



I N S U R A N C E

## Worker's Compensation Supplemental Application

Insured: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 Contact Name & Title: \_\_\_\_\_ Tel. #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Website Address: \_\_\_\_\_

### GENERAL INFORMATION

Years in business: \_\_\_\_\_ # of locations \_\_\_\_\_  
 Description of operation \_\_\_\_\_  
 Current number of employees: Full time \_\_\_\_\_ 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 in Governing Class: Full time \$ \_\_\_\_\_ Part time \$ \_\_\_\_\_  
 Average hourly wage in Clerical class: Full time \$ \_\_\_\_\_ Part time \$ \_\_\_\_\_  
 Average hourly wage in Sales class: Full time \$ \_\_\_\_\_ Part time \$ \_\_\_\_\_  
 Has the insured ever been in bankruptcy?  Yes  No If yes, explain \_\_\_\_\_

### BENEFITS

Are ALL employees eligible Y/N; if no then who? \_\_\_\_\_  
 Group Health  Yes  No % paid by employer \_\_\_\_\_ % of participation \_\_\_\_\_  
 Paid sick leave  Yes  No Vacation  Yes  No Retirement / Pension Plan  Yes  No  
 Name of Healthcare provider: \_\_\_\_\_  
 Do you use a specific: Clinic \_\_\_\_\_ Physician \_\_\_\_\_ Emergency room \_\_\_\_\_  
 Full time nurse maintained on staff:  Yes  No  
 CPR training provided?  Yes  No

### SAFETY PROGRAM

**Indicate the safety activities currently established and practiced regularly:**

Safety program / IIPP compliant with SB 198  Yes  No  
 Return to light duty plan  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  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

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## OPERATIONS

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Hours of operation: \_\_\_\_\_ to \_\_\_\_\_ Number of daily shifts: \_\_\_\_\_  
Operation includes driving?  Yes  No Number of authorized drivers \_\_\_\_\_ No. of vehicles \_\_\_\_\_  
Types of vehicles driven \_\_\_\_\_  
Reason(s) for driving (delivery, sales calls, etc.)? \_\_\_\_\_  
Frequency of driving:  Daily  Weekly  Other \_\_\_\_\_  
Driving radius:  50 miles  51-100 miles  101-250 miles  250 miles  
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 performed is performed by employees  Yes  No  
Employees take vehicles home  Yes  No

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## PAYROLL AND PREMIUM HISTORY

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Payroll: 2005 \_\_\_\_\_ Premium: 2005 \_\_\_\_\_  
2004 \_\_\_\_\_ 2004 \_\_\_\_\_  
2003 \_\_\_\_\_ 2003 \_\_\_\_\_  
2002 \_\_\_\_\_ 2002 \_\_\_\_\_  
Any travel out of state?  Yes  No No. of employees who travel: \_\_\_\_\_ Frequency \_\_\_\_\_  
Purpose: \_\_\_\_\_

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## HOTEL / MOTEL

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Number of guest rooms: \_\_\_\_\_ Room rate:  Under \$50  \$50-74.95  \$75-99  Over \$100  
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: \_\_\_\_\_

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## RETAIL / WHOLESALE

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Gross receipts: Wholesale \_\_\_\_\_% Retail \_\_\_\_\_% Compensation: Flat salary \_\_\_\_\_ Hourly wage \_\_\_\_\_  
Type of merchandise: \_\_\_\_\_ Commission \_\_\_\_\_  
Palletized:  Yes  No Outside sales employees:  Yes  No  
Lifting exposure or repackaging:  Yes  No Lbs: \_\_\_\_\_ Is there assembly:  Yes  No If yes, what? \_\_\_\_\_  
Forklift exposures describe: \_\_\_\_\_

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## MANUFACTURING & ASSEMBLING

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Machine guarding: Point of operation:  Yes  No Material handling exposure:  Yes  No  
Drive mechanism:  Yes  No Lifting:  Below 50 lbs.  Above 50 lbs. \_\_\_\_\_  
Moving Parts:  Yes  No Lock out/tag out:  Yes  No Off premises operations:  Yes  No Percentage \_\_\_\_\_  
% of - Point of operation guarding: \_\_\_\_\_  
Moving parts \_\_\_\_\_ Drive Mechanism: \_\_\_\_\_ Where/What: \_\_\_\_\_  
TYPE OF MACHINES USED? \_\_\_\_\_  
Personal Protection Equipment provided?  Yes  No Use enforced?  Yes  No  
Any piece-work or home-based work?  Yes  No If yes, explain: \_\_\_\_\_

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**SERVICE STATIONS / AUTO REPAIR SHOPS / TRANSMISSION SHOPS**

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Hours of Operation \_\_\_\_\_

Gas operation: Full Service Self service

Repair operation:  Yes  No

Tire repair/installation  Over 1-ton truck (yes/no)

Towing:  Yes  No Contract tow:  Yes  No

Road Repair:  Yes  No

Mini-Market:  Yes  No Liquor sold?  Yes  No

Bullet proof cashier booth:  Yes  No

Drop safe or registers:  Yes  No

Car Wash:  Yes  No If yes,  Self serve  Full serve

Access to freeway:  0-1 mile  1-2 miles  2+ miles

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**ATTORNEYS**

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What type of law: \_\_\_\_\_

Any criminal law:  Yes  No \_\_\_\_\_ Percentage Any insurance law:  Yes  No \_\_\_\_\_ Percentage

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**RESTAURANT**

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Average Entrée Price: \_\_\_\_\_ Separate Lounge:  Yes  No

Liquor Receipts (% of gross receipts) \_\_\_\_\_ Twenty-four hour operation:  Yes  No

Entertainment:  Yes  No If yes, please provide details: \_\_\_\_\_

Multiple Floor levels  Yes  No Number of: Hosts \_\_\_\_\_ Valet Parkers \_\_\_\_\_

Catering:  Yes  No % of revenues: \_\_\_\_\_

Waitpersons \_\_\_\_\_ Bartenders \_\_\_\_\_ Cooks \_\_\_\_\_ Take-out:  Yes  No

Radius: \_\_\_\_\_

Delivery:  Yes  No % of revenues: \_\_\_\_\_

Radius: \_\_\_\_\_

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**APARTMENT OWNER OR OPERATOR**

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List of operations sub-contracted to others: \_\_\_\_\_

Current employees perform sub-contracted operations for you?  Yes  No If yes, please list: \_\_\_\_\_

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

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**JANITORIAL**

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Percentage of revenues from: Office Buildings \_\_\_\_\_ Manufacturing Plants \_\_\_\_\_ Medical Properties \_\_\_\_\_ Other \_\_\_\_\_

Pressure cleaning?  Yes  No Concrete cleaning or sealing  Yes  No Roof or gutter cleanup  Yes  No

Window Washing requiring ladder or other device for heights  Yes  No Large Debris hauling  Yes  No

Other work requiring ladders  Yes  No Multiple Locations per night  Yes  No Group Transportation  Yes  No

Confined Space (vents, etc)  Yes  No Buffing waxing carpet cleaning  Yes  No

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**CONSTRUCTION (Includes Landscapers and Artisan Contractors)**

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Contractor's License # \_\_\_\_\_ Copy Included?  Yes  No Classification \_\_\_\_\_

Detailed Description of Operation

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## CONSTRUCTION (Includes Landscapers and Artisan Contractors) cont.

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Estimated Gross Receipts \_\_\_\_\_ Estimated Subcontractors Receipts \_\_\_\_\_  
Sub-contractors Certificates sent to agent  Yes  No  
Residential % \_\_\_\_\_ Commercial % \_\_\_\_\_ Re-model % \_\_\_\_\_ New Contract % \_\_\_\_\_  
Types of machinery and hand tools used \_\_\_\_\_  
Proper guarding & maintenance in place  Yes  No  
Any work performed above 2 stories:  Yes  No If yes, explain \_\_\_\_\_  
Any Roof Exposure:  Yes  No If yes, explain \_\_\_\_\_  
Details of Interior and/or Exterior work performed \_\_\_\_\_  
Any use of Cranes:  Yes  No If yes, explain \_\_\_\_\_  
Any use of Scaffolds:  Yes  No If yes, are the ee's certified? \_\_\_\_\_  
Safety training provided  Yes  No Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Level of Supervision \_\_\_\_\_ # of staff to Supervisors \_\_\_\_\_  
Personal protective wear available?  Yes  No Examples: \_\_\_\_\_  
Type of vehicles \_\_\_\_\_ # of Vehicles \_\_\_\_\_ Transportation of employees?  Yes  No  
# of Drivers \_\_\_\_\_

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## FARMING OPERATIONS

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Row Crops: \_\_\_\_\_% Trees/Vines: \_\_\_\_\_% Dairy/Cattle: \_\_\_\_\_%  
Is housing provided?  Yes  No If yes, how many employees? \_\_\_\_\_  
How many acres:  160 or less  161-499  500-999  1000+ ?  
Transportation of employees:  Yes  No If yes, how:  Van  Bus  Other \_\_\_\_\_  
Frequency:  Daily  Weekly  Monthly Radius \_\_\_\_\_  
Use Labor Contractor?  Yes  No  
How are employees paid? Hourly rate \_\_\_\_\_ Piece rate \_\_\_\_\_ Combination \_\_\_\_\_ Other \_\_\_\_\_  
Dairy Barn:  Elevated  Carousel  Flat  Other \_\_\_\_\_

- Number of milking cows \_\_\_\_\_
- Number of bulls \_\_\_\_\_ Number of bulls 3 years and older \_\_\_\_\_
- Outside Veterinary Services  Yes  No
- Artificial Insemination:  Yes  No Subcontracted?  Yes  No
- Hoof trimming:  Yes  No Subcontracted?  Yes  No
- De-horning:  Yes  No Subcontracted?  Yes  No
- Does insured harvest for others?  Yes  No If yes, own equipment used?  Yes  No

**NARVER**

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