

Supplemental Application

GENERAL INFORMATION

Company Name: _____
 Insured's FEIN: _____
 Insured's WCIRB#: _____
 Contractor's Lic#: _____

Number of years in business _____ years. If less than 5 years,
 number of years in trade: _____

Is the owner active in the business: **YES** ____ / **NO** ____
 Duties performed _____

Describe operations of the insured _____

PAYROLL INFORMATION

Year	Payroll	Premium
Current	\$ _____	\$ _____
1st Prior	\$ _____	\$ _____
2nd Prior	\$ _____	\$ _____
3rd Prior	\$ _____	\$ _____
4th Prior	\$ _____	\$ _____

EXPOSURE INFORMATION-PREMISE-FIX LOCATION EMPLOYEE'S

Total number of employee's: _____

State	Location #	Payroll	Total # of Employee	# of shifts	Maximum # of EEs per shift	Type of Building (see list below)	Year Built	# of Stories
		\$ _____						
		\$ _____						
		\$ _____						
		\$ _____						
		\$ _____						
		\$ _____						
		\$ _____						
		\$ _____						

If additional locations exist please included on a separate form.

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

OPERATIONS

Hours of operation _____ to _____ Number of days per week: _____

Out of state exposure: **YES** _____ / **NO** _____ if yes, name of states: _____

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

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

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

Percentage of work subcontracted: _____%

Any work performed above 2 stories: **YES** _____ / **NO** _____ if yes, explain _____

Any use of Cranes: **YES** _____ / **NO** _____ if yes, explain _____

Any use of Scaffolds: **YES** _____ / **NO** _____ if yes, explain _____

Are deliveries made: **YES** _____ / **NO** _____ Frequency: Daily Weekly Other: _____

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

Vehicles owned: **YES** _____ / **NO** _____ If so, take home: **YES** _____ / **NO** _____

Vehicle maintenance program: **YES** _____ / **NO** _____

MVR "Pull" program: **YES** _____ / **NO** _____

Any changes in operations in the last 5 years: **YES** _____ / **NO** _____ if yes, describe: _____

Condition of equipment: Excellent _____ Good _____ Poor _____

Any job site security provided: **YES** _____ / **NO** _____ if yes, describe: _____

MANAGEMENT

Does insured have a return to work program: **YES** _____ / **NO** _____

If so, with full pay: **YES** _____ / **NO** _____

Does insured have return to full time modified duty work plan: **YES** _____ / **NO** _____

Is the insured willing to implement safety recommendations made by the carrier: _____

Is the insured willing to implement loss control recommendations made by the carrier _____

Additional Comments: _____

BENEFITS

Does insured provide group medical? YES _____ / NO _____ Employer contribution: _____ %

What percentages of employees are covered by the plan: _____%

Waiting period: 30 days _____ 60 days _____ 90 days _____ Other: _____

Name of group medical provider: _____

Who is eligible? All employees _____ Only full time _____ Other: _____

Does insured provide life insurance? YES _____ / NO _____ if yes, employer contribution _____%

Does insured provide Disability Insurance? YES _____ / NO _____ if yes, contribution _____%

Paid vacation: YES _____ / NO _____ Paid sick leave: YES _____ / NO _____

401K Profit Sharing: YES _____ / NO _____

HIRING PRACTICES

Complete written applications: YES _____ / NO _____

References checked: YES _____ / NO _____

Pre/Post employment physicals: YES _____ / NO _____

Orthopedic back test: YES _____ / NO _____

Drug/Substance abuse tests: YES _____ / NO _____

MVR's checked: YES _____ / NO _____

Written Test YES _____ / NO _____

Turnover rate _____%

How are potential new employees hired (check all that apply):

Referrals _____ Word of mouth _____ News Paper Ads _____

Recruiters _____ Union Hall _____ Other _____ describe: _____

Employee turnover is: low _____ average _____ high _____

What is the hourly wage of the governing class of employees: \$_____ per hour.

Piecework based compensation: YES _____ / NO _____

Do employees utilize any safety protection: **YES** _____ / **NO** _____ describe: _____

Do employees travel out of state on business: **YES** _____ / **NO** _____
if yes: # of employees _____

Number of employees are: Increasing: _____ Stable: _____ Decreasing: _____

Number of Employees telecommuting _____.
What percentage does employee work per week _____%

SAFETY

Person responsible for safety: _____ phone # _____

Does insured use a specific medical provider to treat injured employees: **YES** _____ / **NO** _____

Clinic _____ Physician _____ Emergency room _____ Other: _____

Written safety program (SB198): **YES** _____ / **NO** _____

Safety incentive program: **YES** _____ / **NO** _____

Full time safety director: **YES** _____ / **NO** _____

Part time (less 50%) **YES** _____ / **NO** _____

Safety / Tailgate meetings conducted for all employees: **YES** _____ / **NO** _____
How often: _____

Safety training program in place for employees: **YES** _____ / **NO** _____

Equipment safeguards utilized: **YES** _____ / **NO** _____ if yes describe: _____

Equipment inspection / Maintenance program: **YES** _____ / **NO** _____
if yes describe: _____

Slip and Fall Prevention Program in place: **YES** _____ / **NO** _____

Hazardous Materials Communication program in place: **YES** _____ / **NO** _____

Lock Out / Tag Out program in place: **YES** _____ / **NO** _____

Industrial Truck / Vehicle program in place **YES** _____ / **NO** _____

Violence intervention program: **YES** _____ / **NO** _____

Drug / Alcohol awareness program: **YES** _____ / **NO** _____

First aid kit kept at the job site: **YES** _____ / **NO** _____

CASTASTROPHE EXPOSURE

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

Government or Military base **YES** ____ / **NO** ____

Financial Institutions including national/regional stock exchange **YES** ____ / **NO** ____

Sport Stadiums/Arenas and Theme Parks **YES** ____ / **NO** ____

Major Bridges, Tunnels or Dams **YES** ____ / **NO** ____

Utilities or Power Generation Plants **YES** ____ / **NO** ____

Transportation Hubs, Railroads, Airports or Shipping **YES** ____ / **NO** ____

Historic/Symbolic buildings, monuments or parks **YES** ____ / **NO** ____

TO BE COMPLETED FOR FARMS ONLY

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

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

2: Housing Provided: **YES** ____ / **NO** ____ If so, how many employees ____?

3: Transportation of employees: **YES** ____ / **NO** ____
If yes how: Van ____ Bus ____ Airplane ____ Other ____

Frequency: Daily ____ Weekly ____ Monthly ____ Radius ____

4: Use Labor Contractor: **YES** ____ / **NO** ____

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

6: Operation outside of California: **YES** ____ / **NO** ____

7: Dairy Barn: Elevated ____ Carousel ____ Flat ____ Other ____

a) Number of Milking cows ____

b) Number of Bulls ____ . Number of Bulls 3 years old & older: ____

c) Outside Veterinary Services: **YES** ____ / **NO** ____

d) Artificial Insemination: **YES** ____ / **NO** ____ . Subcontracted: **YES** ____ / **NO** ____

e) Hoof trimming: **YES** ____ / **NO** ____ . Subcontracted **YES** ____ / **NO** ____

f) De-horn: **YES** ____ / **NO** ____ . Subcontracted **YES** ____ / **NO** ____

8: Does insured harvest crops for others: **YES** ____ / **NO** ____

If so, own equipment used: **YES** ____ / **NO** ____

TO BE COMPLETED FOR TRUCKING EXPOSURES ONLY

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

2. Any Hazardous or Oversized Cargo **YES** ____ / **NO** ____

3. Type of Equipment ____ – Type of Number of Vehicles:

Flatbed ____ Tractor Trailer ____ Double Trailer ____ Tank ____

Refrigerated ____ Other ____

4. Type of Carrier ____ Truckload(TL) ____ Less than Truckload (LTL) ____

5. Do drivers load and unload cargo? **YES** ____ / **NO** ____

If yes, how often: ____ % palletized loads? **YES** ____ / **NO** ____

6. How are drivers compensated:

Per contract ____ Hours logged ____ Mileage ____ Other ____

7. Radius of operations: Local ____% Medium ____% Long Haul ____%

Regular route: **YES** ____ / **NO** ____

8. Out of state exposure: **YES** ____ / **NO** ____ If yes, which states ____

9. Are you in compliance with DOT? **YES** ____ / **NO** ____

10. Any DOT/OSHA Citations in Last 4 Yrs? **YES** ____ / **NO** ____

If yes, explain: ____

11. Any warehouse exposure? **YES** ____ / **NO** ____ If yes, explain

12. Any Driver Monitoring Devices? **YES** ____ / **NO** ____

13. Are accidents reviewed for preventability **YES** ____ / **NO** ____

- 14. Team Drivers **YES** ____ / **NO** ____
- 15. Owner Operators **YES** ____ / **NO** ____
- 16. Are Sub-Contractors hired? **YES** ____ / **NO** ____
- 17. Are Lumpers/Helpers hired? **YES** ____ / **NO** ____
- 18. Written maintenance program? **YES** ____ / **NO** ____
- 19. In house mechanics? **YES** ____ / **NO** ____
- 20. Vehicle maintenance records kept? **YES** ____ / **NO** ____
- 21. Pre-trip inspections? **YES** ____ / **NO** ____
- 22. Average age of Drivers: ____
- 23. Average age of vehicles: ____

BROKER INFORMATION

Does this broker currently control the workers' compensation? **YES** ____ / **NO** ____
If yes, # of years ____

Signature: _____ Date: _____