

SUPPLEMENTAL APPLICATION

Insured: _____ Eff Date: _____

INSURED HISTORY:

Years in business: _____ No. of locations _____ Description of operations _____
 Hours of operation: _____ to _____ No. of daily shifts: _____
 Number of employees: Full-time employees _____ Part-time _____ Seasonal _____ Volunteers _____
 Percent of employee turnover in the last 12 months Full-time _____ Part-time _____
 Employee staffing expectation over the next 12 months Full-time _____ Part-time _____
 Average hourly wage: Full-time \$ _____ Part-time \$ _____
 Benefits provided – are ALL employees eligible Yes No If not then who is eligible? _____

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

Indicate the safety activities currently established and practiced regularly:

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

HIRING PRACTICES:

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

AUTOMOBILES:

Business Operations include driving by employees for the following purpose(s):
Delivery Yes No Frequency of delivery: Daily Weekly Other _____
 Delivery radius: < 50 miles 51-100 miles 101-250 miles >250 miles
Travel to or Between Jobsites/Facility Locations Yes No If yes: Frequency: _____ Radius _____
 Is there any group transportation of employees? Yes No If yes, indicate max # employees per vehicle: _____
Sales/Service Calls Yes No If yes: Frequency: _____ Radius _____
 # of authorized drivers _____ # of company vehicles _____ #of employee-owned vehicles used in business _____
 Frequency of MVR checks _____ Participation in CHP Pull program Yes No
 Driver acceptability standards have been established Yes No
 Vehicles inspection / maintenance program Yes No Frequency _____
 Vehicle maintenance is performed by employees Yes No
 Employees take company vehicles home at night Yes No

PAYROLL AND PREMIUM HISTORY:

Payroll : Current Yr. _____	Premium: Current Yr. _____
1 st Prior Yr. _____	1 st Prior Yr. _____
2 nd Prior Yr. _____	2 nd Prior Yr. _____
3 rd Prior Yr. _____	3 rd Prior Yr. _____

Please complete the appropriate sections below as applicable:

HOTEL / MOTEL:

Number of guest rooms: _____ Room rate: Under \$50 \$50-99 \$100-149 Over \$150

Food service: Operate own: Yes No Subcontract: Restaurant Bar Both

Gross receipts: Food _____% Liquor _____%

Entertainment: Yes No Lounge: Yes No Armed Security: Yes No

Operation: Year round Seasonal Conference center: Yes No

Shuttle service: Yes No How many vans: _____

How are maids compensated: Salary Hourly wage Flat rate per room

Who flips the mattresses and how are they turned: _____

RETAIL / WHOLESALE

Gross receipts: Wholesale _____% Retail _____% Type of merchandise: _____

Compensation: Flat salary _____ Hourly wage _____ Commission _____

Outside sales employees: Yes No Is there assembly: Yes No

Lifting exposure or repackaging: Yes No Lbs: _____ Is there installation of product at customer premises? Yes No

If yes, describe? _____ If yes, please also complete Contractor's Section of this application

MANUFACTURING:

Machine guarding: Point of operation: Yes No Drive mechanism: Yes No Moving Parts: Yes No

Lock-out/Tag-out program in place: Yes No

Material handling exposure: Yes No Lifting: Below 50 lbs. Above 50 lbs. _____

Off premises operations: Yes No Percentage _____ Where / What: _____

TYPE OF MACHINES USED? _____

SERVICE STATIONS / AUTO REPAIR SHOPS / TRANSMISSION SHOPS:

Hours of Operation _____ Mini-Market: Yes No Liquor sold? Yes No

Gas operation: Full Service Self service Bullet proof cashier booth: Yes No

Repair operation: Yes No Drop safe or registers: Yes No

Tire repair/installation Over 1-ton truck (yes/no) Car Wash: Yes No If yes, self serve full serve

Towing: Yes No Contract tow: Yes No Access to freeway: 0-1 mile 1-2 miles 2+ miles

ATTORNEYS

What type of law: _____

Any criminal law: Yes No Any insurance law: Yes No

RESTAURANT:

Average Entrée Price: _____ Catering Yes No % of revenues _____

Liquor Receipts (% of gross receipts) _____ Delivery Yes No % of revenues _____

Separate Lounge: Yes No Radius of delivery area _____

Twenty-four hour operation: Yes No Entertainment: Yes No If yes, please provide details:

Number of: Hosts _____ Wait-staff _____ Cooks _____ Bartenders _____ Valet Parkers _____

APARTMENT OWNER OR OPERATOR:

Total number of maintenance employees: _____ Typical duties: _____

Do employees perform any of the following types of work?

At heights over 12 feet: Yes No If yes, explain: _____

Extermination or fumigation: Yes No If yes, explain: _____

Furnace cleaning: Yes No If yes, explain: _____

Is any work subcontracted? Yes No *If yes, please also complete "Sub-Contracted Work" Section of this application*

LANDSCAPING or LAWN SERVICE:

Any use of pesticides/herbicides: Yes No If yes, explain: _____

Tree Trimming: Yes No If yes: % of total operations: _____ Is work performed from ground or heights ?

If tree trimming work from heights, describe _____

Work along highways or freeways (including on/off ramps) or conducting traffic diversion: Yes No

If yes, explain: _____

Trenching operations and/or work below depth of 4 feet: Yes No

If yes, explain: _____

CONTRACTORS: (Complete this section for any risk performing contracting, service/repair or installation work)

General description of work done: _____
 Indicate % of work in each of the following operations (must equal 100% for each section):
 New Construction: Residential ___% Commercial ___% Industrial ___%
 Remodeling: Residential ___% Commercial ___% Industrial ___%
 Service/Repair Residential ___% Commercial ___% Industrial ___%
 Installation: Residential ___% Commercial ___% Industrial ___%
 % of Interior work: ___% % of Exterior Work: ___% What is the max height of work performed? _____
 Equipment Used: Cranes/Booms Heavy Equipment Excavation Equipment Scaffolds Ladders Other
 If any of the above used, describe: _____
 Is any work subcontracted? Yes No *If yes, please also complete "Sub-Contracted Work" Section of this application*

SUB-CONTRACTED WORK:

List each operation sub-contracted to others: _____
 The following items are maintained and kept current for all sub-contractors:
 Certificate of workers' compensation insurance Yes No
 Copy of each sub-contractor's license number Yes No
 List below current sub-contractors, including contractor's license numbers: (If more than 3 provide a separate list)

THIS SECTION MUST BE COMPLETED FOR ALL APPLICANTS THAT ARE INDIVIDUALS, SOLE PROPRIETORSHIPS, HUSBAND AND WIFE, OR PARTNERSHIPS (where the general partners are husband and wife)

EMPLOYED RELATIVES*

Please list below any relatives residing in your household who are employees of your business and to whom your books and records show payments:

<u>Name</u>	<u>Relationship to You</u>	<u>Job Title or Duties</u>	<u>Work Location</u> (indicate whether at residence or commercial business location)	<u>Estimated Annual Remuneration</u>

Check here if there are no relatives residing in your household that are employed in your business

*Relatives are defined as: spouse, child by birth or adoption, stepchild, grandchild, son-in-law, daughter-in-law, parent, stepparent, parent-in-law, grandparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, sister-in-law, uncle, aunt, nephew, or niece.

Note: Per California Labor Code, as an employer you are required to include in your workers' compensation coverage all relatives residing in your household who are your employees. Any policy issued based on information provided in this application will exclude coverage for residing relatives if none are listed above.

Aggregation Information: Must be completed for each location with 100+ employees (Use additional pages if more than one location with 100+ employees)

Location # ___ Street address: _____ City: _____ State: ___ Zip code: _____
 Location is: Single building Multi-building Urban Suburban Rural
 Hours of operation: _____ Number of shifts: _____
 Construction: Frame Joisted Masonry Non-combustible Masonry non-combustible Modified fire resistive Fire resistive
 Age of building: _____ Number of floors: _____ Specific floors occupied: _____
 Seismically retrofitted? Yes No If yes - year completed: _____
 # of Employees at this location: _____

Class Code(s):						
Payroll by class code:						

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR ANOTHER 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 ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CRIMINAL PENALTIES.

Completed by (Signature and Title of Applicant): _____

Date: _____