**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? | [x] 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: |  |  |
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| **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? |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 [ ] NoIf 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? [x] 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: |

|  |  |
| --- | --- |
| 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 |