transportation of employees? ☐ Yes ☐ No
Is a PUC/DMV filing required? ☐ PUC ☐ DMV ☐ N/A	If yes, how provided? ☐ car ☐ Truck ☐ Van ☐ Bus
Are vehicles company owned? ☐ Yes ☐ No	# of employees transported per vehicle _____
If yes, types of vehicles: _____	# of vehicles used to transport _____
If yes, are vehicles taken home? ☐ Yes ☐ No	Frequency: ☐ Daily ☐ Weekly ☐ Monthly
# Of vehicles? _____ # Of drivers? _____	
Vehicle/fleet maintenance program? ☐ Yes ☐ No	

If yes, who does the servicing? ☐ Outside vendor ☐ In-house mechanics ☐ Other: _____

Do employees use personal vehicles for company business? ☐ Yes ☐ No	Do any employees work from home? ☐ Yes ☐ No
Any out of state, international or overnight (within state) travel? ☐ Yes ☐ 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? ☐ Hourly
Any day laborers or temporary/employee leasing? ☐ Yes ☐ No	☐ Piece rate ☐ Commission ☐ Flat salary
If yes, please provide details on separate page.	☐ Other: _____
% of union employees___% of non-union___If union, Exp. date of contract_____	Paid Sick Leave? ☐ Yes ☐ No
Actual average hourly wage for employees in governing class $___/hour	Paid Vacation? ☐ Yes ☐ No

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Retirement / Pension plan? ☐ Yes ☐ No Does employer contribute? ☐ Yes ☐ No	
Group medical provided? ☐ Yes ☐ No	% of employees enrolled ___
If yes, name of healthcare provider - _____	% paid by employer ___
Do you use a specific medical provider to treat injured employees? ☐ Yes ☐ No	
Are you currently participating in a MPN (Medical Provider Network)? ☐ Yes ☐ No	
If yes, please provide the name of current MPN: _____	
CPR training provided? ☐ Yes ☐ No	RTW Program? ☐ Yes ☐ No
# of employees certified? _____	Does it include salary continuation? ☐ Yes ☐ No
Has the ownership of the applicable entity changed within the past 5 years? ☐ Yes ☐ No	
If yes, please provide details: _____	
_____	
_____	

Hiring Practices – Employee Selection - Claims

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

Safety Program and Organization – Work premises and Environment

Are owners active in daily operations?	☐ Yes ☐ No	If yes, are they excluded from coverage? ☐ Yes ☐ No	
Active injury & illness prevention program?	☐ Yes ☐ No	Has loss control services been performed in the last year? ☐ Yes ☐ No	
Active safety incentive program?	☐ Yes ☐ No	Has Cal/OSHA visited or cited your business in the last year? ☐ Yes ☐ No	
If yes, does it encompass all employees?	☐ Yes ☐ No	If yes, please provide explanation on separate page.	
What type of incentive? _____		Are safety meetings conducted? ☐ Yes ☐ No	
Do employees receive safety training/orientation? ☐ Yes ☐ No		If yes, how often? ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly	
If yes, is the training - ☐ Formal / Documented ☐ Informal		☐ Other: _____	
Do you have a safety director or risk manager? ☐ Yes ☐ 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? ☐ Yes ☐ No ☐ N/A			
Any material handling exposures? ☐ Yes ☐ No If yes, please explain _____			
Any lifting exposures? ☐ Yes ☐ No		Forklift training provided? ☐ Yes ☐ No ☐ N/A	
If yes, ☐ <25 lbs. ☐ 25-40 ☐ 40+		If yes, annual certification? ☐ Yes ☐ No	
If 40+, manual lifting or with assistance? Please explain _____			
Is all machinery/equipment properly guarded? ☐ Yes ☐ No ☐ N/A		Any use of Baler equipment? ☐ Yes ☐ No	
Written Lock out / tag out / block out procedures in place? Yes No N/A		Condition of equipment? ☐ New ☒ Good ☐ Average	
Respiratory program in place? ☐ Yes ☐ No ☐ N/A		Are all equipment operators trained/ certified? ☐ Yes ☐ No ☐ N/A	
What is the maximum height at which you will work? _____		Personal protection equipment provided? ☐ Yes ☐ No ☐ N/A	
What is used? ☐ Ladder ☐ Scaffolding ☐ Scissor lifts ☐ N/A		If yes, strict enforcement of utilization? ☐ Yes ☐ No	

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If scaffolding used, does the insured build their own? ☐ Yes ☐ No	What types of PPE? _____
Is the building / premises - ☐ Owned or ☐ Leased?	# Of years at current location? _____
Condition of premises? ☐ Excellent ☐ Very good ☐ Average	Age of building occupied? _____ year(s)

Agriculture - Farming

Is harvesting mechanized or manual? _____	
Do you use contracted labor? ☐ Yes ☐ No	Is housing provided? ☐ Yes ☐ No
If yes, % of use? ___	If yes, # of employees housed - _____
Any seasonal workers used for operations? ☐ Yes ☐ No	Does all farm machinery have safety guards intact? ☐ Yes ☐ 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? ☐ Yes ☐ No If yes, please explain on separate page.	
Any use of pesticides or fertilizers? ☐ Yes ☐ No	Any crop dusting operations? ☐ Yes ☐ No
If yes, applications by ☐ Employees? ☐ Outside Vendor?	If yes, services provided by ☐ Employees? ☐ Outside Vendor?
Do any family members work in operation? ☐ Yes ☐ No	Any work off premises? ☐ Yes ☐ 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? ☐ Yes ☐ No	Does risk deliver any of their own milk products? ☐ Yes ☐ No
Is milking barn – ☐ Flat? ☐ Elevated?	Protective Barriers? ☐ Yes ☐ No
Average number of milkings per day? _____	Do any employees conduct or complete work on sump pumps? ☐ Yes ☐ No
Are employees allowed to enter stem pipes around lagoon? ☐ Yes ☐ No	
Are proper safety procedures in place for working near stem pipes, lagoons or sump pumps? ☐ Yes ☐ No	
Any confined spaces exposures? ☐ Yes ☐ 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?	☐ Yes ☐ No	Any road repair assistance?	☐ Yes ☐ No
If yes, any contract towing?	☐ Yes ☐ No	If yes, 24 hour exposure?	☐ Yes ☐ No
Is there a mini-market on premises?	☐ Yes ☐ No	Any fueling operations?	☐ Yes ☐ No
If yes, any sales of Alcoholic beverages?	☐ Yes ☐ No	Any security/surveillance cameras on premises?	☐ Yes ☐ No
Open 24 hours?	☐ Yes ☐ No	Any test driving of customers' vehicles?	☐ Yes ☐ No
Is cashier's booth bullet proof?	☐ Yes ☐ No	Any transportation of customers?	☐ Yes ☐ No

Access to Freeway? ☐ 0-1 mile ☐ 1-2 miles ☐ 2+ miles
Any off-premises or mobile services? ☐ Yes ☐ No If yes, provide details including percentage of payroll dedicated: _____
_____
Any vehicle crushing operations? ☐ Yes ☐ No
Do you have a ventilated/filtered spray booth for painting operations? ☐ Yes ☐ No ☐ N/A
Do you have a written respiratory protection program? ☐ Yes ☐ No ☐ N/A
If yes, do employees complete a medical evaluation questionnaire? ☐ Yes ☐ No
If medical evaluation questionnaire completed, is it reviewed by a physician? ☐ Yes ☐ No
Are employees properly trained in the use and care of respiratory protection equipment? ☐ Yes ☐ No ☐ N/A
Has proper fit testing been provided to each employee and their assigned respirator? ☐ Yes ☐ No
Any work performed on vehicles greater than 2.5 ton capacity? ☐ Yes ☐ No
Are employees ASE trained and certified? ☐ Yes ☐ 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: ☐ Check annually? ☐ 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? ☐ Yes ☐ No

Any work below grade? ☐ Yes ☐ No	Max Depth in feet - _____	% of total work - ___

Any confined spaces exposures? ☐ Yes ☐ 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?

☐ Yes ☐ No If yes, please explain - _____

Does this risk conduct work for the government or city municipality? ☐ Yes ☐ No

Is the applicant involved in "Wrap Up" or "OCIP" projects ☐ Yes ☐ 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	___		

Apartment Ops / Building Ops / Hotel/Motel

Is housing provided? ☐ Yes ☐ No Any furnished apartments available? ☐ Yes ☐ No

If yes, # of employees housed and describe their responsibilities: If yes, % of units furnished? _____%

_____

Are employees involved in property maintenance? ☐ Yes ☐ No

If yes, provide details: _____

Security Guards employed? ☐ Yes ☐ No Security cameras or other security devices on premises? ☐ Yes ☐ 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)? ☐ Yes ☐ No

Are employees responsible for eviction notification and/or enforcement? ☐ Yes ☐ No

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

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

___ General cleaning*	___ Chimney cleaning	___ Debris Clearing	___ Exterior window cleaning above 1st 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: ☐ See attached MCS-150 or ☐ See below (check all that apply):

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

☐ 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

Total # of Trucks _____ # of Trucks with Sleeper Cabs _____ Single Trailers _____ Double Trailers _____ Triple Trailers _____

Any trucks / trailers with ramps? ☐ Yes ☐ No If yes, please provide # _____

Any trucks / trailers with lift-gates? ☐ Yes ☐ No If yes, please provide # _____

Any team driver operations? ☐ Yes ☐ 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:

☐ Water Department	☐ Power Department	☐ Sewer Department	☐ Street / Road Department
☐ Street Sweeping / Cleaning	☐ Building Inspector	☐ Code Enforcement	☐ Garbage / Refuse / Recycling
☐ Parks / Recreation	☐ Landscape Maintenance	☐ Tree Trimming	☐ Waste Treatment
☐ Housing Authority	☐ Day Care / Child Care	☐ Public Housing Nurse	☐ Electricians
☐ Painters	☐ Mechanic	☐ Truck Driver	
☐ Fire Department	☐ Police Department	☐ Animal Control	

F/T Staff _____ # P/T Staff _____

Any Volunteers or Intern Staff? ☐ Yes ☐ No If yes, explain _____

City Council Positions? ☐ Yes ☐ No # _____

County Supervisors Positions? ☐ Yes ☐ No # _____

Does the hiring process include: Drug Screening? ☐ Yes ☐ No Pre Employment Physicals? ☐ Yes ☐ No If yes, explain _____

Any Post Accident Drug Testing? ☐ Yes ☐ No

Is there a probationary period upon hire? ☐ Yes ☐ No If yes, explain _____

Are employees provided with any New Employee Orientation? ☐ Yes ☐ No

Does each job have a written job description? ☐ Yes ☐ No

Do employees receive initial job training? ☐ Yes ☐ No

Is training on-going and documented? ☐ Yes ☐ No

Do employees work shifts? ☐ Yes ☐ No If yes, explain _____

Any on-call employees? ☐ Yes ☐ No If yes, explain _____

Do any employees have take home vehicles? ☐ Yes ☐ No If yes, explain _____

Any underground work? ☐ Yes ☐ No If yes, explain _____

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Any work above 12' in height? ☐ Yes ☐ No If yes, explain _____

Any confined space exposures? ☐ Yes ☐ No If yes, explain _____

If yes, is there a Written Confined Space Entry Program? ☐ Yes ☐ No

Any sub-contracted operations? ☐ Yes ☐ No If yes, explain _____

Are W / C Certificates of Insurance obtained on all sub-contractors? ☐ Yes ☐ No

Any use of independent contractors? ☐ Yes ☐ No If yes, explain _____

Number of vehicles? _____ Driving Radius? _____

Do employees use personal vehicle for business purposes? ☐ Yes ☐ No If yes, explain _____

Newspaper / Publishing

Any home delivery services? ☐ Yes ☐ No If yes, independent contractors and/or employees? _____

Provide details: _____

Any delivery operations? ☐ Yes ☐ No If yes, # of vehicles _____ Driving radius _____

Any telemarketing operations? ☐ Yes ☐ No If yes, independent contractors and/or employees? _____

Provide details: _____

Any security operations? ☐ Yes ☐ No If yes, independent contractors and/or employees? _____ Armed or Unarmed? _____

Provide details: _____

Do employees or independent contractors use personal vehicle for company business? ☐ Yes ☐ No

If yes, are certificates of insurance in file? ☐ Yes ☐ No

Are MVR's (Motor Vehicle Reports) obtained on all drivers? ☐ Yes ☐ No Is the Company enrolled in the DMV "Pull" Program? ☐ Yes ☐ 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.? ☐ Yes ☐ No If yes, provide details: _____

Any excessive noise levels within the operations? ☐ Yes ☐ No If yes, provide details: _____

Have noise levels been evaluated within the Press / Bindery Areas and/r areas with noise producing machinery and equipment? ☐ Yes ☐ No

If yes, provide details: _____

If noise level testing has been completed, are copies of the results available for review? ☐ Yes ☐ No

Does the company have a written Hearing Conservation Program? ☐ Yes ☐ No

Do employees use/wear and PPE (Personal Protective Equipment)? ☐ Yes ☐ No If yes, provide details: _____

Does the company have a written Ergonomics Program? ☐ Yes ☐ No

Does the company have a written Material Handling Program, with identified weight limits? ☐ Yes ☐ No

Does the company have a written Lock Out / Tag Out Program? ☐ Yes ☐ No

Is maintenance of equipment / machinery completed by employees and/or outside vendors? ☐ Yes ☐ No If yes, provide details: _____

Are all forklift / material handling equipment operations certified? ☐ Yes ☐ No

Pest Control

Type of operations: ☐ Commercial ☐ Agricultural ☐ Residential ☐ Industrial ☐ Structural

☐ Structural repairs or replacements ☐ Dry Rot Wood Repair ☐ Shower Pan Replacement

☐ Chemical Treatment Services ☐ Fumigation ☐ Foam ☐ Other

Provide Details: _____

Percentage of tenting, if any? _____

Lawn treatment or care? ☐ Yes ☐ No If yes, provide details: _____

Other Service _____

Provide details: _____

Place an (x) next to each of the applicable services available:

☐ Ants	☐ Spiders	☐ Roaches	☐ Fleas	☐ Ticks	☐ Wasps
☐ Mosquitoes	☐ Bees	☐ Killer Bees	☐ Bee Removal	☐ Mice	☐ Termite
☐ Rats	☐ Snakes	☐ Raccoons	☐ Opossum	☐ Skunks	☐ Bats
☐ Rodents	☐ Gopher Control	☐ Bird/Pigeon Control	☐ Animal Trapping	☐ Animal Removal	☐ Bird/Rodent Proofing

☐ Other If other, provide details: _____

Personal protective equipment required: _____

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_____

Written Injury & Illness Prevention Program? ☐ Yes ☐ No	Written Haz-Com Program? ☐ Yes ☐ No
Written Heat Stress Program? ☐ Yes ☐ No	Written Respiratory Protection Program? ☐ Yes ☐ No
Written Fall Protection Program? ☐ Yes ☐ No	
Special Written Procedures for working in Confined Spaces (Attics & Under Residences / Buildings)? ☐ Yes ☐ No	
Documented New Employee Orientation including Documented Training? ☐ Yes ☐ No	

Healthcare

☐	For Profit	☐	Hospital Affiliation_____
☐	Not For Profit	☐	Religious Affiliation_____
☐	Medicare Certified	☐	JCAHO Accredited (Date)_____
☐	Medicaid Certified	☐	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 ?	☐ Yes	☐ No	Comment:_____
Blood-borne Pathogens ?	☐ Yes	☐ No	Comment:_____
Aggressive/Combative Behavior ?	☐ Yes	☐ No	Comment:_____
Any other ?	☐ Yes	☐ No	Comment:_____

Is a Registered Nurse, Manager or supervisor who knows procedures for Workers' Compensation and Safety on each shift ? ☐ Yes ☐ No

Do you treat any worker injuries on site ?	☐ No	☐ Yes, Describe_____
Are all injuries reported to your insurer ?	☐ Yes	☐ No, Explain_____
Do you have a policy to maintain contact with an injured worker ?	☐ Yes	☐ 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 ? ☐ No ☐ 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: _____ SIGN HERE Date: _____

Please submit completed applications to submissions@cidinsurance.com
Attn: Lexi Johnson
Any questions, please call (800) 922-7283
or fax to (619) 593-2008