

Insured Name: \_\_\_\_\_ Broker: \_\_\_\_\_

Web Site: \_\_\_\_\_ FEIN: \_\_\_\_\_

All applicants must complete all of page 1, all of page 2, then must complete the page specific to their industry, and sign this form.

Is this a new venture? \_\_\_\_\_ If yes, please complete new venture section on page 11 of this application.

	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: \_\_\_\_\_ to \_\_\_\_\_ # of shifts: \_\_\_\_\_ Any 24 hour exposure  Yes  No

Number of years in business: \_\_\_\_\_ Average employee tenure with company: \_\_\_\_\_

Have you ever filed bankruptcy:  Yes  No Other currently owned businesses that are separately insured:  Yes  No

Owner's years of experience – same industry: \_\_\_\_\_ Has this company or any of its principals, officers or owners (or their relatives) operated a business with similar operations within the last 10 years:  Yes  No

**Loss Control and Safety**

Active IIPP:  Yes  No  N/A Active ownership in operations:  Yes  No

Specific job training:  Yes  No  N/A Personal protective equipment:  Yes  No

Forklift training:  Yes  No  N/A Formal return to work program:  Yes  No

Respiratory program:  Yes  No  N/A Substance abuse training for all employees:  Yes  No

Safety incentives:  Yes  No  N/A Describe: \_\_\_\_\_

Monthly safety meetings:  Yes  No  N/A Approx. date of last loss control visit: \_\_\_\_\_

Do you have a written safety manual:  Yes  No

Is it provided to all employees in:  English  Spanish  Other/Multi

Safety Director:  Yes  No  N/A

Risk manager employed:  Yes  No  N/A

Do supervisors receive specific safety training:  Yes  No  N/A

Supervisors held accountable for injuries:  Yes  No  N/A

Condition of workplace premises:  Good  Average  Poor

Accident investigation program in place:  Yes  No  N/A

Written Lockout/Tagout/Blockout Procedure in place:  Yes  No  N/A

Material Safety Data Sheet available:  Yes  No  N/A

Hazardous Materials Communication program in place:  Yes  No  N/A

Hazard identification training:  Yes  No  N/A

Have Cal/OHSA cited risk's business in the last year:  Yes  No  N/A

Does risk conduct periodic emergency evacuation drills:  Yes  No  N/A

Is insured willing to implement loss control recommendations made by the insurer:  Yes  No

Are employee required breaks in the work hours strictly adhered to for all employees:  Yes  No

Does insured have employees (25 or more) regularly working in close proximity (within 2 miles) to an airport:  Yes  No

Do you provide training to all new employees and recurring training to all others on proper use and maintenance of equipment:  Yes  No

Has your company implemented any ergonomic safety procedures:  Yes  No Describe: \_\_\_\_\_

Describe equipment used:  State of the art  Standard for industry  Modified to standard

Proximity to a medical clinic:  <5 miles  5-10 miles  11-20 miles  Over 20 miles

Workers Compensation medical provider:  Clinic  Physician  Emergency Room

Number of employees to a supervisor/manager:  4 to 1  5 to 1  6 to 1  More than 6 to 1

## Employment Practices

Group medical provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Currently in MPN:	<input type="checkbox"/> Yes <input type="checkbox"/> No
if yes, name of provider:	if yes, name/describe:		
Are all employees eligible:	<input type="checkbox"/> Yes <input type="checkbox"/> No	This year:	Last Year:
if not all, who is eligible:	Number of full time employees:		
Disability insurance provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of part time employees:	
Paid sick leave/vacation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of seasonal employees:	
Retirement/Pension:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of volunteer workers:	
Do you lease workers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	if applicable, length of season:	
Are employees:	<input type="checkbox"/> Union <input type="checkbox"/> Non-union _____ % union	Full time hours in work week:	
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 <input type="checkbox"/> Gifts <input type="checkbox"/> Bonuses <input type="checkbox"/> Other			
Do you have an established method for reporting claims: <input type="checkbox"/> Yes <input type="checkbox"/> No Average turnaround time for reporting claims: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has employer terminated any employees in past year: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has employer received or have knowledge of any CT (Cumulative Trauma) claims filed against employer in past year: <input type="checkbox"/> Yes <input type="checkbox"/> No			

## Risk Characteristics

Annual MVR checks:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	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	Lifting exposure:	<input type="checkbox"/> N/A
	<input type="checkbox"/> 26-50 Miles		<input type="checkbox"/> Under 20 lbs
	<input type="checkbox"/> 51-100 Miles		<input type="checkbox"/> 20-40 lbs
	<input type="checkbox"/> 101-200 Miles		<input type="checkbox"/> 40-50 lbs
	<input type="checkbox"/> Over 200 Miles		<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
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 (2 or more employees, same vehicle):	<input type="checkbox"/> Yes <input type="checkbox"/> No		
if yes, # of employees transported (same time, same vehicle):	_____		
if yes, frequency of trips involving group transportation:	_____	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:	_____
	Percentage of ops	Accessed Via:	
Ops conducted below ground level:	_____		
Ops conducted at ground level:	_____		
Ops conducted between 0 and 6 feet:	_____	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry picker/Boom <input type="checkbox"/> Other	
Ops conducted between 6 and 12 feet:	_____	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry picker/Boom <input type="checkbox"/> Other	
Ops conducted between 12 and 24 feet:	_____	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry picker/Boom <input type="checkbox"/> Other	
Ops conducted above 24 feet:	_____	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry picker/Boom <input type="checkbox"/> Other	
	<i>total must be 100%</i>		
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		
Do employees maintain machines:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do employees clean inside machines or around gears or blades:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are employees responsible for servicing vehicles or forklifts or other moving equipment:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the risk work with any developmentally disabled patients/residents/students:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do your employees have a material handling exposure:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe:	_____		

**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		
Post-accident drug testing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	for pre-existing injuries:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Random drug testing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Subcontractors used:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pre/Post employ. physicals:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	if yes, certs of insurance kept:	<input type="checkbox"/> Yes	
Hearing tests:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Describe any other physical or contractual controls in place over subcontractors: _____					
Independent contractors:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	if yes to above, describe: _____		
After terminating employees are personnel files documented with employee signed notes regarding any potential injuries incurred during their work for you? Describe: _____					
<b>Does the insured employ any person 60 years of age or older:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					

**Catastrophe Exposure**

Are operations conducted within 2 miles of the following facilities/buildings:					
Utilities or power plants	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Government or military base	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Major bridges, tunnels or dams	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Transportation hubs, airports or railroads	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Historic/symbolic buildings, monuments or parks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sports stadiums/arenas and theme parks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Financial institutions (e.g. national/regional stock exchange)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Does the insured have a company-owned aircraft(s): <input type="checkbox"/> Yes <input type="checkbox"/> No					
Number of aircraft:	<input type="checkbox"/> N/A	Number of Pilots:	<input type="checkbox"/> N/A	Annual hours logged:	<input type="checkbox"/> N/A

**Retail & Wholesale Trade**

Type of Merchandise:		Gross Receipts:	Wholesale	%	Retail	%
Is applicant operating the following:	<input type="checkbox"/> Pawn shop	<input type="checkbox"/> Pet store	<input type="checkbox"/> Firearm sales	<input type="checkbox"/> Tire sales	<input type="checkbox"/> Auctioneer services	
Any delivery exposure over a 100 mile radius:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Robbery occurrences in the last 4 years: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do operations involve armed/unarmed security guards:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any CT claims in the last 5 years: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any convenience store not connected to gasoline sales:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any bicycle tours offered or performed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are alcohol sales in excess of 20% of receipts:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the insured perform painting jobs: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the risk a tattoo parlor or is body piercing conducted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any parade float decorating ops: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does risk use perchloroethylene in the cleaning process:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Off-insured-site planting operations: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are working rooms properly ventilated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the insured sell live animals: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any materials stored/stacked higher than 12 feet:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any butchering operations: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any repair, recharging, disposal or replacement of vehicle batteries:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any bulk sale of feed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any use of big-rigs, semi's, or other vehicles in excess of 2 tons:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Warehousing: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the operation include any repackaging or assembly work:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Adult video store: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does this risk warehouse a large portion of their goods off site:	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Any cutting/sawing of carpets, tiles, wood or other flooring materials:	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Do grocery operations include deli/restaurant/baking/bank/pharmacy exposures: <input type="checkbox"/> Yes <input type="checkbox"/> No						

**Information** (video, radio, newspaper)

Are independent contractors utilized:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any off site correspondent work:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do employees use personal vehicles for delivery purposes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Excessive noise levels:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do employees collect cash/checks/ other payment forms from clients:	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Are proper safety programs (including material handling) implemented:	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

**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	if yes, with whom:	
if yes, how many employees:	_____	Mobile repair operations:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees remove air bags:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency roadside repair services provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is tire repair or installation performed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any accident scene recovery operations:	<input type="checkbox"/> Yes <input type="checkbox"/> No
if yes, what percentage:	_____	Does risk provide transportation of customers:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tire re-capping/retreading operations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	24 hour operations:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any split rim work performed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any security cameras on premises:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work on heavy vehicles/equipment over 1 ton:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are dogs ever on the premises:	<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		
Any radiator, muffler or transmission repair:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do operations include welding:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any air conditioning service in excess of 10% of operations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Saw guarding:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are vehicles drained of fluids at time of vehicle arrival to facility:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle crushing operations:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are spray booths ventilated & Air Quality District certified:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any stacking of vehicles:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal protective equipment provided and usage enforced:	<input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, max. height of stacking:	_____
Is there a formal written respirator program:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Test driving of customers' vehicles:	<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		
Are routine scheduled inspections & maintenance on shop equipment performed:	<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		

**Car Dealerships:**

Is the risk a used car dealership:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of sales used cars, if any:	_____
Does insured sell any street legal or off-road motorcycles, ATVs, recreational vehicles etc.:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does insured sell any large tractor trailers or heavy trucks (greater than ¾ ton pickup):	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does insured sell any machinery, forklifts, tractors, etc.:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any auto delivery:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Gas Stations:**

Is there a mini-market on premises:	<input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, any sales of alcoholic beverages	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is cashier's booth bullet proof:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Robbery occurrences in the last 4 years:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a car wash on the premises:	<input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, <input type="checkbox"/> Full Service <input type="checkbox"/> Self Service	<input type="checkbox"/> Automated
Access to freeway:			
<input type="checkbox"/> 0-1 mile			
<input type="checkbox"/> 1-2 miles			
<input type="checkbox"/> >2 miles			

**Transporting & Warehousing**

Total number of drivers:	_____	Will drivers load & unload their trucks:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of independent owner/operators:	_____	Do you only use independent contractors:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a mobile crane operation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	All trucks equipped with lift gates:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employees certified for any use of machinery:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the risk have established routes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have a vehicle/fleet maintenance plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is vehicle maintenance outsourced:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any employee shifts exceeding 12 hours:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any hazardous material hauling:	<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		
Does the risk haul any of the following:			
<input type="checkbox"/> Livestock	<input type="checkbox"/> US mail	<input type="checkbox"/> Oilfield equipment	<input type="checkbox"/> Mobile homes <input type="checkbox"/> Timber <input type="checkbox"/> Oversized loads <input type="checkbox"/> N/A
Radius of travel by percentage (total must equal 100%):			
< 50 mi.	50-200 mi.	201-500 mi.	501-1,000 mi. > 1,000 mi.

**Service or Artisan Contractors**

Max. height exposure: \_\_\_\_\_ ft.  N/A How are heights accessed:  Ladders  Scissor lifts  Other

More than 20% of the exposure on roof surfaces:  Yes  No Any work with voltage above 220:  Yes  No

Installation of holiday or Christmas decorations:  Yes  No Any solar panel work performed:  Yes  No

Work performed 4 feet or more below grade:  Yes  No Any confined space exposures:  Yes  No

Exposure to asbestos or other hazardous materials:  Yes  No Any handyman work performed:  Yes  No

Exposure to hexavalent chromium, CRVI or lead:  Yes  No Risk in business less than 1 year:  Yes  No

Use of chemicals restricted to qualified employees:  Yes  No Does risk work in wraps or OCIP projects:  Yes  No

Remediation work performed of any kind:  Yes  No Any work on specialized medical equipment:  Yes  No

Does the applicant sub contract any work:  Yes  No if yes, what percent: \_\_\_\_\_ %

Does the risk perform any framing:  Yes  No Is the contractor licensed:  Yes  No

Does the operation employ the use of any electrical knives:  Yes  No

Does the applicant mandate the use of cut resistant gloves:  Yes  No

More than 20% of the exposure related to welding/soldering:  Yes  No

All employees working with machinery properly trained/certified:  Yes  No

Any water entry performed by employees for electrical repair or other pool repair:  Yes  No

Provide percentages of work: \_\_\_\_\_ % Commercial \_\_\_\_\_ % Residential \_\_\_\_\_ % Interior \_\_\_\_\_ % Exterior

Any work in the following operations:  N/A

Drilling  Bridge work  Utility poles  Highways  Scaffolding set-up  Roofing

Boilers  Gas mains  USL&H  Street repair  Street construction  Framing only

Oil fields  Remote areas  Combustion  Heating  Timber/forests

**Janitorial:**

Are employees supervised:  Yes  No if yes, is the supervision:  Direct  Roving Any

group transportation (2 or more employees, same vehicle):  Yes  No Max height at which your employees work: \_\_\_\_\_

Average number of buildings employees service:  1 building  2-3 buildings  3-4 buildings  > 5 buildings

Does the risk work at:  N/A  Hospitals  Medical offices  Nursing homes  Industrial plants

Does the risk provide the following services:  N/A

Chimney cleaning  Construction site clean-up  Exterior window washing above first story  Floor waxing

Pressure steam cleaning  Fire-flood restoration  Heating & ventilation cleaning  Residential cleaning

**Professional, Financial & Technical Services**

Robbery occurrences in the last 4 years:  Yes  No Risk in business less than 1 year:  Yes  No

Any work shifts in excess of 12 hours:  Yes  No Any volunteer exposure:  Yes  No

Any operations in remote areas:  Yes  No Any remote site pickups of mail, packages, etc.:  Yes  No

Is there an office ergonomic safety program:  Yes  No Any employees work primarily from home:  Yes  No

Transportation of 3 or more employees in one vehicle:  Yes  No Any service/jobs on boats:  Yes  No

Does the applicant operate a book mobile:  Yes  No Any oceanographic work (aquarium, dock, pier):  Yes  No

Does the attorney firm specialize in WC:  Yes  No Any underwater filming:  Yes  No

Does the applicant provide counseling services:  Yes  No Any work at airports/seaports:  Yes  No

Is the risk a birth control information center:  Yes  No Any taxidermy:  Yes  No

Is the risk an employment agency office:  Yes  No

Do operations include pipe, smog or general off site collection & testing:  Yes  No

Is there a written respiratory & PPE program for chemicals:  Yes  No

Is risk a paparazzi or do the operations take the employee into hostile areas/countries:  Yes  No

Any work inside of correctional facilities, psychiatric institutions or other state-run facilities:  Yes  No

### Healthcare, Educational & Social Assistance

Is operation licensed to do business in the state of domicile:  Yes  No

Are there written bloodborne pathogen safety protocols:  Yes  No

Is there a formal employee training program:  Yes  No

Is there a formal contact (fluid, solid, etc.) prevention policy:  Yes  No

Is there a disease prevention policy:  Yes  No

Any work with any patients that have communicable diseases (i.e. HIV, AIDS, TB, etc.):  Yes  No

Any exposure to toxic chemicals including mercury, methylmethacrylate & formaldehyde:  Yes  No

Is there a 12 hour shift maximum for all employees:  Yes  No

Are any double shifts allowed for any employees:  Yes  No

Are there overnight trips (camping, field trips, etc.):  Yes  No

Are proper lifting devices (hoyer lifts, etc.) used for the transfer and or transport of patients/residents:  Yes  No

Is there a formal lifting policy in place:  Yes  No

Are MVR's checked for all drivers at least annually:  Yes  No  N/A

Any mobile or off site services provided:  Yes  No

Is the radius of operations in excess of 100 miles:  Yes  No

Any travel to other states or countries:  Yes  No

Ever any transportation of 3 or more employees in the same vehicle at the same time:  Yes  No

Is the use of puncture resistant gloves, masks and other PPE mandated:  Yes  No

Is the risk a sanitarium:  Yes  No

Are any drug, alcohol or other substance abuse rehabilitation programs provided:  Yes  No

Implementation of safety procedures for combative patients/residents/students:  Yes  No

Is the ratio of patients to employees greater than 5 to 1:  Yes  No

Any employee interchange involving job duties or multiple locations:  Yes  No

Is housing provided to employees:  Yes  No

In regard to dental labs are there any smelting, melting, forging (or similar operations) of metals:  Yes  No

Do employees that operate X Ray machinery receive proper training on the use of the machinery:  Yes  No

Are all X Ray's properly housed within an approved work station:  Yes  No

Are counselors and other similar employees properly licensed/certified:  Yes  No

Does risk have any volunteer labor exposure:  Yes  No  
if yes, describe: \_\_\_\_\_

Does this facility have an internship program:  Yes  No  
if yes, describe: \_\_\_\_\_

Provide percentage of residents/patients: Ambulatory \_\_\_\_\_ % Non-Ambulatory \_\_\_\_\_ %

Percentage of mental health patients: \_\_\_\_\_ %

Percentage of skilled employees (RN, LVN) to non-skilled employees: Skilled: \_\_\_\_\_ % Non-Skilled: \_\_\_\_\_ %

Employee Category	Number of Employees
Doctor:	
Registered Nurse:	
Licensed Practical Nurse:	
Respiratory Therapist:	
Occupational Therapist:	
Physicians Assistant:	
All Other:	
<b>Total:</b>	

\*Total above must match box on the right

Employee Category	Number of Employees
Full Time Employee:	
Part Time Employee:	
Per Diem Employee:	
Volunteer Employee:	
Intern Employee:	
All Other:	
<b>Total:</b>	

\*Total above must match box on the left

## Agriculture, Horticulture & Food Manufacturing

### Landscaping:

Use of uncontrolled pesticides/herbicides:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any highway, roadway or street median work:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the risk perform land clearing or debris removal:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Removal of heavy boulders:	<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 trees:	<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	Reforestation exposure:	<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			

### 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"/> Sheep	<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:								
Does the claim history include claims made by employees provided housing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A						
Are family members employed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
Do you allow your employees, managers or supervisors to work more than 60 hours per week:	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
if so, please explain:									
Aerial crop dusting operations:	<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							
Wind conditions monitored prior to and during use of pesticides/herbicides:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A						
Terrain characteristics:	<input type="checkbox"/> Flat	<input type="checkbox"/> Hills							
Is harvesting mechanized or manual:	<input type="checkbox"/> Mechanized	<input type="checkbox"/> Manual							
Please list months of year harvesting occurs:									
Proper training and precautions to avoid heat stress:	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
What is the maximum height exposure:	_____ feet <input type="checkbox"/> NA								
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						
Do you harvest Kadota Figs or any dates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
Topping or hedging work in orchards performed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
Does the risk have an exposure to overhead power lines:	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
Is there a grain silo on-site:	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
if yes, do employees enter:	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
Do employees utilize forklifts:	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
if yes, are employees trained and certified annually:	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
Any tractor-trailers, big-rigs, 18-wheelers or similar vehicles:	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
if so, how many:	Total number of drivers: _____								
Are employees responsible for loading/unloading trucks:	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
Do employees utilize any type of ATV:	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
How many:	ATV's equipped with speed limiters: _____								
Are employees transported in the open beds of pickup trucks:	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
Do employees ride on moving trailers:	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
Do employees work at more than one job site during the course of the day that requires them to use their personal vehicles to travel between sites:	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
Are any workers encouraged, arranged or coordinated to carpool to/from work by your managers, supervisors, crew bosses or foremen OR does your company (including any of your managers, supervisors, crew bosses or foremen) establish, arrange or coordinate "meeting" places for any workers to meet to share rides to/from work:	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
Do you or any representative of your company (including managers, supervisors, crew bosses or foremen) ask, require or encourage employees to travel to/from work using a specific route:	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
Are any workers provided gas or mileage reimbursement for their travels to/from home and the jobsite:	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
Are any workers paid their wages for their travel time between work (job sites) and home:	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
Are workers given an allowance for a vehicle:	<input type="checkbox"/> Yes	<input type="checkbox"/> No							

Are workers required to wear a uniform (or a specific set of clothing) while traveling between work (job sites) and home:  Yes  No

Does your company (including any of your managers, supervisors, crew bosses, or foremen) ask or require any employees to ever use their personal vehicles to run company errands (before, during or after the "work day"):  Yes  No

Do any of your managers, supervisors, crew bosses or foremen provide transportation for any of your employees to/from work or between job sites during the course of the day:  Yes  No

Do any of your managers, supervisors, crew bosses or foremen offer to allow, ask, encourage, arrange, coordinate or require employees in other cars to follow them to/from work or between job sites during the course of the day:  Yes  No

Do any of your managers, supervisors, crew bosses or foremen transport company property (including tools, fruits, vegetables, etc.) in their own personal vehicles in any capacity (to work, away from the job site, between job sites, etc.):  Yes  No

Does your company (including any of your managers, supervisors, crew bosses or foremen) ask or require any employees to transport company property (including tools, fruits, vegetables, etc.) in their own personal vehicles in any capacity (to work, away from the job site, between job sites, etc.):  Yes  No

Are all employees provided personal protective equipment, and is use strictly enforced:  Yes  No  N/A

What types of personal protective equipment:  Goggles  Work gloves  Boots  Back belts  Hard hats  Other \_\_\_\_\_

For risks with a building exposure, max. number of employees inside at any one time:

Will employees enter stem pipes or conduct maintenance around collection lagoons:  Yes  No

Will the risk grow their own feed:  Yes  No

Do milking barns contain elevated platforms:  Yes  No

Total size of the dairy herd: \_\_\_\_\_

Number of bulls: \_\_\_\_\_

Are facilities properly climate controlled:  Yes  No

Approximate average indoor temp: \_\_\_\_\_

Is there an ammonia (or other chemical) exposure (including cleaning):  Yes  No

if yes, describe: \_\_\_\_\_

Is the packing process manual or mechanized:  Manual  Mechanized  Both if both, % Manual \_\_\_\_\_

Describe precautions taken to prevent ice buildup on warehouse/freezer floors: \_\_\_\_\_

### Refuse & Waste Hauler

Does the insured own or operate a waste treatment facility:  Yes  No

Does the insured own or operate a landfill or incinerator:  Yes  No

Does the insured haul between transfer station and landfill:  Yes  No

Defined route that reduces the number of stops for trucks:  Yes  No

Do drivers climb on-top of trucks for any purpose:  Yes  No

Are any employees engaged in welding operations:  Yes  No

Are employee files maintained according to DOT standards:  Yes  No

Do drivers perform written pre and post route inspections of vehicles:  Yes  No

What is the material breakdown of C&D: \_\_\_\_\_ Any reuse product sales:  Yes  No How much: \_\_\_\_\_

Does insured perform the following: Street sweeping  Yes  No Portable restrooms  Yes  No Other \_\_\_\_\_

Percentage of operations: Residential collection \_\_\_\_\_ % Commercial or industrial collection \_\_\_\_\_ % C&D \_\_\_\_\_ %

Number of customers: Residential collection \_\_\_\_\_ Commercial or industrial collection \_\_\_\_\_ C&D \_\_\_\_\_

Number of containers: Residential collection \_\_\_\_\_ Commercial or industrial collection \_\_\_\_\_ C&D \_\_\_\_\_

Provide percentage hauled to: Recycling center \_\_\_\_\_ % Transfer station \_\_\_\_\_ % Material recovery facility \_\_\_\_\_ %

Percentage of operations from: Municipal \_\_\_\_\_ % Private collection \_\_\_\_\_ % Contract collection \_\_\_\_\_ %

Territory of operations: Metro \_\_\_\_\_ % Urban \_\_\_\_\_ % Suburban \_\_\_\_\_ % Rural \_\_\_\_\_ %

Are vehicles equipped with the following:  Back up alarms  Video monitors  Reflective tape  Other \_\_\_\_\_

If other, describe: \_\_\_\_\_

How frequent are your scheduled pick-ups:  Daily  Weekly Other: \_\_\_\_\_

How often are vehicles serviced:  Daily  Weekly  Monthly  As needed By whom: \_\_\_\_\_

Days accompanied on route by supervisor or experienced driver solo in cab (ride along): \_\_\_\_\_



**Accommodation & Recreation** (clubs, apartment ops.)

Are average room rates less than \$70 a night:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the risk provide rooms offered by the hour:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the risk provide housing/rent to employees:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is the risk a ski, fishing or yacht club:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the risk contain a swimming or exercise club:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are there any onsite or sponsored athletic events:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the risk provide entertainment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the risk operate their own food service:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the risk provide offsite catering:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are there any alcohol sales in excess of 50%:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the risk provide any shuttle services:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the risk provide any valet parking services:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do employees evict tenants:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do employees move furniture:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do employees flip or rotate mattresses:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do employees provide assisted living or nursing care:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Any chimney and/or boiler repair, installation or replacement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is cleaning and maintaining flus performed by outside services:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Automatic sprinkler system over all cooking services:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Operations include door or security guards, armed or un-armed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do operations include a dude ranch, boarding house or residence hotel:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do maintenance employees conduct tree trimming:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do operations include any pest control or fumigation work:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do operations include any property maintenance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do employees plant or remove heavy trees:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Any work performed by employees below 3 feet:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are employees involved in the placement or removal of heavy boulders:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do employees, for any reason, enter into lakes, rivers, ponds, etc.:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do any employees perform maintenance on roofs including but not limited to rain gutter clearing, etc.:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the insured do carpentry, slab work, concrete work, roofing work, or fire/storm restoration work:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are workers taught how to store, mix & handle all chemicals that they will use or come in contact with:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**Golf Course:**

Are all employees required to wear helmets when on the golf course or driving range for any reasons:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the risk employ caddies: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do Employees perform reshaping of bunkers:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees use puncture resistant gloves when performing club re-gripping or repair: <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Health/Gym:**

Do employees assist customers as a "spotter":	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the risk employ any life saving instructors:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the risk employ any scuba diving instructors:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the risk employ any swimming instructors:	<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
Does the risk have any delivery operations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does risk have any 24 hour locations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there non-stick/slip floors in all locations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does insured provide entertainment:	<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
Are there any sales of alcoholic beverages:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any off-site beer festivals, beer gardens, wine tastings, or other similar events:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Delivery radius: \_\_\_\_\_

## Manufacturing

Use of chemicals restricted to qualified employees:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does risk work with mercury:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the majority of the manufacturing process manual:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any use of toxic adhesives:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any computer network controlled machinery:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any exposure to radiation, X-Rays or lasers:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any testing or demonstrations done by employees:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any interchange of labor:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the maintenance of equipment outsourced:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Employee rotation of duties:	<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 a proper ventilation system in place:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do employees clean or refurbish metal tanks:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do employees sharpen saw blades:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the risk employ a night cleaning crew:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does risk employ lapidaries:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any ocean, harbor, bay, dock or shipyard work performed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the risk a coppersmith:	<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			
Has a detailed description of the manufacturing operations been provided on the application:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Is all equipment/machinery engineered to reduce noise pollution and potential ear/hearing problems:	<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"/> < 2 Years Old	<input type="checkbox"/> Between 2 and 5 Years Old	<input type="checkbox"/> Between 5 and 10 Years Old	<input type="checkbox"/> 10+ Years Old	
Any machinery 15 years or older or custom made:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Does the insured manufacture any of the following:	<input type="checkbox"/> Portable chemical toilets	<input type="checkbox"/> Sheet metal smokestacks	<input type="checkbox"/> Revolving doors		
	<input type="checkbox"/> Lead-lined doors, panels and walls	<input type="checkbox"/> Wooden sandboxes	<input type="checkbox"/> Fur goods	<input type="checkbox"/> Glass	
Does the risk engage in the manufacture, production or testing of anti-venom, serum, anti-toxin, virus or bacteria agents	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Do you use, or do any of the products that you use contain the chemical 1-Bromopropane, aka N-Propyl Bromide:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Any manufacturing of equipment designed or intended to produce radiation, X-Rays or lasers:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

## Plastics:

Type of manufacturing process used:	<input type="checkbox"/> Extrusion	<input type="checkbox"/> Injection molding	<input type="checkbox"/> Casting	<input type="checkbox"/> Fiberglassing	<input type="checkbox"/> Compression molding	<input type="checkbox"/> Thermoforming	<input type="checkbox"/> Laminating	<input type="checkbox"/> Other
if other, describe:								
Are chemicals with flash points below 100 degrees used:	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Do any operations produce plastic dust (e.g. grinding, sanding, buffing):	<input type="checkbox"/> Yes	<input type="checkbox"/> No						

## Wood:

Does the risk conduct spray painting/finishing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	if yes, is there a UL approved spray booth:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any operations produce wood particles/dust:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is non-sparking tool equipment utilized:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the risk operate a veneer dryer, drying oven or drying kiln:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Does a majority of the risk's operations involve wood refinishing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

## Metal:

Does the risk conduct spray painting/finishing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	if yes, is there a UL approved spray booth:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Any welding operations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	if yes, percentage of total operations:	_____ %			
Any casting or foundry operations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any hand forging performed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do any operations produce metal dust (e.g. grinding, sanding, buffing):	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Is the finished product any of the following:							
	<input type="checkbox"/> Automobiles	<input type="checkbox"/> Heavy equipment	<input type="checkbox"/> Structural beams	<input type="checkbox"/> Metal plating	<input type="checkbox"/> Weapons	<input type="checkbox"/> Large tanks	<input type="checkbox"/> N/A

## Food Manufacturing:

Process is:	<input type="checkbox"/> Manual	<input type="checkbox"/> Mechanical	Point of Operation Guards intact:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Non-stick/slip floors:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are employees responsible for maintenance/cleaning of machines:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Confined space exposure:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Is all maintenance and inspection of pressurized vessels/boilers/tanks, etc. done by an outside vendor regularly:	<input type="checkbox"/> Yes	<input type="checkbox"/> No						

**New Ventures**

Is this an existing business purchased by a new owner:  Yes  No  
 if so, what percentage of employees are being retained: \_\_\_\_\_ %  
 What percentage of managers and supervisors are being retained: \_\_\_\_\_ %  
 Is this a new business being created by the applicant:  Yes  No  
 if so, number of years experience the applicant has in this industry: \_\_\_\_\_  
 In what capacity has the applicant worked for the past five years: \_\_\_\_\_

**Please provide a detailed description of the applicant/owner's past work experience:**

**Temporary Staffing**

Percentage of anticipated annual growth: \_\_\_\_\_ ASA Member:  Yes  No  
 Estimated number of active clients: \_\_\_\_\_ Average number of new clients added annually: \_\_\_\_\_  
 Applicant provides employees for:  Temporary Staffing  Temp for Hire  Permanent Replacement  
 Temp-to-Perm percentage: \_\_\_\_\_

**Identify all affiliated companies and the nature of the affiliation with the applicant:**

Name	To be covered?	Nature of affiliation	Business of affiliate
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

**Other names that the applicant or affiliates have used in the last five years:**

Name	Used from	To	Type of Business	Used for what purpose
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**List all corporate officers, owners and/or managers of the applicant:**

Officer/Owner/Manager Name	Title	Ownership Percentage:
_____	_____	_____
_____	_____	_____

**In the last 3 years, have any of the officers, owners or managers had any ownership in or**

**worked for any other temporary staffing agency or employee leasing company:**  Yes  No **If yes, please provide the following:**

Officer/Owner/Manager Name	Temp Staffing/EE Leasing Company	Position	Year
_____	_____	_____	_____

Provide a copy of your hiring guidelines/procedures. Include a copy of your employment application.

Total # of fulltime office staff: \_\_\_\_\_ Total # of temporary placements last calendar year: \_\_\_\_\_

Union shop placements:  Yes  No  Mixed # W-2s: \_\_\_\_\_ # 1099: \_\_\_\_\_

For 1099 EEs, is payroll included for WC coverage or are they required to carry their own WC:  Included  Carry Own

Benefits for temporary employees only: \_\_\_\_\_

Are medical benefits made available:  Yes  No Carrier: \_\_\_\_\_

Hospitalization employee contribution:  Yes  No \_\_\_\_\_ %

Is paid time off accumulated:  Yes  No Paid holidays:  Yes  No

Where are payroll records for applicants maintained: \_\_\_\_\_

Is the applicant maintaining payrolls by client and employee classification:  Yes  No

Payroll Exposure Breakdown (List Number of Clients):

Light Industrial: _____	Wholesale/Retail _____
Heavy Industrial: _____	Clerical (Professional): _____
Construction (Trade): _____	Clerical (General): _____
Construction (General): _____	Medical/Healthcare: _____

Are there established new client selection criteria:  Yes  No

If yes, describe: \_\_\_\_\_

Are prospective worksites inspected for safety purposes:  Yes  No

If yes, describe: \_\_\_\_\_

Does the applicant verify if the client has a formal safety program:  Yes  No

If yes, describe: \_\_\_\_\_

Are employees provided with a detailed description of job assignments:  Yes  No

If yes, describe: \_\_\_\_\_

Do clients sign contracts detailing what tasks will be performed by the employees:  Yes  No

If yes, describe: \_\_\_\_\_

Is safety training provided by client:  Yes  No

If yes, describe: \_\_\_\_\_

Are procedures in place to terminate clients with poor loss experience:  Yes  No

If yes, describe: \_\_\_\_\_

Is there an employee probationary period:  Yes  No

If yes, describe: \_\_\_\_\_

Are all WC claims reported within 24 hours:  Yes  No

If yes, describe: \_\_\_\_\_

Is there a process to identify claims frequency & claims trends:  Yes  No

If yes, describe: \_\_\_\_\_

Are PEO services provided:  Yes  No

If yes, describe: \_\_\_\_\_

Are day laborers provided to clients:  Yes  No

If yes, describe: \_\_\_\_\_

Does client provide group transportation:  Yes  No

If yes, describe: \_\_\_\_\_

Have there been any audit or premium disputes with any prior WC insurance carrier:  Yes  No

If yes, describe: \_\_\_\_\_

Has your coverage ever been cancelled for nonpayment of premium:  Yes  No

If yes, describe: \_\_\_\_\_

How often are visits made to client locations: \_\_\_\_\_

Does applicant have a return to work program:  Yes  No If yes, please provide: \_\_\_\_\_

Temporary Staffing – please submit a temporary staffing client/employee leasing information form for each client.

Are there 100 or more employees at the same client location at a time:  Yes  No

**Reinsurance Information – Must be completed for each location with 75+ employees**

*(complete as many sections as needed – please attach additional copies if there are more than 3 locations with 75+ employees)*

Address: \_\_\_\_\_  
 Number of employees at this location: \_\_\_\_\_ Number of shifts: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Type of construction:	Location is:	Seismically retrofit:
<input type="checkbox"/> Frame	<input type="checkbox"/> Single building	<input type="checkbox"/> Yes Year: _____
<input type="checkbox"/> Joisted Masonry	<input type="checkbox"/> Multi-building	<input type="checkbox"/> No
<input type="checkbox"/> Non-combustible	<input type="checkbox"/> Urban	Building characteristics:
<input type="checkbox"/> Masonry non-combustible	<input type="checkbox"/> Suburban	Age of building: _____
<input type="checkbox"/> Modified fire resistive	<input type="checkbox"/> Rural	Number of floors: _____
<input type="checkbox"/> Fire resistive		Specific floors occupied: _____
Classifications/Occupations at this location:		
Class Code: _____	SIC Code: _____	Employee Count: _____ Payroll: _____
Class Code: _____	SIC Code: _____	Employee Count: _____ Payroll: _____
Class Code: _____	SIC Code: _____	Employee Count: _____ Payroll: _____

Address: \_\_\_\_\_  
 Number of employees at this location: \_\_\_\_\_ Number of shifts: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Type of construction:	Location is:	Seismically retrofit:
<input type="checkbox"/> Frame	<input type="checkbox"/> Single building	<input type="checkbox"/> Yes Year: _____
<input type="checkbox"/> Joisted Masonry	<input type="checkbox"/> Multi-building	<input type="checkbox"/> No
<input type="checkbox"/> Non-combustible	<input type="checkbox"/> Urban	Building characteristics:
<input type="checkbox"/> Masonry non-combustible	<input type="checkbox"/> Suburban	Age of building: _____
<input type="checkbox"/> Modified fire resistive	<input type="checkbox"/> Rural	Number of floors: _____
<input type="checkbox"/> Fire resistive		Specific floors occupied: _____
Classifications/Occupations at this location:		
Class Code: _____	SIC Code: _____	Employee Count: _____ Payroll: _____
Class Code: _____	SIC Code: _____	Employee Count: _____ Payroll: _____
Class Code: _____	SIC Code: _____	Employee Count: _____ Payroll: _____

*By signing this supplemental application, the applicant states that the information provided is accurate to the best of their knowledge. All information provided is subject to verification. The application or policy may be cancelled for misrepresentation if information provided is not accurate.*

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Producer \_\_\_\_\_

Date \_\_\_\_\_