**SUPPLEMENTAL APPLICATION**

**Marketing Group: Contact Name/Number:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INSURED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | # of Employees: | | | | | | | |
| Eff Date: | | | | | | | FEIN: | | | | | | | | | | | | | | | | | | | | | | | Number of daily shifts: | | | | | | | |
| Yrs in business: | | | | | | | # of Locations: | | | | | | | | | | | | | | | | | | | | | | | Entity Type: | | | | | | | |
| Hours of operation: | | | | | | | | | | | | | | | | | | | | Contact Name & Title: | | | | | | | | | | | | | | | | | |
| ContactPhone: | | | | | | | | | | | | | | | | | | | | Contact Email: | | | | | | | | | | | | | | | | | |
| Description of Operations: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does insured have majority ownership in any other businesses?:  Yes  No Explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Out of state exposure: YES  No If Yes, list the states: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Foreign Travel: Yes No Number of employees: N/A | | | | | | | | | | | | | | | | | | | | | | | | | Any work in monopolistic states?  Yes  No | | | | | | | | | | | | |
| Percent of employee turnover in the last 12 months: Full-time Part-time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee staffing expectation in the next 12 months: Full-time Part-time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BENEFITS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Who is eligible:  All Employees  Others Please explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | Percentage Paid By Employer | | | | | | | | | | | | | | | | | | Participation % | | | | | |
| Group Health | | | | Yes  No | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | |
| Paid Sick Leave | | | | Yes  No | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | |
| Vacation | | | | Yes  No | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | |
| Retirement/Pension Plan | | | | Yes  No | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | |
| Name of Healthcare Provider: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provide name of clinic, physician, or emergency room used for work place related injury: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HIRING PRACTICES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employment Application | | | | | | Yes  No | | | | | | | | | | | | | | Drug/substance abuse | | | | | | | | | | | | | | | | Yes  No | |
| Reference Checks | | | | | | Yes  No | | | | | | | | | | | | | | Pre/Post employment physical | | | | | | | | | | | | | | | | Yes  No | |
| Motor Vehicle Record Check | | | | | | Yes  No | | | | | | | | | | | | | | Orthopedic Back Test | | | | | | | | | | | | | | | | Yes  No | |
| Volunteer Labor Used | | | | | | Yes  No | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | |
| Temporary Labor Used | | | | | | Yes  No | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | |
| **ESTABLISHED AND PRACTICED SAFETY ACTIVITIES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Safety program | | | | | | | | | Yes  No | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Return to Work (light duty) | | | | | | | | | Yes  No | | | | | | | | | | | | Includes full wages: 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 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Slip and Fall Preventio Program in place | | | | | | | | | Yes  No | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| HazCom Program in place | | | | | | | | | Yes  No | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Does insured participate in the MPN? | | | | | | | | | Yes  No | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| If so, are employees notified upon hire? | | | | | | | | | Yes  No | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Is owner active in daily operations? Yes No If Yes, duties performed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Personal protective safety equipment provided for all employees  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are employees trained in the use of PPE and required to use it at all time?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supervisors are held accountable for injuries & accidents  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accident investigation program in place  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **COVERAGE/RISK MANAGEMENT QUESTIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any exposure to chemicals, x-ray or radiation?  No  Yes | | | | | | | | | | | | | | | | | | | | | | Any leased employees?  No  Yes | | | | | | | | | | | | | | | |
| Does the employer hire temporary labor in states where they are working on a temporary basis? No  Yes | | | | | | | | | | | | | | | | | | | | | | Are there any employees exempt from workers' compensation coverage (I.e., casual labor, domestic servants, farm laborers/ etc.)?  No  Yes | | | | | | | | | | | | | | | |
| Does the employer ever "borrow" a worker from another employer  No  Yes | | | | | | | | | | | | | | | | | | | | | | Does the employer have any plans to begin operations in states not listed in 3A?  No  Yes | | | | | | | | | | | | | | | |
| Any employees from a PEO?  No  Yes | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Explain all “YES” answers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OPERATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hours of operation: | | | | | | | Number of daily shifts: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Operation includes delivery Yes No | | | | | | | | | | Frequency of delivery:  Daily Weekly Other Explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Delivery radius:  <50 miles  51-100 miles  101-250miles > 250 miles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MVRs checked:  Yes  No Frequency: | | | | | | | | | | | | | | | | | | | | Number of authorized drivers: | | | | | | | | | | | | | Number of vehicles: | | | | |
| Employees take vehicles home at night Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | |
| Driver acceptability standards are established Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | |
| Is automobile coverage provided for employees required to travel? Yes No If so, provide carrier info: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle maintenance is performed by employees Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Vehicles Inspection/Maintanance Program Yes No Frequency: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **PAYROLL AND PREMIUM HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PAYROLL** | | | | | **PREMIUM** | | | | | | | | | | | | | | | | | | **# OF EMPLOYEES** | | | | | | | | | | | **PRIOR CARRIER** | | | |
| 2012/2013: | |  | | | 2012/2013: | | | | | | | |  | | | | | | | | | | 2012/2013: | | | | | | | |  | | |  | | | |
| 2011/2012: | |  | | | 2011/2012: | | | | | | | |  | | | | | | | | | | 2011/2012: | | | | | | | |  | | |  | | | |
| 2010/2011: | |  | | | 2010/2011: | | | | | | | |  | | | | | | | | | | 2010/2011: | | | | | | | |  | | |  | | | |
| 2009/2010: | |  | | | 2009/2010: | | | | | | | |  | | | | | | | | | | 2009/2010: | | | | | | | |  | | |  | | | |
| 2008/2009: | |  | | | 2008/2009: | | | | | | | |  | | | | | | | | | | 2008/2009: | | | | | | | |  | | |  | | | |
| **CATASTROPHE 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 plants | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | | | | | | | |
| Utility or power plants | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | | | | | | | |
| Transportation hubs, railroads, airports or shipping | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | | | | | | | |
| Historic/symbolic buildings, monuments or parks | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | | | | | | | |
| **AGRICULTURE / FARMING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is harvesting  Mechanized Manual | | | | | | | | | | | | | | | | | If applicant is harvesting nuts crops, are shakers utilized? Yes No | | | | | | | | | | | | | | | | | | | | |
| Work performed on hillsides ? Yes No | | | | | | | | | | | | | | | | | If yes, what percentage? | | | | | | | | | | | | | | | | | | | | |
| Is contract labor used? Yes  No | | | | | | | | | | | | | | | | | If yes, is housing provided? Yes No | | | | | | | | | | | | | | | | | | | | |
| If yes, % of use? | | | | | | | | | | | | | | | | | If yes, number of employees housed: | | | | | | | | | | | | | | | | | | | | |
| Any seasonal workers used for opertions? Yes No | | | | | | | | | | | | | | | | | Does all farm machinery have safety guards intact? Yes No | | | | | | | | | | | | | | | | | | | | |
| If yes, provide details of when season begins and ends, no. of seasonal employees hired, and if same employees used each season: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are employees transported by any vehicles on or off the premises? Yes No If yes, please explain on separate page. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any use of pesticides or fertilizers? Yes No | | | | | | | | | | | | | | | | | Any crop dusting operations? Yes No | | | | | | | | | | | | | | | | | | | | |
| If employees perform pesticide application, are they trained and certified? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Is protective gear worn? Yes No | | | | | | |
| Do any family members work in operation? Yes No | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| ATVs used? Yes No | | | | If yes, how many owned by insured? | | | | | | | | | | | | | | | | | | | | | | | | How many employees use ATV’s? | | | | | | | | | |
| Does applicant ever lease/borrow ATVs?  Yes No | | | | | | | | | | | | | | | | | If yes, provide details: | | | | | | | | | | | | | | | | | | | | |
| Are there any horses owned by insured or on insured’s premises? Yes, how many? No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **APARTMENT OPERATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is housing provided: Yes No | | | | | | | | If yes, how many employees are housed and describe their responsibilities: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Security guards employed? Yes No | | | | | | | | If yes, provide details (I.e., Armed or unarmed, hours on premises): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are employees involved in property maintenance?  Yes No Provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does management collect payment from resident and/or is banking controlled by employee(s)? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are employees responsible for eviction notification and/or enforcement? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HOTEL/MOTEL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of guest rooms? | | | | | | | | | | | | | | | | | | | | | | Any shuttle, limo or similar service? Yes No | | | | | | | | | | | | | | | |
| Any restaurant exposures? Yes No | | | | | | | | | | | | | | | | | | | | | | Bar or lounge area? Yes No | | | | | | | | | | | | | | | |
| Housekeeping exposures: Moving of furniture? Yes No | | | | | | | | | | | | | | | | | | | | | | Mattress flipping or rotating? Yes No | | | | | | | | | | | | | | | |
| Security cameras or other security devices on premises? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Room rates:  <$50  $50-$100  $100+ Rent rooms:  Daily Weekly Monthly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **AUTOMOTIVE SERVICES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any towing services provided? Yes No | | | | | | | | | | | | | | | | | | If yes, any contract towing? Yes No | | | | | | | | | | | | | | | | | | | |
| Any repossession?  Yes  No | | | | | | | | | | | | | | | | | | If yes to contract towing, percentage of operations? | | | | | | | | | | | | | | | | | | | |
| Any road repair assistance? Yes No | | | | | | | | | | | | | | | | | | If yes, 24 hour exposure? Yes No | | | | | | | | | | | | | | | | | | | |
| Any test driving of customers' vehicles? Yes No | | | | | | | | | | | | | | | | | | Any transportation of customers? Yes No | | | | | | | | | | | | | | | | | | | |
| Any vehicle crushing operations? Yes No | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Do you have a ventilated/filtered spray booth for painting operations? Yes No N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a written respiratory protection program? Yes No N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CONVENIENCE STORES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any Gasoline Sales Yes No | | | | | | | | | | | | | | | | | | | Do gasoline sales exceed 90% of receipts? Yes No | | | | | | | | | | | | | | | | | | |
| Is there a mini-market on premises? Yes No | | | | | | | | | | | | | | | | | | | Any security/surveillance cameras on premises? Yes No | | | | | | | | | | | | | | | | | | |
| If yes, any sales of alcoholic beverages? Yes No | | | | | | | | | | | | | | | | | | | Any adult material sold? Yes No | | | | | | | | | | | | | | | | | | |
| Hours of Operation: | | | | | | | | | | | | | | | | | | | Open 24 hours?  Yes  No | | | | | | | | | | | | | | | | | | |
| Are there 2 employees on duty at all times? ? Yes No | | | | | | | | | | | | | | | | | | | Is cashier’s booth bullet proof? Yes No | | | | | | | | | | | | | | | | | | |
| Access to freeway? 0-1mile 1-2mile 2+miles | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **STAFFING / TEMPORARY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there established new client selection criteria? | | | | | Yes  No | | | | | | | Details: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are prospective worksites inspected for safety purposes? | | | | | Yes  No | | | | | | | Details: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are employees provided with detailed description of job assignment? | | | | | Yes  No | | | | | | | Details: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is safety training provided by client? | | | | | Yes  No | | | | | | | Details: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are procedures in place to terminate clients with poor loss experience? | | | | | Yes  No | | | | | | | Details: | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Payroll Exposure Breakdown (List Number of Clients):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Light Industrial: | | | Wholesale / Retail: | | | | | | | | | | | | Trucking: | | | | | | | | | % of Anticipated Annual Growth | | | | | | | | | | | | |  |
| Heavy Industrial: | | | Clerical (Professional): | | | | | | | | | | | | Healthcare: | | | | | | | | | Are day laborers provide to clients? | | | | | | | | | | | | | Yes  No |
| Construction (Trade): | | | Clerical (General): | | | | | | | | | | | | Farms: | | | | | | | | | Are there more than 100 employees at a client’s location at the same time? | | | | | | | | | | | | | Yes  No |
| Construction (General): | | | Medical: | | | | | | | | | | | | Other: | | | | | | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CONTRACTORS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contractors license number? | | | | | | | | | | | Years experience? | | | | | | | | | | | | | | | | | | Contractors Credit Applicable? Yes  No | | | | | | | | |
| Average no. of certificates collected annually? | | | | | | | | | | | | | | | | Average no. of Waivers of Subrogation needed? | | | | | | | | | | | | | | | | | | | | | |
| If subs used, does insured: Check certificates annually? Directly supervise subs?  Percentage of subs used? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indicated percentage of work conducted in each of the following operations(must equal 100% for each): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New Constrution: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | New Construction: | | | | Remodeling: | | | | | | | | | | | | | | | | | | | | | Service/Repair: | | | | | | | | | | | |
|  | Commercial: | | | | Arts/Condos/Tract Homes: | | | | | | | | | | | | | | | | | | | | | Single Custom Homes: | | | | | | | | | | | |
|  | Interior: | | | | Exterior: If exterior work done, what is the max height exposure? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Percentage of work/exposure: | | | | <12’: | | 12’ to 24’: | | | 24’ to 40’: | | >40’: | | |
| What is used? Ladder Scaffolding Scissor lifts N/A | | | | | | | | | | | | | |
| If insured builds own scaffolding, provide % of annual operations involving scaffolding setup and teardown compared to total operations: | | | | | | | | | | | | | |
| Fall Protection Program in place? Yes No If yes, please select type below: | | | | | | | | | | | | | |
| Guardrails Safety Belt of Full Body Harness Safety Net  Ladder Tie Offs Training in Ladder/Scaffold Placement Other, please describe: | | | | | | | | | | | | | |
| Any use of cranes, booms or similar heavy construction equipment? Yes No | | | | | | | | | | | | | |
| Any work below grade? Yes No Max. depth in feet: % of total work: | | | | | | | | | | | | | |
| Any confined spaces exposures? Yes No | | | | | | | If yes, please provide details on separate page. Attach a copy of written procedures and details of Confined Space Training. | | | | | | |
| Does any welding exposure exist? Yes No | | | | | | | How do employees arrive at jobsites? | | | | | | |
| Any hot tar roofing?  Yes  No | | | | | | | Is group transportation (>3 employees) provided?  Yes  No | | | | | | |
| Is the applicant involved in “Wrap Up” or “OCIP” project? Yes 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 percentage of work conducted in each of the following operations or mark not applicable. N/A** | | | | | | | | | | | | | |
| Blasting\_\_\_% | Drilling\_\_\_% | | Light Pole Work\_\_\_% | | | | | Demolition\_\_\_% | | Tunneling\_\_\_% | | | Grading\_\_ % |
| Wrecking\_\_% | Multi-story Building\_\_\_% | | | | Gas Mains\_\_\_% | | | | Crane Work\_\_\_% | | | Asbestos\_\_\_% | |
| Highway Work\_\_\_\_% | | Scaffold setup\_\_\_% | | | Roofing\_\_\_% | | | | Excavation\_\_% | | | Sewer\_\_% | |
| Structural Steel\_\_% | | Concrete Tilt-up\_\_\_% | | | Spray Painting \_\_% | | | | Dock Seawalls\_\_% | | | Extra Framing \_\_% | |
| Cell Tower\_\_% | | Powerline Construction\_\_\_% | | | High Voltage\_\_\_% | | | |  | | |  | |

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| **JANITORIAL** |

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| **Check appropriate exposures in the following areas:** | | | | | | | | | | | | | | |
| Education Facilities | | Airports | | | | | Nursing homes | | | | | Apartment houses | | |
| Hospitals | | Office buildings | | | | | Stores | | | | | Fire/flood/restoration | | |
| Government | | Museums | | | | | Medical Offices | | | | | Hotels | | |
| Manufacturing plants | |  | | | | |  | | | | |  | | |
| **Indicate percentage of services provided (must equal 100%):** | | | | | | | | | | | | | | |
| General cleaning | % | | | Chimney cleaning | | % | | | Debris cleaning | % | | | Heating A/C service | % |
| Industrial cleaning | % | | | Celling lite cleaning | | % | | | Landscaping | % | | | Aircraft service maintenance | % |
| Carpet cleaning | % | | | Elevator maintenance | | % | | | Parking lot cleaning | % | | | Crime scene clean-up | % |
| Snow removal | % | | | Housekeeping services | | % | | | Fire/flood restoration | % | | | Ext. window cleaning (above first floor) | % |
| Pressure/steam washing operations | % | | Floor washing/refinishing | | | % | | | Pest control | % | | |  |  |
| Servicing/cleaning of hoods /filters/ grease traps | % | | Any exposure to hazardous materials? | | | % | | If so, please explain. | | | | | | |
| 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 | | | | | | Is supervision direct or roving? | | | |

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| **LANDSCAPING** |

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| Does operation include tree-trimming? Yes No | | If yes, percentage of payroll: |
| Any climbing? Yes No | Maximum height: | |
| Any boulder removal greater than 50 pounds or tree removal greater than 10 feet performed? Yes No | | |
| If yes, please explain: | | |
| Any use of chippers, mulchers, cherry pickers, booms or other similar equipment? Yes No | | |
| If yes, please explain: | | |
| Any use of pesticides? Yes No Please provide details: | | |
| Any debris removal? Yes No If yes, please explain: | | |

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| Any highway or median work conducted? Yes No | | | | | | | | | | | | | | | | | | | | If yes, percentage of payroll: | | | | | | | | | |
| If yes, please provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Indicate percentage of work conducted in each of the following operations must equal 100% for each line)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residential: | | | | | | | | | | | | | | | Commercial: | | | | | | | | | | | | | | |
| Maintenance: | | | | | | | | | | | | | | | New Installation: | | | | | | | | | | | | | | |
| Any work below grade? Yes No | | | | | | Max depth in feet: | | | | | | | | | | | | | | | Percent of total work: | | | | | | | | |
| Is the applicant involved in “Wrap up” or “OCIP” projects? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, what percentage of annual payroll is dedicated to a wrap up/OCIP project? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, who provides the coverage for the wrap up project? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RESTAURANTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Entertainment provided? Yes No | | | | | | | | | | | | | | | | Bar or separate lounge area? Yes No | | | | | | | | | | | | | |
| If Yes, please explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Liquor sales as percentage of total receipts:\_\_% | | | | | | | | | | | | | | | | Fast food? Yes No | | | | | | | | | | | | | |
| Any catering? Yes No If yes, radius of operations:\_\_\_mi Percent of catering exposure:\_\_\_\_% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number  of: | | Hosts: | | | Waitstaff: | | | | Bartenders: | | | | | | | | Valet: | | | | | Busboys: | | | | Cooks: | | | Bouncers: | |
| Any delivery? \_Yes \_No | | | | | Delivery hours: to \_\_\_\_ | | | | | | | | | | | | If yes, radius of operations: \_\_\_\_mi | | | | | | | | Percent of exposure:\_\_\_% | | | | | |
| If yes, provided details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Average price of entrée? <15  15-50 50 | | | | | | | | | | | | Security on Site?  Yes  No | | | | | | | | | | | | | | | Hrs of Operation: to | | | |
| Servicing, cleaning of hoods/filters/grease traps or related systems provided by: Outside vendor Employees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does insured have slip-resistant flooring or matting on premises? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are employees required to wear slip-resistant shoes? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any robbery, burglary or assaults within the past four years? Yes No Security on site? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TRUCKING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type: | Common carrier | | | | | | | Contract carrier | | | | | | Private | | | | | | | Brokerage | | | | | | Exempt | | | |
|  | Regular route | | | | | | | Irregular route | | | | | |  | | | | | | | | | | | | | | | | |
| States of operation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Length of haul (percentages must total 100%):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Under 50 miles:\_\_\_% | | | | 50-200:\_\_\_\_\_% | | | | | | | | | 201-300:\_\_\_\_\_% | | | | | | | | | | | | | | 301-500:\_\_\_\_\_% | | | |
| 501-1000:\_\_\_\_\_\_% | | | | More than 1000:\_\_\_\_\_% | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| DOT#: | | | | DMV/MCP#: | | | | | | | | | Not Applicable | | | | | | | | | | | | | |  | | | |
| **Please check the questions and attach the applicable data:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Motor Carrier Identification Report, MCS-150: Attached Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Cargo Classification (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 | | | | | | | Outfield equipment | | | | | | | | | | | | Garbage, refuse, trash | | | | | | | | Beverages | | | |
| Driveway/towaway | | | | | | | Fresh produce | | | | | | | | | | | | Livestock | | | | | | | | U.S. mail | | | |
| Paper products | | | | | | | Other: | | | | | | | | | | | | | | | | | | | | | | | |
| # of Drivers: | | | | | | | # Company drivers: | | | | | | | | | | | # Owner/operators: | | | | | | | | | | | | |
| 1. Percentage where the motor carrier will provide Workers’ Compensation for the owner/operators: \_\_\_\_% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Percentage of owner/operators who act as the “Employer” of their subcontractors: \_\_\_\_% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Number of Non-Union: \_\_\_\_\_ Union: \_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Do the drivers load and unload their trucks? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provide detail of the materials loaded/unloaded and any equipment used: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total # of trucks: | | | Trucks with sleeper cabs: | | | | | | | | Single trailers: | | | | | | | | | | | | Double trailers: | | | | | Triple trailers: | | |
| Any team driver operations? Yes No | | | | | | | | | | | If yes, provide details: | | | | | | | | | | | | | | | | | | | |
| Type of Trailers and how many? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dry Freight | | | | | | | | | | Low Boy | | | | | | | | | | | | | | Dump Trucks | | | | | | |
| Refrigerated | | | | | | | | | | Tanker Trucks | | | | | | | | | | | | | | Car Transport | | | | | | |
| Box Trucks | | | | | | | | | | Flat bed | | | | | | | | | | | | | | Livestock | | | | | | |