



CID Insurance Services

THE BROKERS PREFERRED WHOLESALE SOLUTION

Workers' Comp - Contractors - Artisan & Trade

For a complete submission, please include the following information:

- ☐ ACORD Application 130
- ☐ Supplemental Application

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

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? ☐ 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	

Workers Compensation Supplemental Application

(To be Completed with Acord 130 application)

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	

Workers Compensation Supplemental Application

(To be Completed with Acord 130 application)

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)
<i>Agriculture - Farming</i>	
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.	
<i>Automotive Services</i>	
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? _____	

Workers Compensation Supplemental Application

(To be Completed with Acord 130 application)

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	

Workers Compensation Supplemental Application

(To be Completed with Acord 130 application)

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

Workers Compensation Supplemental Application

(To be Completed with Acord 130 application)

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 _____

Workers Compensation Supplemental Application

(To be Completed with Acord 130 application)

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: _____					

Workers Compensation Supplemental Application

(To be Completed with Acord 130 application)

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: _____  Date: _____