



WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)

AGENCY NAME AND ADDRESS	COMPANY:		
	UNDERWRITER:		
	APPLICANT NAME:		
	OFFICE PHONE:	MOBILE PHONE:	
	MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code)		YRS IN BUS:
PRODUCER NAME:			SIC:
CS REPRESENTATIVE NAME:			NAICS:
OFFICE PHONE (A/C, No, Ext):			WEBSITE ADDRESS:
MOBILE PHONE:	E-MAIL ADDRESS:		
FAX (A/C, No):	<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> LLC
E-MAIL ADDRESS:	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORP	<input type="checkbox"/> JOINT VENTURE
CODE:	CREDIT BUREAU NAME:		TRUST <input type="checkbox"/> UNINCORPORATED ASSOCIATION
SUB CODE:	FEDERAL EMPLOYER ID NUMBER		OTHER: <input type="checkbox"/>
AGENCY CUSTOMER ID:	NCCI RISK ID NUMBER		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	AUDIT
<input type="checkbox"/> BOUND (Give date and/or attach copy)		<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> ANNUAL <input type="checkbox"/>	<input type="checkbox"/> AT EXPIRATION <input type="checkbox"/> MONTHLY
<input type="checkbox"/> ASSIGNED RISK (Attach ACORD 133)		<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/>
			<input type="checkbox"/> QUARTERLY % DOWN:	<input type="checkbox"/> QUARTERLY

LOCATIONS

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

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	RATING EFFECTIVE DATE (if applicable)	ANNIVERSARY RATING DATE (if applicable)	<input type="checkbox"/> PARTICIPATING <input type="checkbox"/> NON-PARTICIPATING	RETRO PLAN		
PART 1 - WORKERS COMPENSATION (States)	PART 2 - EMPLOYER'S LIABILITY		PART 3 - OTHER STATES INS	DEDUCTIBLES (N / A in WI) <input type="checkbox"/> MEDICAL <input type="checkbox"/> INDEMNITY	AMOUNT / % (N / A in WI)	OTHER COVERAGES	
	\$ EACH ACCIDENT					<input type="checkbox"/> U.S.L. & H.	<input type="checkbox"/> MANAGED CARE OPTION
	\$ DISEASE-POLICY LIMIT					<input type="checkbox"/> VOLUNTARY COMP	
	\$ DISEASE-EACH EMPLOYEE					<input type="checkbox"/> FOREIGN COV	
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

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?	
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	

ACORD 130 (2017/05)

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES	Y / N
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.) (Applicant's Initials): _____</p>			
<p>Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.</p>			
<p>Applicable in CO: 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 FL and OK: 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 (of the third degree)*. *Applies in FL Only.</p>			
<p>Applicable in KS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.</p>			
<p>Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.</p>			
<p>Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p>			
<p>Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.</p>			
<p>Applicable in PR: 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 UT: 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

ACORD 130 (2017/05)

COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

PRODUCER	CARRIER	NAIC CODE
	COMPANY POLICY OR PROGRAM NAME	PROGRAM CODE
	POLICY NUMBER	
CONTACT NAME:	UNDERWRITER	UNDERWRITER OFFICE
PHONE (A/C, No, Ext):	STATUS OF TRANSACTION	<input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW
FAX (A/C, No):		<input type="checkbox"/> BOUND (Give Date and/or Attach Copy):
E-MAIL ADDRESS:		<input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL
CODE:		DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
AGENCY CUSTOMER ID:		SUBCODE:

NOTICE REGARDING CANCELLATION APPLICABLE IN SOUTH CAROLINA: THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 120 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 120 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM	PREMIUM	PREMIUM
BOILER & MACHINERY	\$	CYBER AND PRIVACY	\$
BUSINESS AUTO	\$	FIDUCIARY LIABILITY	\$
BUSINESS OWNERS	\$	GARAGE AND DEALERS	\$
COMMERCIAL GENERAL LIABILITY	\$	LIQUOR LIABILITY	\$
COMMERCIAL INLAND MARINE	\$	MOTOR CARRIER	\$
COMMERCIAL PROPERTY	\$	TRUCKERS	\$
CRIME	\$	UMBRELLA	\$

ATTACHMENTS

ACCOUNTS RECEIVABLE / VALUABLE PAPERS	GLASS AND SIGN SECTION	STATEMENT / SCHEDULE OF VALUES
ADDITIONAL INTEREST SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATE SUPPLEMENT (If applicable)
ADDITIONAL PREMISES INFORMATION SCHEDULE	INSTALLATION / BUILDERS RISK SECTION	VACANT BUILDING SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
CONTRACTORS SUPPLEMENT	LOSS SUMMARY	
COVERAGES SCHEDULE	OPEN CARGO SECTION	
DEALERS SECTION	PREMIUM PAYMENT SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	PROFESSIONAL LIABILITY SUPPLEMENT	
ELECTRONIC DATA PROCESSING SECTION	RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
		<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST <input type="checkbox"/> OTHER		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST <input type="checkbox"/> OTHER		

APPLICANT INFORMATION (Continued)

AGENCY CUSTOMER ID: _____

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE		SIC		NAICS		FEIN OR SOC SEC #	
				BUSINESS PHONE #:							
				WEBSITE ADDRESS							
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION								
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST	<input type="checkbox"/> OTHER							

CONTACT INFORMATION

CONTACT TYPE:				CONTACT TYPE:			
CONTACT NAME:				CONTACT NAME:			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
PRIMARY E-MAIL ADDRESS:				PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<input type="checkbox"/> DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	<input type="checkbox"/> OTHER

DESCRIPTION OF PRIMARY OPERATIONS

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:			INSTALLATION, SERVICE OR REPAIR WORK		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK	
			%		%	

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS		
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AGENCY CUSTOMER ID:

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE		<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ POLICY: _____ SEND BILL: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____	
REASON FOR INTEREST: _____			E-MAIL ADDRESS: _____		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?				
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). In VA the following notice applies: information concerning an arrest, charge, or conviction that has been sealed does not have to be disclosed in the application).				
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS THE APPLICANT HAD A FORECLOSURE FILED AGAINST THEM, HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				

ACORD 125 (2025/03)

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

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N

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.)

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.)

(Applicant's Initials): _____

Applicable in AL, AR, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO: 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.

Applicable in DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL and OK: 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 (of the third degree)*. *Applies in FL Only.

Applicable in KS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

Applicable in KY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: 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.

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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
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Applicable in NY: Applicable to all claim forms for insurance and all applications for commercial insurance and accident and health insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in NY: Applicable to all applications and claim forms for automobile insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
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THIS SECTION IS INTENTIONALLY LEFT BLANK

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 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? _____			

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: <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	_____	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? <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	

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: <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 _____				

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? <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 there 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: _____

Transportation Supplemental Application

Insured Name: _____ Broker: _____

Web Site: _____ FEIN: _____

GENERAL INFORMATION			
Type of authority:	DOT#	PUC#	DMV/MCP#
City and State of each terminal			
States units are garaged at driver's residence?			
Can drivers be dispatched from their residence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of hauls that are regular routes	%
Is there any driving or deliveries in Florida?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of LTL freight	%
Are there any businesses owned or operated by applicant other than company listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	List Other Businesses (if any):	
If "Yes" above, is there any interchange of labor	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How are drivers paid?	<input type="checkbox"/> Hourly <input type="checkbox"/> Per Mile <input type="checkbox"/> Per Trip <input type="checkbox"/> % of Load <input type="checkbox"/> Other		Average full-time wage or rate of pay?
Radius of Operation - must equal 100%	<input type="checkbox"/> % < 200 miles <input type="checkbox"/> % 200-300 miles <input type="checkbox"/> % 300-500 miles <input type="checkbox"/> % 500-1,000 miles <input type="checkbox"/> % >1,000 miles		
States (or area) other than home base traveled to frequently			
Number of driving teams	Do any mechanics, clerical or other employees fill-in as a truck driver as needed? If so, is their payroll properly reflected as a driver?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does company owner drive a truck?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is company owner to be included on policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any employees or insured's vehicles ever travel into Mexico or Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No			

DRIVERS			
Minimum age for new driver		Do driver hiring procedures include the following (Check all that apply)	
Minimum experience required		<input type="checkbox"/> Written Application <input type="checkbox"/> Written Test <input type="checkbox"/> MVR Check <input type="checkbox"/> Road Test <input type="checkbox"/> Physical Exam Before Hire <input type="checkbox"/> Interview <input type="checkbox"/> Drug Test <input type="checkbox"/> Reference Check <input type="checkbox"/> FMCSA Pre-employment Screening Program <input type="checkbox"/> Criminal Background checks	
# of full-time employee drivers			
# of part-time employee drivers			
Are drivers with 3 or more moving violations or 1 at fault accident in the last 3 years prohibited from driving?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are drivers with any 2 point violation, reckless driving or DUI in the last 5 years prohibited from driving?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the insured perform pre hire and post-accident drug testing?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the insured enrolled in a Employer Pull Notice Program?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of W2 forms issued in previous calendar year		Number of 1099 forms issued in previous calendar year	
Are employees: <input type="checkbox"/> Union <input type="checkbox"/> Non-union <input type="checkbox"/> % union		Describe recent trends in driver turnover	
Number of "true" owner/operators (own the truck they operate)		Number of "fleet operators" (operate truck owned by other entity)	
To be included on workers' compensation policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	To be included on workers' compensation policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate of coverage obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificated of coverage obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Unsafe Driving, Crash Indicator, HOS, Vehicle Maintenance, Controlled Substances and Alcohol or Hazardous Materials violations reported to SAFER?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes please describe:			
Does the insured have a written distracted driving program and/or cell phone policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes please describe:			

EQUIPMENT			
Number of Power Units (Including trucks leased to/from others)			
Conventional	Straight Trucks	Dump Trucks	Wreckers
Cabovers	Other		
Do drivers pull any double or triple trailers?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Speeds at which trucks are governed?

DESCRIPTION OF FRIEGHT TRANSPORTED (must equal 100%)							
General Freight	%	Motor Vehicles	%	U.S. Mail	%	Oversized/Overweight Loads	%
Household Goods	%	Beverages	%	Medical Waste	%	Mobile/Modular Homes	%
Logs, Poles, Beams, Lumber	%	Bulk Liquids	%	Paper Products	%	Metal Sheets, coils, Rolls	%
Building Materials	%	Explosives	%	Grain, Feed or Hay	%	Steel Pipe or Steel Members	%
Refrigerated/ Frozen Food	%	Gases	%	Livestock	%	Aggregate (Gravel, Stone, Fill, etc.)	%
Garbage, Refuse, Waste	%	Chemicals	%	Oil Field Equipment	%	Machinery / Heavy Equipment	%
Meat or Produce	%	Coal / Coke	%	Hazardous Material	%	Intermodal Containers	%

DRIVER INTERACTION WITH FREIGHT							
Do drivers load or upload with material handling aids?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Do drivers tarp freight without tarping mechanical system?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any height exposure on any device in excess of 12 ft.?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Do drivers secure freight using load-locks, bars, straps or chains?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do drivers tailgate freight?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Are drivers involved in decking and/or blanket-wrapping freight?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do drivers' top-load tankers (access using loading rack)?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Is the maximum weight lifted in excess of 50 lbs.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do drivers top-load tankers (access using tanker ladder)		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what lifting safety controls are in place?			
Percentage of loads lumpers are used	%	Do Lumpers carry workers' compensation coverage?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Are certificates obtained for lumpers?		<input type="checkbox"/> Yes <input type="checkbox"/> No

TOWING OPERATIONS/EXPOSURES			
Does the insured perform any of the following operations:			
Vehicle repossession	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recovery of vehicles transporting hazardous materials	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rappelling on hillside/cliff/canyon to retrieve vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No	Underwater recovery	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the insured's towing vehicles equipped with police scanners? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the insured perform any lowbed/heavy hauling/transportation of large items, such as:			
Construction Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Oversized Loads	<input type="checkbox"/> Yes <input type="checkbox"/> No
Farm Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Airplanes	<input type="checkbox"/> Yes <input type="checkbox"/> No
What percentage of your operations involves towing of trucks that are one ton or greater, buses, RVs, trailers, or auto trailers? _____%			
Does the insured participate in any program where the insured is notified if one of their drivers receives a vehicle violation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the insured have a contract with AAA, CHP, or the Police Department? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is the insured's maximum towing radius? <input type="checkbox"/> 0-50 Miles <input type="checkbox"/> 51-100 Miles <input type="checkbox"/> 101-150 Miles Write in mileage if radius is greater than 150: _____			
Does the insured have a documented vehicle inspection and maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the insured have a GPS vehicle tracking system? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SUBCONTRACT / INDEPENDENT CONTRACTOR EXPOSURES

Answer	Question	Describe What You Subcontract
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you subcontract any work? If so, what %	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you keep certificates of Workers Comp. Ins. For all subs?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the entire payroll for uninsured subcontractors included in your payroll estimate?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use a subcontractor agreement? If so, please provide	
<p>Please note that any payments you make to subcontractors who cannot evidence their own currently-valid workers compensation coverage are subject to inclusion in your audit premium. Other types of insurance (i.e., occupational accident insurance) are not acceptable in lieu of workers compensation insurance. Premium auditors will request to see all subcontractor certificates.</p>		

MAINTENANCE OPERATION

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are all truck and trailer service/repairs performed by outside entities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does insured have a vehicle/fleet maintenance program in place?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do any employees perform preventative maintenance only (brakes, lights, oil, grease, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do any employees perform service/repair work on company-owned trailers?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do any employees repair and/or mount tires?	Tire cage used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do any employees perform service repair work on for equipment not owned or operated by the applicant?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do any employees perform roadside repairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do any employees perform work that involves tank entry?

SAFETY INFORMATION

Active IIPP: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specific job training: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have an established method for reporting claims: <input type="checkbox"/> Yes <input type="checkbox"/> No
Forklift training: <input type="checkbox"/> Yes <input type="checkbox"/> No	Formal return to work program: <input type="checkbox"/> Yes <input type="checkbox"/> No
Currently in an MPN: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is modified duty offered to help control claims? <input type="checkbox"/> Yes <input type="checkbox"/> No
Safety incentives: <input type="checkbox"/> Yes <input type="checkbox"/> No	Accident investigation program in place: <input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly safety meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	Written Lockout/ Tagout/ Blackout Procedure in place: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written safety manual: <input type="checkbox"/> Yes <input type="checkbox"/> No	Material Safety Data Sheet available: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is it provided to all employees in: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other/Multi	Hazardous Materials Communication program in place: <input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Director employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: Phone:	Hazard identification training: <input type="checkbox"/> Yes <input type="checkbox"/> No
Substance abuse training for all employees: <input type="checkbox"/> Yes <input type="checkbox"/> No	Have there been any OSHA citations/violations in the last year: <input type="checkbox"/> Yes <input type="checkbox"/> No , if yes describe:
Do supervisors receive specific safety training: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is insured willing to implement loss control recommendations made by the insurer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisors held accountable for injuries: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are employee required breaks strictly adhered to for all employees: <input type="checkbox"/> Yes <input type="checkbox"/> No
Condition of workplace premises: <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	

EMPLOYEE SELECTION/ TRAINING/ QUALIFICATIONS	
After terminating employees are personnel files documented with employee signed notes regarding any potential injuries incurred during their work for you? Describe:	
Does the insured employ any person 60 years of age or older:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Formal job description on file:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee orientation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personnel files documented for pre-existing injuries:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Group medical provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No
if yes, name of provider:	
Are all employees eligible:	<input type="checkbox"/> Yes <input type="checkbox"/> No
if not all, who is eligible:	

DECLARATION			
<p>I declare that after proper inquiry the statements and particulars given in this application are true and that I have not misstated or suppressed any material fact. I understand that non-disclosure or misrepresentation of a material fact* may entitle underwriters to void the insurance.</p> <p>*A material fact is one likely to influence acceptance or assessment of this application by underwriters; if you are in any doubt as to whether a fact is material or not you must disclose it.</p> <p>This application and the information provided in connection therewith contain statements upon which underwriters will rely in deciding to accept this insurance. Should a contract of insurance be concluded this application will form the basis of the insurance. I undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.</p>			
Signed:		Dated:	
Printed, Full name of signatory:		Title:	

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 (percentages must total 100%):
 Under 50 miles: _____ % 51-100: _____ % 101-200: _____ % 201-300: _____ %
 301-500: _____ % 501-1,000: _____ % More than 1,000: _____ %
 Filings: DOT: _____ PUC: _____ DMV/MCP: _____ ☐ Not Applicable

Please check the questions and attach the applicable data

Motor Carrier Identification Report, MCS-150: ☐ Attached ☐ Not Applicable
 Cargo Classification: ☐ See attached MCS-150 ☐ See below (check all that apply):
☐ General freight ☐ Logs, poles beams, lumber ☐ Grain, feed, hay ☐ Liquids/gases
☐ 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: _____

Does the risk have a formal driver's safety program: ☐ Yes ☐ No Is this a mobile crane operation: ☐ Yes ☐ No
 Is the radius of operations in excess of 500 miles: ☐ Yes ☐ No Any routes over mountain passes: ☐ Yes ☐ No
 Does the insured outsource the washing of fleet: ☐ Yes ☐ No Any hauling of hazardous materials: ☐ Yes ☐ No
 Does the risk have a fleet maintenance program: ☐ Yes ☐ No Will drivers load and unload trucks: ☐ Yes ☐ No
 Does the risk use only independent contractors: ☐ Yes ☐ No Vehicle treadware program in place: ☐ Yes ☐ No
 Has the Applicant ever been fined by Cal OSHA: ☐ Yes ☐ No Is there a formal treadware program: ☐ Yes ☐ No
 Are MVR's checked on an annual basis for all drivers: ☐ Yes ☐ No Is there a formal lifting policy in place: ☐ Yes ☐ No
 Pre employment drug testing performed: ☐ Yes ☐ No Post accident drug testing performed: ☐ Yes ☐ No
 Are driver's permitted to drive for more than 12 hours: ☐ Yes ☐ No
 Any height exposure on any device greater than 12 feet: ☐ Yes ☐ No
 Do employees ever stand on top of their trucks or their loads: ☐ Yes ☐ No
 Are pre-trip inspection logs required to be submitted by drivers: ☐ Yes ☐ No
 Are periodic random alcohol and drug tests performed for all drivers: ☐ Yes ☐ No
 Are drivers permitted to exceed 60 hours of driving within a consecutive 7 day period: ☐ Yes ☐ No
 Are drivers with any 2 point violation, reckless driving or DUI in the last 5 years prohibited from driving: ☐ Yes ☐ No
 Are drivers with 3 or more moving violations or 1 at fault accident in the last 3 years prohibited from driving: ☐ Yes ☐ No
 Any backhauling operations: ☐ Yes ☐ No If yes, percentage of total trips backhauling is performed _____ %
 If yes, provide details on type of products backhauled: _____

Number of drivers: _____ 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: _____ %

If owner/operators used, please attach copy of contract: ☐ Attached ☐ Not applicable

Number of company drivers with motor carrier at least 12 months: _____

Number of owner/operator with motor carrier at least 12 months: _____ ☐ Not Applicable

Number of Non-Union: _____ Union: _____

Do the drivers load and unload their trucks: ☐ Yes ☐ No

Provide detail of the 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: _____ Trucks with sleeper cabs: _____ Single trailers: _____ Double trailers: _____ Triple trailers: _____

Any trucks/trailers with ramps: ☐ Yes ☐ No

If yes, provide number: _____

Any trucks/trailers with lift-gates: ☐ Yes ☐ No

If yes, provide number: _____

Any team driver operations: ☐ Yes ☐ No

If yes, provide details: _____

If union operations, provide month/year of contract renewal: _____



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 CA License #0G61094

Insured Name: _____

Web Site: _____ **FEIN:** _____

Applicant must complete pages 1, 2 and the sections pertinent.

	Payroll Information	Premium Information
Current Year		
Prior Year		
Prior Year		
Prior Year		
Prior Year		

OPERATIONAL INFORMATION

Description of operations (if not provided on Acord 130):

Hours of operation: _____ # of shifts: _____ Any 24 hr exposure: ☐ Yes ☐ No

of years in business: _____ Average employee tenure with company: _____

Have you ever filed for bankruptcy within the past 7 years: ☐ Yes ☐ No

SAFETY INFORMATION

Active IIPP:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Active ownership in operations:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specific job training:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Personal protective equipment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory program:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If yes, type of PPE:	
Safety incentives:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Formal return to work program:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly safety meetings:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Do you have a written safety manual:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is it provided to all employees in:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other/Multi		
Safety Director:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Risk manager employed:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Do supervisors receive specific safety training:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Supervisors held accountable for injuries:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Condition of workplace premises:	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor		
Accident investigation program in place:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Written Lockout/Tagout/Blockout Procedure in place:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Material Safety Data Sheet available:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Hazardous Materials Communication program in place:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Have Cal/OHSA cited risk's business in the last year:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Is insured willing to implement loss control recommendations made by the insurer:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are employee required breaks in the work hours strictly adhered to for all employees:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is training provided to new hires and existing employees on proper use and maintenance of equipment:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are all employees that operate forklifts properly trained, if applicable:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Has your company implemented any ergonomic safety procedures:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Describe equipment used:	<input type="checkbox"/> State of the art <input type="checkbox"/> Standard for industry <input type="checkbox"/> Modified to standard		



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EMPLOYMENT PRACTICES

Group medical provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Currently in MPN:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage of employees enrolled:	_____ %	Number of full time employees:	
Percentage paid by employer:	_____ %	Number of part time employees:	
Disability insurance provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of seasonal employees:	
Paid sick leave/vacation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of volunteer workers:	
Retirement/Pension:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If applicable, length of season:	
Do you lease workers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Full time hours in work week:	
Are employees:	<input type="checkbox"/> Union <input type="checkbox"/> Non-union _____ % Union		
Proximity to a medical clinic:	<input type="checkbox"/> Less than 5 miles <input type="checkbox"/> 5 - 10 miles <input type="checkbox"/> 11 - 20 miles <input type="checkbox"/> Over 20 miles		
Average employee wage for the governing class:	_____ \$ /hr. (exclude officers/ directors salary from average)		
Average employee wage for the clerical/sales:	_____ \$ /hr. (exclude officers/ directors salary from average)		
How are employees paid:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Piece rate <input type="checkbox"/> Commission <input type="checkbox"/> Rent/ housing		
Do you have an established method for reporting claims:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

RISK CHARACTERISTICS

Annual MVR checks:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre/Post employment MVR checks:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driving/ Delivery operations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employees use personal vehicles for company:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Purpose of driving operations:		Have a formal lifting policy and is it followed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Radius of operations:	<input type="checkbox"/> 0 - 25 miles <input type="checkbox"/> 26 - 50 miles <input type="checkbox"/> 51 - 100 miles <input type="checkbox"/> 101 - 200 miles <input type="checkbox"/> Over 200 miles	Lifting exposure:	<input type="checkbox"/> N/A <input type="checkbox"/> Under 20 lbs <input type="checkbox"/> 20 - 40 lbs <input type="checkbox"/> 40 - 50 lbs <input type="checkbox"/> Over 50 lbs
Have a driver safety policy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Use of pairs/teams to lift large, heavy or awkwardly shaped objects:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are driver acceptability standards in place:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of vehicles used:		Number of authorized drivers:	
Frequency of driving/ delivery is:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Infrequent		
Any group transportation (4 or more employees, same vehicle):	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any out of state or out of country travel:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of employees who travel overseas each year:		Average duration of trips overseas:	
Average frequency of travel each year for those employees who travel overseas:		Countries involved:	

EMPLOYEE SELECTION/ TRAINING/ QUALIFICATIONS

Written application:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Formal job description on file:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reference checks:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee orientation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-hire drug testing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personnel files documented for pre-existing injuries:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Post-accident drug testing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Subcontractors used:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
Random drug testing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, certs of insurance kept:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre/Post employ. physicals:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hearing tests:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe any other physical or contractual controls in place over subcontractors:			
Independent contractors/1099:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certs. of insurance kept:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to above, describe:			
Any work subbed out to uninsured and/or unlicensed 1099 employees: <input type="checkbox"/> Yes <input type="checkbox"/> No			
After terminating employees are personnel files documented with employee signed notes regarding any potential injuries incurred during their work for you?			
Describe:			
Does the insured employ any person 60 years of age or older: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what are their job duties:			

AUTOMOTIVE

Is there a body shop on the premises:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contract towing:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any ASE certified employees:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mobile repair operations:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is tire repair or installation performed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency roadside repair services provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what percentage:			
Tire re-capping/retreading operations:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any split rim work performed:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Work on heavy vehicles/equipment over 2 ton:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any work performed on ATV's, recreational vehicles, busses, motorhomes, motorcycles or other heavy equipment:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are spray booths ventilated & Air Quality District certified:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal protective equipment provided and usage enforced:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a formal written respirator program:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Respirators & filters approved/certified by OSHA:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are paints cleaning agents and flammable fluids properly stored:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there an eye wash and body wash facility:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of service bays:			
Are all openings in the floor properly caged/marked off so as to prevent falls:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Protocols for storage and disposal of gas, oil, rags and/or other waste products:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

TRANSPORTATION & WAREHOUSING

Total number of drivers:	Pre/Post employment MVR checks:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of independent owner/operators:	Employees use personal vehicles for company:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a mobile crane operation:	Have a formal lifting policy and is it followed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the insured enrolled in the Employer Pull Notice Program:	Do drivers ever have overnight trips/stays:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will drivers load & unload their trucks:	Any hauling of hazardous materials:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees ever stand on top of their trucks or their loads:	Have a vehicle/fleet maintenance plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the risk use any independent sub-haulers without certificates of insurance:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are drivers with 3 or more moving violations or 1 at fault accident in the last 3 years prohibited from driving:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are drivers with any 2 point violation, reckless driving or DUI in the last 5 years prohibited from driving:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Radius of travel by percentage (total must equal 100%):		
(less than 50 mi.) _____ %	(50 - 200 mi.) _____ %	(201 - 500 mi.) _____ %
(501 - 1,000 mi.) _____ %	(more than 1,000 mi.) _____ %	

SERVICE OR ARTISAN CONTRACTORS

Work performed 6 feet or more below grade:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any work with voltage above 240:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exposure to asbestos or other hazardous materials:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any solar panel work performed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remediation work performed of any kind:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any confined space exposures:	<input type="checkbox"/> Yes <input type="checkbox"/> No
More than 50% work subcontracted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	CSLB #:	
Is the risk a framing contractor or will more than 15% of the job involve framing:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ops conducted below ground level:	(% of Ops) _____		
Ops conducted at ground level:	(% of Ops) _____		
Ops conducted between 0 and 6 feet:	(% of Ops) _____	<input type="checkbox"/> Ladders	<input type="checkbox"/> Scaffolding
Ops conducted between 6 and 12 feet:	(% of Ops) _____	<input type="checkbox"/> Cherry picker/boom	<input type="checkbox"/> Other
Ops conducted between 12 and 24 feet:	(% of Ops) _____	<input type="checkbox"/> Ladders	<input type="checkbox"/> Scaffolding
Ops conducted above 24 feet:	(% of Ops) _____	<input type="checkbox"/> Cherry picker/boom	<input type="checkbox"/> Other
Max height at which your employees work:	Max depth at which your employees will work:		
Do you have a formal and documented fall protection program:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are shoring techniques mandated for over 3 Feet depth:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any scaffolding set up or take down operations:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, are employees certified and is there a competent person performing daily inspections of scaffolding:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any rooftop exposure:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the risk have proper safety protocols regarding material handling:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

JANITORIAL

Any carpet cleaning or floor polishing/waxing operations:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any cleaning of hospitals or medical facilities other than "office" cleaning only (no biohazard exposures allowed):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any cleaning of industrial plants:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any construction site clean-up exposures (does not include Tenant improvement clean-up):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any graffiti removal performed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any group transportation of more than 4 employees in any vehicle at any one time:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are crews supervised during night shift:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees go to more than one job site per day:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees have set routes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does management inspect ladders on a regular basis (daily, month, etc.):	<input type="checkbox"/> Yes <input type="checkbox"/> No

HEALTHCARE, EDUCATIONAL & SOCIAL ASSISTANCE

Are there written bloodborne pathogen safety protocols:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a formal employee training program:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a formal contact (fluid, solid, etc.) prevention policy:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a disease prevention policy:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any work with any patients that have communicable diseases (i.e. HIV, AIDS, TB, etc.):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a 12 hour shift maximum for all employees:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are proper lifting devices (hoyer lifts, etc.) used for the transfer and or transport of patients/residents:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a formal lifting policy in place:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there is a driving exposure, are MVR's checked for all drivers at least annually:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the radius of operations in excess of 100 miles:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever any transportation of 3 or more employees in the same vehicle at the same time:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the use of puncture resistant gloves, masks and other PPE mandated:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Implementation of safety procedures for combative patients/residents/students:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is housing provided to employees:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does risk have any volunteer labor exposure:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any "live-in" care provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are driver acceptability standards in place:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any volunteer exposures that would fall within the scope of activities assigned by this class code:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the risk specialize in the care of bariatric clients:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the risk specialize in the care of developmentally disabled clients:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the use of masks, gloves and other PPE mandated:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a contact and disease prevention program in place:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will employees visit more than 5 clients during their work day:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide percentage of residents/patients: (Ambulatory) _____% (Non-ambulatory) _____%	
Percentage of skilled employees (RN, LVN) to non-skilled employees: (Skilled) _____% (Non-skilled) _____%	

LANDSCAPING

Does the risk perform land clearing or debris removal:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Highway/roadway/street median work:	<input type="checkbox"/> Yes <input type="checkbox"/> No
More than 50% of exposure related to landscape construction or trenching:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Removal of heavy boulders:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any use of tractors, loaders, chippers, mulchers, booms or similar equipment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any mature tree removal:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees transported in the open beds of pickup trucks:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reforestation exposure:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any tree trimming performed off the ground:	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Max height) _____ ft. (Max depth) _____ ft.	
Does the insured perform work in excess of 6 feet in depth:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

FARMING (Including farm labor contractors)

Primary Crops:	<input type="checkbox"/> Citrus	<input type="checkbox"/> Grapes	<input type="checkbox"/> Roots	<input type="checkbox"/> Ground/bush berries	<input type="checkbox"/> Melons	<input type="checkbox"/> Hay	<input type="checkbox"/> Tree nuts	<input type="checkbox"/> Corn	<input type="checkbox"/> Other	
Primary Stock:	<input type="checkbox"/> Cows	<input type="checkbox"/> Sheeps	<input type="checkbox"/> Horses	<input type="checkbox"/> Chickens	<input type="checkbox"/> Turkeys	<input type="checkbox"/> Other				
Does the risk house employees:							<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, how many:		How are employees selected for housing:								
Are family members employed:							<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do employees do any pesticide/fertilizer application:							<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, do employees have proper certification and training:							<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Proper training and precautions to avoid heat stress:							<input type="checkbox"/> Yes	<input type="checkbox"/> No		
What is the maximum height exposure:							<input type="checkbox"/> N/A			
If there is a height exposure, does the risk have a formal fall prevention program:							<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
How are heights accessed:							<input type="checkbox"/> Ladders	<input type="checkbox"/> Cherry Pickers	<input type="checkbox"/> Scissor lifts	<input type="checkbox"/> Other
Will employees conduct major repairs to greenhouses or climb onto greenhouse rooftops:							<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Any use of ATVs that do not have seat belts and/or roll cages:							<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are employees transported in the open beds of pickup trucks:							<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do employees work at more than 1 job site during the course of the day that requires them to use their personal vehicle to travel between sites:									<input type="checkbox"/> Yes <input type="checkbox"/> No	

HOTELS

Are average room rates less than \$70 a night:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If applicable, are teams of 2 used for flipping mattresses or moving furniture:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the risk contain a swimming or exercise club:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the risk provide any shuttle services:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the risk provide any valet parking services:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any buildings above 6 stories:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

RESTAURANTS

Does the risk have any off-site catering operations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any robbery or assault incidents in the last 5 years:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all production areas outfitted with non-slip floors:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the establishment located within 1-mile of a freeway:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured provide entertainment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the risk a street vending concessionaire:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the risk a bar/tavern:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does risk employ security guards and/or bouncers:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees clean grease traps, hoods or vents:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this a fast food restaurant:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the risk have any delivery operations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Delivery radius: _____	
If delivery is performed, is there any deliveries performed after 10pm:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	
Does the risk have any 24 hour locations:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If establishment is open 24-hours is there any counter service after 11pm:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	
Does the insured have any food truck exposure with covered employees:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any sales of alcoholic beverages:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the percentage of alcoholic beverage sales: _____ %	

MANUFACTURING

Is the maintenance of equipment outsourced:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a proper dust collection system in place:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is more than 50% of the manufacturing process automated:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employees using cutting, stamping or punch press machines properly certified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any exposure to brazing, annealing, heat treating or electron beam welding:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proper lock out/tag out procedures for machinery and equipment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is machine guarding in-tact at:	<input type="checkbox"/> Point of operation <input type="checkbox"/> Drive mechanism <input type="checkbox"/> Gears/cutting tools
Average age of machinery:	<input type="checkbox"/> Less than 2 years old <input type="checkbox"/> Between 2 - 5 years old <input type="checkbox"/> Between 5 - 10 years old <input type="checkbox"/> More than 10 years old
Any machinery 15 years or older or custom made:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Let's Change How You Buy Insurance

Class Codes

State	Class Code	Description
SC	8380	Automobile-Service or Repair Center & Drivers
SC	8748	Automobile Salespersons
SC	8810	Clerical Office Employees NOC

Eligibility Questions

Question	Answer
Do employees work from home under normal circumstances? If Yes, answer the following: What percentage of employees work from home under normal circumstances?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Does the insured have any individuals working unpaid (e.g. volunteers, interns, family members)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured have any operations after 2AM (except for hotels & motels)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any instances where an employee will need to lift something (e.g. products, objects, people, animals) weighing more than 50lbs? If Yes, answer the following: What is the maximum weight employees lift? What safety devices do the insured's employees use when lifting?	<input type="checkbox"/> Yes <input type="checkbox"/> No ____lbs List: _____ _____
Do employees work above or below ground level? If Yes, answer the following: What is the maximum height that employees will work above ground? Are employees required to follow OSHA guidelines & utilize proper PPE when working above ground or on rooftops? What is the maximum depth that employees will work below ground?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Does the insured expect to pay for the service of 1099 employees, cash workers, or subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No

How much of the insureds total labor cost is expected to be paid to cash or day labor	_____ %
How much of the insureds total labor cost is expected to be paid to insured subcontractors	_____ %
How much of the insureds total labor cost is expected to be paid to uninsured subcontractors	_____ %
<p>Has the insured operated under a different legal name, legal entity or doing business as (DBA) name within the last 5 years?</p> <p>If Yes, answer the following:</p> <p>Please list the legal name, DBA, and operations of the previous company.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List: _____</p> <p>_____</p>
Does the insured have any operations or exposure outside the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Does the insured have any employees that drive more than 10% of the time?</p> <p>If Yes, answer the following:</p> <p>Are MVRs for all drivers reviewed by the insured or the insured's commercial auto insurer?</p> <p>Does the insured have a vehicle inspection and maintenance program in place?</p> <p>Do 4 or more employees ever travel in a vehicle at the same time ?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Does the insured do any work or exposure involving:</p> <ul style="list-style-type: none"> • Asbestos, lead, or mold • Blasting, explosives, demolition, or wrecking • Federal Coverages (USLH, FELA, Jones Act, Defense Base Act, etc.) • Nuclear energy or research • Manufacture, store, work with, or transport hazardous materials • Own, operate, sell, or lease aircraft and/or watercraft that operate on navigable waterways • Perform any leasing, staffing, or provide temporary workers • Oil, gas, mining, or on-site support work for those industries • Dock or sea walls? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured conduct repossession, automobile dismantling or crushing, roadside assistance or repair, mobile repair, split rims, tire recapping, and/or retreading operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured conduct any towing operations not separately rated under the auto towing class code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do any of the insured's employees participate in racing teams and/or events?</p> <p>Are all painting spray booths properly ventilated and/or filtered according to OSHA standards?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p>

Do any employees of the insured predominantly work from home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do clerical workers or salespersons perform any installation, delivery services, or door-to-door sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured operate as a insurance agency or company, staffing company, PEO, employee leasing company, freight broker, paper contractor or any similar operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SUPPLEMENTAL APPLICATION FORM

NOTE: Please type or print clearly in ink. Shaded areas are for State Fund use only.

Section 1 - Trade Name (i.e., DBA)

Current:

Prior (if applicable):

Section 2 - Business Ownership

Legal Name:

Legal Entity (check one):

<input type="checkbox"/>	1	Individual (If married, check Husband & Wife)	<input type="checkbox"/>	N	Non-Profit Organization	<input type="checkbox"/>	C	Conservatorship
<input type="checkbox"/>	2	Husband & Wife (Both names required in Legal Name.)	<input type="checkbox"/>	3	Joint Venture	<input type="checkbox"/>	E	Estate
<input type="checkbox"/>	4	General Partnership	<input type="checkbox"/>	8	Public Agency	<input type="checkbox"/>	T	Trust
<input type="checkbox"/>	L	Limited Partnership	<input type="checkbox"/>	P	Incorporated Public Agency	<input type="checkbox"/>	6	Association
<input type="checkbox"/>	5	Corporation	<input type="checkbox"/>	9	Labor Union	<input type="checkbox"/>	J	Joint Employer
<input type="checkbox"/>	M	Non-Profit Corporation	<input type="checkbox"/>	U	Incorporated Labor Union	<input type="checkbox"/>	A	Common Ownership
						<input type="checkbox"/>	7	Other:

Section 3 - Licenses

2101 Farm Labor Contractor License:

3405 Contractor's State License Board No./Type/Expiration Date:

3408 PUC/ICC License Number:

3409 Other License Numbers required to do business in CA (please specify):

Section 4 - Additional Business Information

2075

Phones: Bus. () - Home () -

2075

FAX Number: () -

2075

E-Mail Address:

2099

State Employer Identification Number:

Section 5 - Social Security Number(s)

2096

Please provide the Social Security Number(s)* for individual owner, husband, wife, corporate officers, or general partners. Attach a separate page if necessary.

(1) Name: _____
 (2) Name: _____
 (3) Name: _____
 (4) Name: _____

*Social Security Number: - -

*Social Security Number: - -

*Social Security Number: - -

*Social Security Number: - -

*DISCLOSURE STATEMENT

Providing Social Security Numbers is voluntary. If the principals do not wish to provide Social Security Numbers, other acceptable identification shall include: 1) Federal Employer Identification Number (FEIN), 2) State Employer Identification Number (SEIN), 3) Contractor's License or 4) any applicable business license pertinent to the trade or business.

Section 6 - General Information

Do any of the following pertain to the operations of this risk? Please explain all "yes" answers to questions 1-10 in the "Remarks" section on page 2.

	Yes	No		Yes	No
1. Use any equipment that bends, forms, shapes, or cuts materials (e.g., power press)?	<input type="checkbox"/>	<input type="checkbox"/>	8. Have any location/operations for which coverage is not requested?	<input type="checkbox"/>	<input type="checkbox"/>
2. Employ any relatives?	<input type="checkbox"/>	<input type="checkbox"/>	9. Have any operations outside of California?	<input type="checkbox"/>	<input type="checkbox"/>
3. Employ any minors (under age 18)?	<input type="checkbox"/>	<input type="checkbox"/>	10. Perform any asbestos removal?	<input type="checkbox"/>	<input type="checkbox"/>
4. Make any cash payments to employees or subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>	11. Member of any trade or business association?	<input type="checkbox"/>	<input type="checkbox"/>
5. Provide meals or lodging in lieu of wages?	<input type="checkbox"/>	<input type="checkbox"/>	Please indicate: _____		
6. Pay any employees by the piece?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
7. Have any work at a maritime or offshore facility?	<input type="checkbox"/>	<input type="checkbox"/>	_____		

Section 7 - Has the business or any principal of the business declared bankruptcy in the last seven years? ☐ Yes ☐ No, skip to Section 8

Name of Principal:

3105 Chapter of bankruptcy filed (check as applicable): ☐ 7 ☐ 11 ☐ 13 ☐ Other:

Date filed: Case Number: Status: ☐ pending ☐ dismissed ☐ discharged

Court where case was filed (Please provide us with a filed, stamped copy of the "Petition for Relief".):

Section 8 - Was this operation all or part of an existing business that was purchased or acquired? ☐ Yes ☐ No, skip to Section 9

SUPPLEMENTAL APPLICATION FORM

NOTE: Please type or print clearly in ink. Shaded areas are for State Fund use only.

What percentage of the business was acquired?:	Date ownership changed:
Prior business owner's name and address:	
Name: _____	
Address: _____	
Name of Business: _____	
Is the prior owner(s) related to the new owner(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes, Relationship: _____	
Have the operations changed since the business was acquired (e.g., from a bakery to a restaurant)? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain: _____	
Were more than 50% of the current employees hired since the acquisition? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are those new employees earning more than 50% of the payroll? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 9 - Management Practices

Please indicate if you offer: Employee Assistance Program <input type="checkbox"/>		Paid Vacations <input type="checkbox"/>		Paid Sick Leave <input type="checkbox"/>	
Do you have a minimum of 2 employees? <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, do you offer the majority of your eligible employees Health Insurance? (eligible = works a minimum of 30 hrs./wk) <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, do you pay at least 50% of the Health Insurance premium? <input type="checkbox"/> No <input type="checkbox"/> Yes, Name of Health Insurance Carrier: _____					
Please check off the hiring practices implemented by your company: Job Descriptions <input type="checkbox"/> Pre-placement Medical Screening <input type="checkbox"/>					
Pre-placement Drug Testing <input type="checkbox"/> Drug-free Workplace <input type="checkbox"/> Pre-employment Reference Check <input type="checkbox"/> Union Employees <input type="checkbox"/>					
Do you have an injury and illness Prevention Program? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Do you have a written early return-to-work program for employees injured on the job? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Do you document: Employee Training <input type="checkbox"/> Facility Inspections <input type="checkbox"/>					
Describe your housekeeping: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Describe the condition of your equipment: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>					
Have you received any OSHA citations within the past year? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please explain in "Remarks.")					
Does the business provide temporary employees? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please explain in "Remarks.")					

Section 10 - Remarks (Attach a separate sheet if necessary.)

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Section 11 - Broker Information (For brokered accounts only, this section must be completely filled out by the producer.)

0030			
BROKER ACCESS NUMBER		FIRM NAME	
ADDRESS		CITY	STATE ZIP
() -		() -	
PHONE NUMBER		FAX NUMBER	

SIGNATURE

To be completed by broker, owner, or an officer/partner (provide your title) of the business.

Insurance Code Article 6, Sec. 11880 prohibits the willful misrepresentation of any fact in order to obtain lower insurance rates. State Fund reserves the right to verify the accuracy of information provided to it by insurance applicants.

I confirm that the information on the ACORD and Supplemental Application is true and correct to the best of my knowledge.

Name: _____	Title: _____
Please print	Please print
Signature: _____	Date: _____
<small>(FAXed applications must be followed up with original document/signature.)</small>	

Privacy & Confidentiality Notice: The Information Practices Act of 1977 (Civil Code Section 1798.17) and Federal Privacy Act requires that this notice be provided when collecting personal information from individuals.

State Fund uses information on this form for the purposes of identification and document processing. It is mandatory to furnish all information requested on this form. Failure to provide the mandatory information may result in an inability to process your request.

You have the right to access the personal information collected about you in order to have it corrected, amended or deleted where it is inaccurate or inappropriate for the specified purposes of processing. You may contact the State Fund's Privacy Office via email at privacyoffice@scif.com or by phone (888) 724-3237 to process your request.