

**Workers' Compensation Supplemental Application
(Revised 01/08)**

Applicant: _____ Eff. Date: _____ FEIN: _____
 Contact Name: _____ Contact Title: _____
 Tel. No.: (____) _____ - _____ Fax No.: (____) _____ - _____
 Website URL: _____

APPLICANT HISTORY:

Years in business: _____ No. of locations _____ Description of operations _____
 Hours of operation: _____ to _____ Out-of-state driving Yes No
 Present 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 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
 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

DRIVING EXPOSURES - DELIVERY:

Exposure includes delivery? Yes No No. of authorized drivers _____ No. of vehicles _____
 Types of vehicles Car _____ Pickup _____ Light Van _____ Truck _____ Other (describe) _____
 Frequency of delivery: Daily Weekly Other (describe) _____
 Delivery radius: <50 miles 51-100 miles 101-250 miles >250 miles
 Do the drivers load/unload? Yes No
 Frequency of MVR checks _____ Participation in CHP Pull program Yes No
 Driver acceptability standards have been established Yes No Enforced? Yes No
 Vehicles inspection / maintenance program Yes No
 Vehicles maintenance is performed by employees Yes No
 Employees take vehicles home at night Yes No

DRIVING EXPOSURES - OTHER THAN DELIVERY:

Number of authorized drivers? _____ Number of vehicles? _____
Frequency of driving: Daily Weekly Other (describe) _____
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
Vehicles maintenance is performed by employees Yes No
Employees take vehicles home at night Yes No

PAYROLL & PREMIUM HISTORY:

Payroll: 2007 \$ _____ Premium: 2007 \$ _____
2006 \$ _____ 2006 \$ _____
2005 \$ _____ 2005 \$ _____
2004 \$ _____ 2004 \$ _____

HOTEL / MOTEL:

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: _____ Average # of trips per day _____
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 delivery? Yes No
If yes, describe? _____ How many employees are in each vehicle? _____

MANUFACTURING:

Drive mechanism: Yes No Moving Parts: Yes No
Machine guarding: Point of operation: Yes No
Lock-out/Tag-out program in place: Yes No Lifting: Below 50 lbs. Above 50 lbs. _____
Material handling exposure: Yes No Where / What: _____
Off premises operations: Yes No Percentage _____
Type of machine(s) used? _____ Is there delivery? Yes No
How many employees are in each vehicle? _____

SERVICE STATIONS / AUTO REPAIR SHOPS / TRANSMISSIONS SHOPS:

Mini Market: Yes No Liquor sold: Yes No
Hours of Operation _____ Bullet proof cashier booth: Yes No
Gas operation: Full Service Self Service Drop safe or registers: Yes No
Repair operation: Yes No Car Wash: Yes No If yes, self serve full serve
 Tire repair/installation Over 1-ton truck (yes/no) Access to freeway: 0-1 mile 1-2 miles 2+ miles
Towing: Yes No Contract tow: Yes No # of employees authorized for test drives? _____

ATTORNEYS:

What type of law: _____
Any criminal law: Yes No
Any insurance law: Yes No

RESTAURANT:

Entertainment: Yes No If yes, please provide details: _____
Average Entree Price: _____
Liquor Receipts (% of gross receipts) _____ Take-out: Yes No % of revenues _____
Separate Lounge: Yes No Catering Yes No % of revenues _____
Twenty-four hour operation: Yes No Delivery Yes No % of revenues _____
Number of: Hosts _____ Wait-staff _____ Cooks _____
Bartenders _____ Valet Parkers _____ Radius of delivery area _____

APARTMENT OWNER OR OPERATOR:

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 subcontractors:
Certificate of workers' compensation insurance Yes No
Copy of each sub-contractor's license number Yes No
List of current sub-contractors and contractor's license numbers: _____
of resident managers? _____ Security provided or sub-contracted? _____ Section 8? Yes No

JANITORIAL:

Percentage of revenues from: Office Bldgs. _____ Manuf. 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 devices for heights? Yes No Large debris hauling Yes No
Other work requiring ladders Yes No If yes, describe. _____
Multiple locations per night Yes No
Any group transportation to jobsite? Yes No Driving Radius <50 miles 50-100 miles
If yes, how many employees in vehicle? _____ Number of vehicles? _____
Confined Space (vents, etc.) Yes No Buffing, waxing, carpet cleaning Yes No
If yes on any of the above, please explain: _____

APPLICABLE IN NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

APPLICABLE IN TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS' COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MAETRIALLY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERTO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CRIMINAL PENALTIES. (Not applicable in CO, HI, NE, OH, OR, TN, or VT; in DC, LA, ME, AND VA, insurance benefits also may be denied.)

Applicant's Signature:
Producer's Signature:

Date:
Date: