

SUPPLEMENTAL APPLICATION

Insured: _____ Eff Date: _____ FEIN NO. _____

Contact Name & Title: _____ Tel. No.: _____ Fax No.: _____

INSURED HISTORY:

Years in business: _____ No. of locations _____ Description of operations _____

Out of state exposure: Yes No If yes, name of states: _____ Foreign Travel: Yes No

Present number of employees: Full-time employees _____ Part-time _____ Seasonal _____ Volunteers _____

Percent of employee turnover in the last 12 months Full-time _____ Part-time _____

Employee staffing expectation over the next 12 months Full-time _____ Part-time _____

Average hourly wage: Full-time \$ _____ Part-time \$ _____

Benefits provided – are ALL employees eligible Yes No If not then who is eligible? _____

	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	% paid by employer	% of participation
Group Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Paid sick leave	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Vacation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Retirement / Pension Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Name of Healthcare provider: _____

Provide name of clinic, physician, or emergency room used for work place related injury: _____

Full-time nurse maintained on staff: Yes No

CPR training provided Yes No

Would you be willing to participate in an HCO program to control claim costs? Yes No

Indicate the safety activities currently established and practiced regularly:

- Safety program / IIPP in use compliant with SB 198 Yes No
- Return to light duty plan Yes No Includes full wages Yes No
- Return to Full-time modified work plan Yes No
- Designated Full-time safety director Yes No Name: _____
- Safety meetings held for all employees Yes No Frequency of meetings _____
- Safety training held for all employees Yes No Incentive program for employees Yes No
- Personal protective safety equipment provided for all employees Yes No
- Supervisors are held accountable for injuries / accidents Yes No
- Accident investigation program in place Yes No

HIRING PRACTICES:

- Employment application Yes No Drug/substance abuse Yes No
- Reference checks Yes No Audiometric testing Yes No
- Motor Vehicle Record check Yes No Pre/Post employment physical Yes No
- Volunteer labor used Yes No Pathogenic test (i.e. lead) Yes No
- Temporary labor used Yes No Orthopedic back test Yes No

OPERATIONS:

- Hours of operation: _____ to _____ No. of daily shifts: _____
- Operation includes delivery Yes No No. of authorized drivers _____ No. of vehicles _____
- Frequency of delivery: Daily Weekly Other _____
- Delivery radius: < 50 miles 51-100 miles 101-250 miles >250 miles
- Frequency of MVR checks _____ Participation in CHP Pull program Yes No
- Driver acceptability standards have been established Yes No
- Vehicles inspection / maintenance program Yes No Frequency _____
- Vehicle maintenance is performed by employees Yes No
- Employees take vehicles home at night Yes No

PAYROLL AND PREMIUM HISTORY:

Payroll: Current Yr. _____
1st Prior Yr. _____

Premium: Current Yr. _____
1st Prior Yr. _____

2nd Prior Yr. _____
3rd Prior Yr. _____
4th Prior Yr. _____

2nd Prior Yr. _____
3rd Prior Yr. _____
4th Prior Yr. _____

HOTEL / MOTEL:

Number of guest rooms: _____ Room rate: Under \$50 \$50-74.95 \$75-99 Over \$100
Food service: Operate own: Yes No Subcontract: Restaurant Bar Both
Gross receipts: Food _____% Liquor _____%
Entertainment: Yes No Lounge: Yes No Armed Security: Yes No
Operation: Year round Seasonal Conference center: Yes No
Shuttle service: Yes No How many vans: _____
How are maids compensated: Salary Hourly wage Flat rate per room
Who flips the mattresses and how are they turned: _____

RETAIL / WHOLESALE:

Gross receipts: Wholesale _____% Retail _____% Type of merchandise: _____
Compensation: Flat salary _____ Hourly wage _____ Commission _____
Outside sales employees: Yes No Is there assembly: Yes No
Lifting exposure or repackaging: Yes No Lbs: _____
If yes, describe?

MANUFACTURING:

Machine guarding: Point of operation: Yes No Drive mechanism: Yes No Moving Parts: Yes No
Lock-out/Tag-out program in place: Yes No
Material handling exposure: Yes No Lifting: Below 50 lbs. Above 50 lbs. _____
Off premises operations: Yes No Percentage _____ Where / What: _____
TYPE OF MACHINES USED? _____

SERVICE STATIONS / AUTO REPAIR SHOPS / TRANSMISSION SHOPS:

Hours of Operation

Gas operation: Full Service Self service
Repair operation: Yes No
 Tire repair/installation Over 1-ton truck (yes/no)

Towing: Yes No Contract tow: Yes No
Mini-Market: Yes No Liquor sold? Yes No
Bullet proof cashier booth: Yes No
Drop safe or registers: Yes No
Car Wash: Yes No *If yes, self serve* full serve
Access to freeway: 0-1 mile 1-2 miles 2+ miles

ATTORNEYS

What type of law: _____
Any criminal law: Yes No
Any insurance law: Yes No

RESTAURANT:

Average Entrée Price: _____
Liquor Receipts (% of gross receipts) _____
Separate Lounge: Yes No
Twenty-four hour operation: Yes No
Number of: Hosts _____ Wait-staff _____ Cooks _____
Bartenders _____
Entertainment: Yes No If yes, please provide details: _____

Catering Yes No % of revenues _____
Delivery Yes No % of revenues _____
Valet Parking Yes No

Radius of delivery area

Take-out: Yes No % of revenues _____

APARTMENT OWNER OR OPERATOR:

List of operations sub-contracted to others: _____
Current employees perform sub-contracted operations for you? Yes No If yes, please list: _____
The following items are maintained and kept current for all sub-contractors:
Certificate of workers' compensation insurance Yes No
Copy of each sub-contractor's license number Yes No

List of current sub-contractors and contractor's license numbers: _____
 _____ (If more than 3 provide a separate list)

CONTRACTORS:

**Percentage of new construction: Residential _____% Commercial _____%
 Industrial _____%**

Percentage of remodeling: Residential _____% Commercial _____% Industrial _____%
 Percentage of repair work: Residential _____% Commercial _____% Industrial _____%

Percentage of work subcontracted: _____%

Any work performed above 2 stories: Yes No If yes, explain _____

Any Roof Exposure: Yes No If yes, explain _____

Details of Interior and/or Exterior work performed _____

Any use of Cranes: Yes No If yes, explain _____

Any use of Scaffolds: Yes No If yes, are the ee's certified? _____

Any Excavation exposure: Yes No If yes, explain depth _____

Are deliveries made: Yes No Frequency: Daily Weekly Other: _____

Delivery radius: Under 50 miles 50-100 miles Over 100 miles

Vehicles owned: Yes No If so, take home: Yes No

Vehicle maintenance program: Yes No

MVR "Pull" program: Yes No If yes, how often _____

Any changes in operations in the last 5 years: Yes No If yes, describe: _____

Condition of equipment: Excellent Good Poor

Any job site security provided: Yes No If yes, describe: _____

FARMS:

Crops Grown	Avg. Acreage	Harvested Mechanically	Type of Equipment
		YES / NO	
		YES / NO	
		YES / NO	
		YES / NO	
		YES / NO	
		YES / NO	

1: How many acres: 160 or less 161-499 500-999 1,000+

2: Housing Provided: Yes No If so, how many employees _____

3: Transportation of employees: Yes No How: Van Bus Airplane Other

Frequency: Daily Weekly Monthly Radius _____

4: Use Labor Contractor: Yes No

5: Employees pay: Hourly rate _____ Piece rate _____ Combination _____ Other _____

6: Operation outside of California: Yes No

7: Dairy Barn: Elevated Carousel Flat Other _____

a) Number of Milking cows _____

b) Number of Bulls _____ Number of Bulls 3 years old & older: _____

c) Outside Veterinary Services: Yes No

d) Artificial Insemination: Yes No Subcontracted: Yes No

e) Hoof trimming: Yes No Subcontracted Yes No

f) De-horn: Yes No Subcontracted Yes No

8: Does insured harvest crops for others: Yes No If so, own equipment used: Yes No

TRUCKING EXPOSURES:

1. Commodities Hauled – Breakdown by % of Revenue: _____

2. Type of Equipment – Type of Number of Vehicles:

Flatbed _____ Tractor Trailer _____ Double Trailer _____ Tank _____

Refrigerated _____ Other _____

3. Do drivers load and unload cargo? Yes No If yes, how often: ____% palletized loads? Yes No
4. Type of Carrier Truckload(TL) Less than Truckload (LTL)
5. Number of Drivers: _____
- b. Average age of Drivers: _____
- c. Average age of Vehicles: _____

CATASTROPHE EXPOSURE:

Does insured work within 2 miles of the following building or facilities:

- | | | |
|---|------------------------------|-----------------------------|
| Government or Military base | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Financial Institutions including national/regional stock exchange | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sport Stadiums/Arenas and Theme Parks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Major Bridges, Tunnels or Dams | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Utilities or Power Generation Plants | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Transportation Hubs, Railroads, Airports or Shipping | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Historic/Symbolic buildings, monuments or parks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

EXPOSURE INFORMATION-PREMISE-FIX LOCATION EMPLOYEE'S

Total number of employee's: _____

State	Location #	Payroll	Total # of Employees	# of shifts	Maximum # of Employees per shift	Type of Building (see list below)	Year Built	# of Stories	Floors occupied
		\$							
		\$							
		\$							
		\$							
		\$							
		\$							
		\$							
		\$							

If additional locations exist please included on a separate form.

Type of Building: (1.) Steel 3 stories or greater (2.) Frame 3 stories or less (3.) Concrete tilt up

COMPLETE PAGE #5 IF MORE THAN 100 EMPLOYEES PER LOCATION

*****THIS FORM MUST BE FILLED OUT IF IT APPLIES TO THE INSURED*****

Reinsurance Information: Must be completed for each location with 100+ employees

Location #1

Street address: _____ City: _____ State: ___ Zip code: _____

Number of employees at this location: _____ Hours of operation: _____ Number of shifts: _____

Type of construction: Frame (Code 1)___ Joisted Masonry (Code 2) ___ Non-combustible (Code 3) ___

Masonry non-combustible (Code 4) ___ Modified fire resistive (Code 5)___ Fire resistive (Code 6) ___

Seismically retrofit? Yes No If yes – year completed: _____

Age of building: _____ Number of floors: ___ Specific floors occupied: _____

Location is: Single building: __ Multi-building: __ Urban: ___ Suburban: ___ Rural: ___

Class codes: _____

Payroll by class code: _____

Reinsurance Information: Must be completed for each location with 100+ employees

Location #2

Street address: _____ City: _____ State: ___ Zip code: _____

Number of employees at this location: _____ Hours of operation: _____ Number of shifts: _____

Type of construction: Frame (Code 1)___ Joisted Masonry (Code 2) ___ Non-combustible (Code 3) ___

Masonry non-combustible (Code 4) ___ Modified fire resistive (Code 5)___ Fire resistive (Code 6) ___

Seismically retrofit? Yes No If yes – year completed: _____

Age of building: _____ Number of floors: ___ Specific floors occupied: _____

Location is: Single building: __ Multi-building: __ Urban: ___ Suburban: ___ Rural: ___

Class codes: _____

Payroll by class code: _____

Reinsurance Information: Must be completed for each location with 100+ employees

Location #3

Street address: _____ City: _____ State: ___ Zip code: _____

Number of employees at this location: _____ Hours of operation: _____ Number of shifts: _____

Type of construction: Frame (Code 1)___ Joisted Masonry (Code 2) ___ Non-combustible (Code 3) ___

Masonry non-combustible (Code 4) ___ Modified fire resistive (Code 5)___ Fire resistive (Code 6) ___

Seismically retrofit? Yes No If yes – year completed: _____

Age of building: _____ Number of floors: ___ Specific floors occupied: _____

Location is: Single building: __ Multi-building: __ Urban: ___ Suburban: ___ Rural: ___

Class codes: _____

Payroll by class code: _____

Reinsurance Information: Must be completed for each location with 100+ employees

Location #4

Street address: _____ City: _____ State: ___ Zip code: _____

Number of employees at this location: _____ Hours of operation: _____ Number of shifts: _____

Type of construction: Frame (Code 1)___ Joisted Masonry (Code 2) ___ Non-combustible (Code 3) ___

Masonry non-combustible (Code 4) ___ Modified fire resistive (Code 5)___ Fire resistive (Code 6) ___

Seismically retrofit? Yes No If yes – year completed: _____

Age of building: _____ Number of floors: ___ Specific floors occupied: _____

Location is: Single building: __ Multi-building: __ Urban: ___ Suburban: ___ Rural: ___

Class codes: _____

Payroll by class code: _____