

Workers Compensation Supplemental Application

(To be Completed with Acord 130 application)

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of employees: Full time: _____ Part time: _____ Seasonal: _____ Volunteers: _____ (Verify number is consistent with number on Acord App)

of employees per location: #1 _____ #2 _____ #3 _____ #4 _____ (If more space is needed please use separate page)

of W-2's issued: Last Year: _____ Previous Year: _____ How are employees paid? ☐ Hourly ☐ Piece Rate ☐ Commission

Any day laborers or temporary/employee leasing? ☐ Yes ☐ No ☐ Flat Salary ☐ Other: _____

If yes, please provide detail on separate page.

% of union employees: _____ % of non-union employees: _____ Paid Sick Leave? ☐ Yes ☐ No

Actual average hourly wage for employees in governing glass \$ _____ /hour Paid Vacation? ☐ Yes ☐ No

Retirement / Pension Plan? ☐ Yes ☐ No Does employer contribute? ☐ Yes ☐ No

Group Medical Provided? ☐ Yes ☐ No % of employees enrolled: _____

If yes, name of healthcare provider: _____ % paid by employer: _____

Do you use a specific medical provider to treat injured employees? ☐ Yes ☐ No

Are you currently participating in a MPN (Medical Provider Network)? ☐ Yes ☐ No

If yes, provide the name of current MPN: _____

CPR training provided? ☐ Yes ☐ No RTW Program? ☐ Yes ☐ No

employees certified: _____ Does it include salary continuance? ☐ Yes ☐ No

Has the ownership of the applicable entity changed within the past 5 years? ☐ Yes ☐ No

If yes, please provide details: _____

Hiring Practices - Employee Section - Claims

Written applications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-hire drug testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reference checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Post Accident drug testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre/post employment physicals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	MVR checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Orthopedic back testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Audio hearing tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Formal job descriptions on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have formal written accident reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are personnel files documented for pre-existing injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there set procedures for reporting claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Average claim reporting time frame: _____		Any interchange of labor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is job specific training provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: <input type="checkbox"/> Another business <input type="checkbox"/> Subsidiary	
Employee Orientation Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> between departments <input type="checkbox"/> Other: _____	
If yes, is the orientation <input type="checkbox"/> Verbal Only? <input type="checkbox"/> Verbal and Documented?			
Employee to Supervisor Ratio: <input type="checkbox"/> Better than 4-1 <input type="checkbox"/> 5-1 <input type="checkbox"/> 6-1 <input type="checkbox"/> 7-1 <input type="checkbox"/> >7-1			
Subcontractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for what purpose? _____		
If yes, are certificates of insurance obtained and kept on file? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Independent Contractors Used? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for what purpose? _____		
If yes, how are they paid? <input type="checkbox"/> 1099's? <input type="checkbox"/> Other? Please explain: _____			

Safety Program and Organization - Work Premises and Environment

Are owners active in daily operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are they excluded from coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Active injury & illness prevention program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has loss control services been performed in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Has Cal/OSHA visited or cited your business in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide explanation on separate page.			

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Active safety incentive program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are safety meetings conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does it encompass all employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how often? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
What type of incentive? _____	<input type="checkbox"/> Other _____
Do employees receive safety training/orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, is the training: <input type="checkbox"/> Formal/Documented <input type="checkbox"/> Informal	
Do you have a safety director or risk manager? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name / Title: _____
If yes, is the position full time or an additional responsibility of another employee? _____	
MSDS (Material Safety Data Sheets) available for all chemicals and products used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Any material handling exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	
Any lifting exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> <25 lbs <input type="checkbox"/> 25-40 <input type="checkbox"/> 40+ Forklift Training Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If 40+, manual lifting or with assistance? Please explain: _____	If yes, annual certification? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is all machinery/equipment properly guarded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Any use of Baler equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Written Lock out/ tag out / block out procedures in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Condition of equipment? <input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Average
Respiratory program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are all equipment operators trained / certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
What is the maximum height at which you will work? _____	Personal protection equipment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
What is used? <input type="checkbox"/> Ladder <input type="checkbox"/> Scaffolding <input type="checkbox"/> Scissor Lifts <input type="checkbox"/> N/A	If yes, strict enforcement of utilization? <input type="checkbox"/> Yes <input type="checkbox"/> No
If scaffolding used, does the insured build their own? <input type="checkbox"/> Yes <input type="checkbox"/> No	What types of PPE? _____
Is the building / premises: <input type="checkbox"/> Owned or <input type="checkbox"/> Leased	# of years at current location? _____
Condition of premises? <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Average	Age of building occupied? _____ years

Agriculture - Farming

Is harvesting mechanized or manual? _____	
Do you use contracted labor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is housing provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, % of use? _____	If yes, # of employees housed: _____
Any seasonal workers used for operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does all farm machinery have safety guards intact? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details of when season begins and ends, # of seasonal employees hired, and if same employees used each season	
Are employees transported by any vehicles on or off the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain on separate page.
Any use of pesticides or fertilizers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any crop dusting operations? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, applications by <input type="checkbox"/> Employees? <input type="checkbox"/> Vendors?	If yes, services provided by <input type="checkbox"/> Employees? <input type="checkbox"/> Vendors?
Do any family members work in operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any work off premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on a separate page
Dairy Farms:	
What is the size of dairy herd? _____	Number of Bulls over 3 years old? _____
Does risk grow their own feed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does risk deliver any of their own milk products? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is milking barn: <input type="checkbox"/> Flat? <input type="checkbox"/> Elevated?	Protective Barriers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Average number of milkings per day? _____	Do any employees conduct or complete work on sump pumps? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees allowed to enter stem pipes around lagoon? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are proper safety procedures in place for working near stem pipes, lagoons, or sump pumps? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are confined spaces exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details on separate page - include copy of written procedures and details of Confined Spaces Training

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Automotive Services

Any towing services provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any road repair assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, any contract towing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, 24 hour exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a mini-market on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any fueling operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, any sales of Alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any security/surveillance cameras on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Open 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any test driving of customers' vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is cashier's booth bullet proof?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any transportation of customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Access to Freeway?	<input type="checkbox"/> 0-1 miles <input type="checkbox"/> 1-2 miles <input type="checkbox"/> 2+ miles		
Any off premises or mobile services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details including percentage of payroll dedicated: _____	

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

If yes, do employees complete a medical evaluation questionnaire? ☐ Yes ☐ No

If medical evaluation questionnaire completed, is it reviewed by a physician? ☐ Yes ☐ No

Are employees properly trained in the use and care of respiratory protection equipment? ☐ Yes ☐ No ☐ N/A

Has proper fit testing been provided to each employee and their assigned respirator? ☐ Yes ☐ No

Any work performed on vehicles greater than 2.5 ton capacity? ☐ Yes ☐ No

Are employees ASE trained and certified? ☐ Yes ☐ No If yes, how many employees? _____

Contractors

Contractors License Number? _____ Years experience in trade? _____

Estimated annual gross sales? _____ Estimated # of jobs per year? _____

Percentage of work sub-contracted out? _____ % What type? _____

If subs used, does insured: ☐ Check annually? ☐ Directly supervise subs?

Average # of certificates collected annually? _____ Average # of Waiver of Subrogation needed? _____

Indicate % of work conducted in each of the following operations (must equal 100% for each):

1) New Construction _____ Remodeling _____ Service/Repair _____

2) Commercial _____ Apts/Condos/Track Homes _____ Single Custome Homes _____

3) Interior _____ Exterior _____ If exterior work done, what is the maximum height exposure? _____

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 - include copy of written procedures and details of Confined Spaces Training

Any work involving asbestos, hazardous product abatement, chemical/petroleum products, USL&H, underground tank or pipe replacement? ☐ Yes ☐ No

If yes, please explain _____

Does this risk conduct work for the government or city municipality? ☐ Yes ☐ No

Is the applicant involved in "Wrap Up" or "OCIP" projects? ☐ 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".)

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Indicate % of work conducted in each of the following operations or mark not applicable: ☐ Not Applicable

Blasting		Drilling		Light Pole Work		Demolition		Tunneling	
Grading		Wrecking		Multi Story Buildings		Gas Mains		Crane Work	
Asbestos		Highway Work		Scaffold set-up		Roofing		Concrete Tilt Up	
Sewer		Exterior Framing		Structural Steel		Bridge Work		Excavation	
Supervisory Only		Street/road work		Spray painting		Dock/Sea Walls			

Apartment Ops / Building Ops / Hotel/Motel

Is housing provided? ☐ Yes ☐ No If yes, # of employees housed and describe their responsibilities: _____

Any furnished apartments available? ☐ Yes ☐ No If yes, % of units furnished: _____ %

Are employees involved in property maintenance? ☐ Yes ☐ No If yes, provide details: _____

Security Guards employed? ☐ Yes ☐ No Security cameras or other security devices on premises? ☐ Yes ☐ No

If yes, provide details (i.e. armed or unarmed, hours on premises): _____

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

Number of guest rooms? _____ Room rates: ☐ <\$50 ☐ \$50-\$100 ☐ \$100+ Rent rooms: ☐ Daily ☐ Weekly ☐ Monthly

Any shuttle, limo or similar service? ☐ Yes ☐ No If yes, please explain: _____

Any restaurant exposures? ☐ Yes ☐ No Does it include 24 hour room service? ☐ Yes ☐ No Bar of Lounge Area? ☐ Yes ☐ No

Any entertainment provided? ☐ Yes ☐ No If yes, please explain: _____

Housekeeping exposures: Moving of furniture: ☐ Yes ☐ No Mattress flipping or rotating? ☐ Yes ☐ No

If yes, how often and # of employees involved in process? _____

Janitorial

Check appropriate exposures in the following areas: ☐ Education Facilities ☐ Nursing Homes ☐ Apartment Houses
☐ Hospitals ☐ Airports ☐ Office Buildings ☐ Stores ☐ Fire/Flood/Restaurants
☐ Government ☐ Museums ☐ Medical Offices ☐ Hotels ☐ Manufacturing Plants

Indicate % of services provided (must equal 100%):

	General cleaning*		Chimney cleaning		Debris Clearing		Exterior window cleaning above 1st floor
	Industrial cleaning		Ceiling Tile cleaning		Landscaping		Heating, A/C ventilation service
	Carpet cleaning		Elevator maintenance		Parking lot cleaning		Aircraft service and maintenance
	Snow removal		Maid/housekeeping services		Fire/flood restoration		Servicing/cleaning of hoods/filters/grease traps/etc
	Pest control		Floor waxing and refinishing		Crime scene clean-up		Pressure or steam washing operations

*General Cleaning includes operations such as vacuuming, dusting, wastebasket trash pick up, floor and rug cleaning, restroom clean up

Does employee work in pairs or more? ☐ Yes ☐ No Employees supervised? ☐ Yes ☐ No Direct or Roving supervision? _____

Landscaping

Any tree trimming performed that is performed off the ground? ☐ Yes ☐ No Any boulder or tree removal performed? ☐ Yes ☐ No

Any use of tractors, loaders or similar equipment? ☐ Yes ☐ No Any highway or median work conducted? ☐ Yes ☐ No

Any use of chippers, mulchers, cherry pickers, booms or other similar equipment ☐ Yes ☐ No

If yes, please explain: _____

Any use of pesticides or fertilizers? ☐ Yes ☐ No

If yes, is the application completed by: ☐ Employee? ☐ Outside Vendor?

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Any debris removal or land clearing activities? ☐ Yes ☐ No

If yes, please explain: _____

Manufacturing - Machine Shops

Any punch press or press brake machinery/equipment? ☐ Yes ☐ No

Machine Guarded: ☐ Point of Operation ☐ Drive Mechanism

Age of machinery: ☐ <2 yrs ☐ 2-5 yrs ☐ 5-10 yrs ☐ 10+ yrs

Accessible moving parts guarded on machinery/equipment? ☐ Yes ☐ No

Types of machines (must equal 100%): Heavy: _____ Mid: _____ Light: _____

Any Computer Network Controlled (CNC) machinery? ☐ Yes ☐ No

% of off-premises operations: _____ If yes, where/what for? _____

Is building properly ventilated? ☐ Yes ☐ No

Is proper dust collection system in place? ☐ Yes ☐ No

Restaurants

Entertainment provided? ☐ Yes ☐ No

Bar or separate lounge area? ☐ Yes ☐ No

Fast food? ☐ Yes ☐ No

Any catering? ☐ Yes ☐ No

Number of: _____ Hosts _____ Waitpersons _____ Bartenders

If yes, radius of operations: _____ miles % of exposure: _____

_____ Valets _____ Busboys _____ Cooks

Any delivery? ☐ Yes ☐ No

Average price of entree? ☐ <\$5 ☐ \$5-\$15 ☐ \$15+

If yes, radius of operations: _____ miles % of exposure: _____

Servicing, cleaning of hoods/.filters/grease traps or related systems provided by: ☐ Outside Vendor ☐ Employees

Retail / Wholesale

Type of Merchandise? _____

Gross Receipts: Wholesale _____ % Retail _____ %

Warehousing? ☐ Yes ☐ No

Any repacking or repacking operations? ☐ Yes ☐ No

If yes, please explain operations: _____

Assembly exposure? ☐ Yes ☐ No

If yes, please explain exposure: _____

Any distribution exposure? ☐ Yes ☐ No If yes, by common carrier or does insured have a trucking exposure? Please explain on a separate page.

Trucking

Type of Authority: a) ☐ Common Carrier ☐ Contract Carrier ☐ Private ☐ Brokerage ☐ Exempt

b) ☐ Regular Route ☐ Irregular Route

Carrier Operations: ☐ California Only ☐ Interstate

Length of Haul with Total % = 100% Under 50 Miles _____ % 50 - 200 _____ % 201 - 300 _____ %

301 - 500 _____ % 501 - 1,000 _____ % Over 1,000 _____ %

Filings: DOT# _____ PUC# _____ DMV/MCP# _____ ☐ Not Applicable

Please Check the Questions and Attach the Applicable Data:

Motor Carrier Identification Report, MCS-150: ☐ Attached or ☐ Not Applicable

Cargo Classification: ☐ See attached MCS-150 or ☐ See below (check all that apply):

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> General Freight | <input type="checkbox"/> Logs, Poles, Beams, Lumber | <input type="checkbox"/> Liquids/Gases | <input type="checkbox"/> Grain, Feed, Hay | <input type="checkbox"/> Chemicals |
| <input type="checkbox"/> Household Goods | <input type="checkbox"/> Building Materials | <input type="checkbox"/> Intermodal Containers | <input type="checkbox"/> Coal, Coke | <input type="checkbox"/> Commodities Dry Bullion |
| <input type="checkbox"/> Metal Sheets, Coils, Rolls | <input type="checkbox"/> Mobile Homes | <input type="checkbox"/> Passengers | <input type="checkbox"/> Meat | <input type="checkbox"/> Refrigerated Food |
| <input type="checkbox"/> Motor Vehicles | <input type="checkbox"/> Machinery, Large Objects | <input type="checkbox"/> Oilfield Equipment | <input type="checkbox"/> Garbage, Refuse, Trash | <input type="checkbox"/> Beverages |
| <input type="checkbox"/> Driveway / Towaway | <input type="checkbox"/> Fresh Produce | <input type="checkbox"/> Livestock | <input type="checkbox"/> U.S. Mail | <input type="checkbox"/> Paper Products |
| | <input type="checkbox"/> Other _____ | | | |

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Drivers:

- a) Number of Drivers _____
- b) Number of Owner/Operators used _____
- Percentage where the Motor Carrier will provide workers compensation for Owner/Operators _____ %
- Percentage where the Motor Carrier will agree with the Owner/Operator that the Owner/Operator assumes the responsibilities of an Employer for the performance of work: _____ %
- c) If Onwer/Operator used, please attached copy of contract: ☐ Attached or ☐ Not Applicable
- d) Number of company drivers with Motor Carrier at least 12 months: _____
- Number of Owner/Operators with Motor Carrier at least 12 months: _____ or ☐ Not Applicable
- e) Number of Non Union: _____ Union: _____
- f) Do the drivers load and unload the trucks? ☐ No ☐ Yes (please provide detail of the types of materials loaded/unloaded and any equipment used): _____

Is the applicant enrolled in the DMV Pull Program? ☐ Yes ☐ No If so , how often: _____

Is the applicant enrolled in the CHP BIT Program? ☐ Yes ☐ No

Total # of Trucks: _____ # of Trucks with Sleeper Cabs: _____ Single Trailers: _____ Double Trailers: _____ Triple Trailers: _____

Any trucks / trailers with ramps? ☐ Yes ☐ No If yes, please provide #: _____

Any trucks / trailers with lift-gates? ☐ Yes ☐ No If yes, please provide #: _____

Any team driver operations? ☐ Yes ☐ No If yes, please provide details: _____

If union operations, please provide Month / Year of contract renewal: _____

Public Entities

Municipality: _____ County: _____

Check each applicable operational department / category:

- | | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> Water Department | <input type="checkbox"/> Power Department | <input type="checkbox"/> Sewer Department | <input type="checkbox"/> Street / Road Department | <input type="checkbox"/> Street Sweeping/Cleaning |
| <input type="checkbox"/> Building Inspector | <input type="checkbox"/> Code Enforcement | <input type="checkbox"/> Garbage/Refuse/Recycling | <input type="checkbox"/> Parks/Recreation | <input type="checkbox"/> Landscape Maintenance |
| <input type="checkbox"/> Tree Trimming | <input type="checkbox"/> Waste Treatment | <input type="checkbox"/> Housing Authority | <input type="checkbox"/> Day Care/Child Care | <input type="checkbox"/> Public Housing Nurse |
| <input type="checkbox"/> Electricians | <input type="checkbox"/> Painters | <input type="checkbox"/> Mechanic | <input type="checkbox"/> Truck Driver | <input type="checkbox"/> Fire Department |
| <input type="checkbox"/> Police Department | <input type="checkbox"/> Animal Control | | | |

F/T Staff: _____ # P/T Staff: _____

Any Volunteers or Intern Staff? ☐ Yes ☐ No If yes, please explain: _____

City Council Positions? ☐ Yes ☐ No # _____

County Supervisor Positions? ☐ Yes ☐ No # _____

Does the hiring process include: Drug Screening? ☐ Yes ☐ No

Any Post Accident Drug Testing? ☐ Yes ☐ No Pre Employment Physicals? ☐ Yes ☐ No If yes, please explain: _____

Is there are probationary period upon hire? ☐ Yes ☐ No If yes, please explain: _____

Are employees provided with any New Employee Orientation? ☐ Yes ☐ No

Does each job have a written job description? ☐ Yes ☐ No

Do employees receive initial job training? ☐ Yes ☐ No

Is training on-going and documented? ☐ Yes ☐ No

Do employees work shifts? ☐ Yes ☐ No If yes, please explain: _____

Any on call employees? ☐ Yes ☐ No If yes, please explain: _____

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Do any employees have take home vehicles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain:	
Any underground work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain:	
Any work above 12' in height?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain:	
Any confined space exposures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain:	
If yes, is there a Written Confined Space Entry Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Any sub-contracted operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain:	
Any W/C Certificates of Insurance obtained on all sub-contractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Any use of independent contractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain:	
Number of vehicles?		Driving Radius?		
Do employees use personal vehicles for business purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain:	
Newspaper / Publishing				
Any home delivery service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, independent contractors and/or employees?	
Provide details:				
Any delivery operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, # of vehicles:	Driving Radius?
Any telemarketing operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, independent contractors and/or employees?	
Provide details:				
Any security operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, independent contractors and/or employees?	<input type="checkbox"/> Armed? or <input type="checkbox"/> Unarmed?
Provide details:				
Do employees or independent contractors use personal vehicle for company business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, are certificates of insurance on file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are MVR's (Motor Vehicle Reports) obtained for all drivers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the company enrolled in a DMV "Pull" Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any employee or independent contractor travel: Out of State, Out of Country, On Navigable Waters, within War Zones or Exposure to Civil Disturbances, etc:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please provide details:				
Any excessive noise levels within the operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please provide details:				
Any excessive noise level testing has been completed, within the Press / Bindery Areas and/or areas with noise producing machinery and equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please provide details:				
If noise level testing has been completed, are copies of the results available for review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does the company have a written Hearing Conservation Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do employees use/wear and PPE (Personal Protective Equipment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, provide details:	
Does the company have a written Ergonomics Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does the company have a written Material Handling Program, with identified weight limits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does the company have written Lock Out/Tag Out Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is maintenance of equipment/machinery completed by employees and/or outside vendors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, provide details:	
Are all forklift/material handling equipment operations certified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

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Pest Control

Type of operations: ☐ Commercial ☐ Agricultural ☐ Residential ☐ Industrial ☐ Structural ☐ Structural Repairs or replacements
☐ Shower Pan Replacement ☐ Dry Rot Wood Repair ☐ Fumigation ☐ Foam ☐ Other ☐ Chemical Treatment Services

Provide details: _____

Percentage of Tenting, if any: _____

Lawn Treatment or Care? ☐ Yes ☐ No If yes, provide details: _____

Other Service: _____

Provide details: _____

Mark each of the applicable services available:

- | | | | | | |
|---|---|--|--|---|---|
| <input type="checkbox"/> Ants | <input type="checkbox"/> Spiders | <input type="checkbox"/> Roaches | <input type="checkbox"/> Fleas | <input type="checkbox"/> Ticks | <input type="checkbox"/> Wasps |
| <input type="checkbox"/> Mosquitoes | <input type="checkbox"/> Bees | <input type="checkbox"/> Killer Bees | <input type="checkbox"/> Bee Removal | <input type="checkbox"/> Mice | <input type="checkbox"/> Termites |
| <input type="checkbox"/> Rats | <input type="checkbox"/> Snakes | <input type="checkbox"/> Raccoons | <input type="checkbox"/> Opossum | <input type="checkbox"/> Skunks | <input type="checkbox"/> Bats |
| <input type="checkbox"/> Rodents | <input type="checkbox"/> Gopher Control | <input type="checkbox"/> Bird/Pigeon Control | <input type="checkbox"/> Animal Trapping | <input type="checkbox"/> Animal Removal | <input type="checkbox"/> Bird/Rodent Proofing |
| <input type="checkbox"/> Other, please provide details: _____ | | | | | |

Personal Protective Equipment Required: _____

Written Injury & Illness Prevention Program? ☐ Yes ☐ No

Written Haz-Com Program? ☐ Yes ☐ No

Written Heat Stress Program? ☐ Yes ☐ No

Written Respiratory Protection Program? ☐ Yes ☐ No

Written Fall Protection Program? ☐ Yes ☐ No

Special Written Procedures for working in Confined Spaces (Attics & Under Residences / Buildings)? ☐ Yes ☐ No

Documented New Employee Orientation including Documented Training? ☐ Yes ☐ No

Note: All information provided is subject to verification by way of an underwriting survey or inspection. Tangram Insurance Services, Inc. must be notified of any significant changes in operations or payroll. Terms of insurance coverage may be cancelled for misrepresentation if information provided is inaccurate.

Signature of Applicant: _____ Date: _____