

Insured Name: \_\_\_\_\_

Web Site: \_\_\_\_\_ FEIN: \_\_\_\_\_

All applicants must complete all of page 1, all of page 2, then must complete the page specific to their industry, and sign this form.

	Payroll Information	Premium Information
Current year		
Prior year		
Prior year		
Prior year		
Prior year		

**Operational Information**

Description of Operations (if not provided on Acord 130): \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ to \_\_\_\_\_ # of shifts: \_\_\_\_\_ Any 24 Hour Exposure: [ ] Yes [ ] No  
Number of Years in Business: \_\_\_\_\_ Average Employee Tenure With Company: \_\_\_\_\_

**Employee Selection / Training / Qualifications**

Written application: [ ] Yes [ ] No Annual MVR checks: [ ] Yes [ ] No [ ] n/a  
Reference Checks: [ ] Yes [ ] No Personnel files documented  
Pre-hire Drug Testing: [ ] Yes [ ] No for pre-existing injuries: [ ] Yes [ ] No  
Post Accident Drug Testing: [ ] Yes [ ] No Employee orientation: [ ] Yes [ ] No  
Pre/Post Employ. Physicals: [ ] Yes [ ] No Subcontractors used: [ ] Yes [ ] No  
Hearing tests: [ ] Yes [ ] No if yes, certs of insurance kept: [ ] Yes [ ] No  
Pre/Post Employ. MVR: [ ] Yes [ ] No  
Independent contractors: [ ] Yes [ ] No

if yes to above, describe: \_\_\_\_\_

After terminating employees are personnel files documented with employee signed notes regarding any potential injuries incurred during their work for you? Describe: \_\_\_\_\_

**Employment Practices:**

Group medical provided: [ ] Yes [ ] No	This year:	Last year:
if yes, name of provide: _____	Number of full time employees: _____	_____
Paid sick leave/vacation: [ ] Yes [ ] No	Number of part time employees: _____	_____
Retirement/Pension: [ ] Yes [ ] No	Number of seasonal employees: _____	_____
Are all employees eligible: [ ] Yes [ ] No	Number of volunteer workers: _____	_____
if not all, who is eligible: _____		
Currently in MPN: [ ] Yes [ ] No	If applicable, length of season: _____	
if yes, name/describe: _____	Full time hours in work week: _____	

Average employee wage for the governing class: \$ \_\_\_\_\_ / hr. (exclude officers/directors salary from average)

Average employee wage for the clerical/sales: \$ \_\_\_\_\_ / hr. (exclude officers/directors salary from average)

How are employees paid: [ ] Hourly [ ] Salary [ ] Piece Rate [ ] Commission [ ] Rent/Housing [ ] Gifts [ ] Bonuses [ ] Other

Are employees: [ ] union [ ] non-union Percent of union employees: \_\_\_\_\_

Do you have an established method for reporting claims: \_\_\_\_\_

What is the average turnaround time for reporting claims: \_\_\_\_\_

## Risk Characteristics

Driving/Delivery operations:  Yes  No

Purpose of Driving operations: \_\_\_\_\_

Radius of Operations:  0 - 25 Miles  
 26 - 50 Miles  
 51 - 100 Miles  
 101 - 200 Miles  
 Over 200 Miles

Have a driver safety policy:  Yes  No

Number of vehicles used: \_\_\_\_\_

Frequency of Driving/Delivery is  Daily  Weekly  Monthly  Infrequent

Any group transportation (2 or more employees, same vehicle):  Yes  No

If yes, # of employees transported (same time, same vehicle): \_\_\_\_\_

If yes, frequency of trips involving group transportation: \_\_\_\_\_

Employees use personal vehicles for company:  Yes  No

Any out of state or out of country travel:  Yes  No

Lifting exposure:  N/A  
 Under 20 Pounds  
 20 - 40 Pounds  
 40 - 50 Pounds  
 Over 50 Pounds

Have a formal lifting policy and is it followed:  Yes  No

Number of authorized drivers: \_\_\_\_\_

Percentage of ops \_\_\_\_\_

Accessed Via: \_\_\_\_\_

Ops conducted below ground level: \_\_\_\_\_

Ops conducted at ground level: \_\_\_\_\_

Ops conducted between 0 and 6 feet: \_\_\_\_\_

Ops conducted between 6 and 12 feet: \_\_\_\_\_

Ops conducted between 12 and 24 feet: \_\_\_\_\_

Ops conducted above 24 feet: \_\_\_\_\_

*total must be 100%*

Ladders  Scaffolding  Cherry Picker/Boom  Other

Ladders  Scaffolding  Cherry Picker/Boom  Other

Ladders  Scaffolding  Cherry Picker/Boom  Other

Ladders  Scaffolding  Cherry Picker/Boom  Other

Max height at which your employees work: \_\_\_\_\_

Max depth at which your employees will work: \_\_\_\_\_

Do you have a formal and documented fall protection program:  Yes  No

Do employees maintain machines:  Yes  No Do employees clean inside machines or around gears or blades:  Yes  No

Are employees responsible for servicing vehicles or forklifts or other moving equipment:  Yes  No

Do your employees have a material handling exposure:  Yes  No Describe: \_\_\_\_\_

## Loss Control and Safety

Active IIPP:  Yes  No

Safety incentives:  Yes  No

Specific Job Training:  Yes  No

Forklift training:  Yes  No  N/A

Return to work program:  Yes  No

Respiratory program:  Yes  No

Active ownership in operations:  Yes  No

Monthly safety meetings:  Yes  No

Risk manager employed:  Yes  No

Personal protective equipment:  Yes  No

Describe: \_\_\_\_\_

Approx. date of last loss control visit: \_\_\_\_\_

Do you provide training to all new employees and recurring training to all others on proper use and maintenance of equipment:  Yes  No

Do you have a written safety manual:  Yes  No Is it provided to all employees in  English  Spanish  Other/Multi

Do supervisors receive specific safety training:  Yes  No Are they held accountable for injuries:  Yes  No

Are employee required breaks in the work hours strictly adhered to for all employees:  Yes  No

Condition of workplace premises:  Good  Average  Poor

Number of employees to a supervisor / manager:  4 to 1  5 to 1  6 to 1  More than 6 to 1

Has your company implemented any ergonomic safety procedures:  Yes  No Describe: \_\_\_\_\_

Written Lockout / Tagout / Blockout Procedure in place:  Yes  No

Proximity to a medical clinic:  < 5 miles  5 - 10 miles  11 - 20 miles  over 20 miles



**Automotive**

Contract towing: [ ] Yes [ ] No If yes, with whom: \_\_\_\_\_  
Tire re-capping operations: [ ] Yes [ ] No 24 hour operations: [ ] Yes [ ] No  
Mobile repair operations: [ ] Yes [ ] No Robbery occurrences in the last 4 years: [ ] Yes [ ] No  
Emergency roadside repair services provided: [ ] Yes [ ] No Vehicle crushing operations: [ ] Yes [ ] No  
Work on heavy vehicles / equipment over 1 ton: [ ] Yes [ ] No Any ASE certified employees: [ ] Yes [ ] No  
Does risk provide transportation of customers: [ ] Yes [ ] No

**Accommodation & Recreation** (clubs, apartment ops.)

Operations include door or security guards, armed or un-armed: [ ] Yes [ ] No 24 hour operations: [ ] Yes [ ] No  
Does the risk provide housing/rent: [ ] Yes [ ] No Will employees evict tenants: [ ] Yes [ ] No  
Do operations include any pest control, fumigation work or property maintenance: [ ] Yes [ ] No  
Golf clubs - do maintenance employees conduct tree trimming: [ ] Yes [ ] No Any volunteer exposure: [ ] Yes [ ] No

**Healthcare, Educational & Social Assistance**

Is the operation license to business in the state of domicile: [ ] Yes [ ] No  
Are there written bloodborne pathogen safety protocols: [ ] Yes [ ] No  
Any employee interchange involving job duties or multiple locations: [ ] Yes [ ] No  
Are proper lifting devices (hoyer lifts, etc.) used for patients / residents: [ ] Yes [ ] No  
Does the risk instruct all employees in proper lifting techniques: [ ] Yes [ ] No  
Percentage of skilled employees (RN, LVN) to non-skilled employee: Skilled: \_\_\_\_\_ Non Skilled: \_\_\_\_\_ %  
Any mobile or off site services provided: [ ] Yes [ ] No  
Implementation of safety procedures for combative patients/residents/students: [ ] Yes [ ] No  
Is there a disease prevention policy: [ ] Yes [ ] No Any out of state or city travel: [ ] Yes [ ] No  
Does this facility have an internship program: [ ] Yes [ ] No If yes, describe: \_\_\_\_\_  
Volunteer labor: [ ] Yes [ ] No Food service provided: [ ] Yes [ ] No  
Ratio of residents to caregivers: [ ] < 4 to 1 [ ] 4 to 1 [ ] 5 to 1 [ ] 6 to 1 [ ] 7 to 1 [ ] 8 to 1 [ ] > 8 to 1

**Information** (video, radio, newspaper)

Do employees collect cash / checks / other payment forms from clients: [ ] Yes [ ] No  
Are proper safety programs (including material handling) implemented: [ ] Yes [ ] No  
Do employees use personal vehicles for delivery purposes: [ ] Yes [ ] No  
Are independent contractors utilized: [ ] Yes [ ] No Any excessive noise levels: [ ] Yes [ ] No

**Professional, Financial & Technical Services**

Any operations in remote areas: [ ] Yes [ ] No Risk in business less than 1 year: [ ] Yes [ ] No  
Transportation of 3 or more employees in one vehicle > 3 times per week: [ ] Yes [ ] No  
Is there an office ergonomic safety program: [ ] Yes [ ] No Any volunteer exposure: [ ] Yes [ ] No  
Any work shifts in excess of 12 hours: [ ] Yes [ ] No Robbery occurrences in the last 4 years: [ ] Yes [ ] No

**Security Guards**

24 hour operations: [ ] Yes [ ] No Are employees armed: [ ] Yes [ ] No  
Do employees work as bouncers / door guards: [ ] Yes [ ] No  
Are employees police officers or sherrifs: [ ] Yes [ ] No  
Any work at sporting events, crowd control, rock concerts, undercover investigations: [ ] Yes [ ] No  
Do guards have proper certifications: [ ] Yes [ ] No  
Do employees use their personal vehicles for mobile patrol work: [ ] Yes [ ] No

## **Manufacturing**

Does the risk engage in the manufacture, production or testing of anti-venom, serum, anti-toxin, virus or bacteria agents:  Yes  No

Any computer network controlled machinery:  Yes  No

Employees using cutting, stamping or punch press machines properly certified:  Yes  No

Proper lock out / tag out procedures for machinery and equipment:  Yes  No

Use of chemicals restricted to qualified employees:  Yes  No

Is there a proper ventilation system in place:  Yes  No

Is there a proper dust collection system in place:  Yes  No

Is the majority of the manufacturing process manual:  Yes  No

Is maintenance of equipment outsourced:  Yes  No Employee rotation of duties:  Yes  No

Has a detailed descriptions of the manufacturing operations been provided on the application:  Yes  No

Does the risk employ a night cleaning crew:  Yes  No

Is machine guarding in-tact at:  Point of Operation  Drive Mechanism  Gears/Cutting Tools

Average age of machinery is:  Under 2 Years Old  Between 2 and 5 Years Old  Between 5 and 10 Years Old  10+ Years Old

Any machinery 15 years or older or custom made:  Yes  No

### **Plastics:**

Type of manufacturing process used  Extrusion  Injection Molding  Casting  Fiberglassing

Compression Molding  Thermoforming  Laminating  Other \_\_\_\_\_

Do any operations produce plastic dust (e.g. grinding, sanding, buffing):  Yes  No

Are chemicals with flash points below 100 degrees used:  Yes  No

### **Wood:**

Does the risk operate a veneer dryer, drying oven or drying kiln:  Yes  No

Does the risk conduct spray painting/finishing:  Yes  No If yes, is there a UL approved spray booth:  Yes  No

Does a majority of the risk's operations involve wood refinishing:  Yes  No

Do any operations produce wood particles / dust:  Yes  No

Is non-sparking tool equipment utilized:  Yes  No

### **Metal:**

Any welding operations:  Yes  No If yes, percentage of total operations: \_\_\_\_\_%

Does the risk conduct spray painting/finishing:  Yes  No If yes, is there a UL approved spray booth:  Yes  No

Any casting or foundry operations:  Yes  No

Is the finished product any of the following:  automobiles  heavy equipment  structural beams

metal plating  weapons  large tanks  N/A

Do any operations produce metal dust (e.g. grinding, sanding, buffing):  Yes  No

## Transportation & Warehousing

Total number of drivers: \_\_\_\_\_

Number of independent owner/operators: \_\_\_\_\_

Does the risk have established routes:  Yes  No

Any employee shifts exceeding 12 hours:  Yes  No

Any height exposure on any device in excess of 30 feet:  Yes  No

Will drivers load & unload their trucks:  Yes  No

Do you only use independent contractors:  Yes  No

Is this a mobile crane operation:  Yes  No

Have a Vehicle/Fleet Maintenance plan:  Yes  No

Trucks equipped with lift gates:  Yes  No

Is vehicle maintenance outsourced:  Yes  No

Any hazardous material hauling:  Yes  No

Employees have proper certification for any use of machinery:  Yes  No

Radius of Travel by Percentage (total must equal 100%):

<50 mi. \_\_\_\_\_ 50 - 200 mi. \_\_\_\_\_ 201 - 500 mi. \_\_\_\_\_ 501 - 1,000 mi. \_\_\_\_\_ >1,000 mi. \_\_\_\_\_

Does the risk haul any of the following:  n/a

Livestock  US Mail  Oilfield Equipment  Mobile Homes  Timber  Oversized Loads

## Retail & Wholesale Trade

Is applicant operating the following:  pawn shop  pet store  firearm sales

Any delivery exposure over a 100 mile radius:  Yes  No

Robbery occurrences in the last 4 years:  Yes  No

Do operations involve armed or unarmed security guards:  Yes  No

Are working rooms properly ventilated:  Yes  No

Does the operation include any repackaging or assembly work:  Yes  No

Do grocery operations include deli/restaurant/baking/bank/pharmacy exposures:  Yes  No

Does this risk warehouse a large portion of their goods off site:  Yes  No

## Service or Artisan Contractors

More than 20% of the exposure on roof surfaces:  Yes  No Is the contractor licensed:  Yes  No

All employees working with machinery properly trained / certified:  Yes  No

Use of chemicals restricted to qualified employees:  Yes  No Any work with voltage above 220:  Yes  No

Exposure to asbestos or other hazardous materials:  Yes  No Risk in business less than 1 year:  Yes  No

Exposure to hexavalent chromium, CRVI or lead:  Yes  No

More than 20% of the exposure related to welding / soldering:  Yes  No

What is the max. height exposure: \_\_\_\_\_ feet  N/A

How are heights accessed:  ladders  scissor lifts  other \_\_\_\_\_

Transportation of 3 or more employees in one vehicle > 3 times per week:  Yes  No

More than 50% of work subcontracted:  Yes  No Work performed 8 feet or more below grade:  Yes  No

Installation of holiday or Christmas decorations:  yes  No Is the risk a framing contractor:  Yes  No

Does risk work in wraps or OCIP projects:  Yes  No Any confined space exposures:  Yes  No

Provide percentages of work: \_\_\_\_\_ Commercial \_\_\_\_\_ Residential

\_\_\_\_\_ Interior \_\_\_\_\_ Exterior

Any work in the following operations  n/a

Drilling  Bridge work  Utility poles  Highways  Roofing  Scaffolding set-up  Boilers

Gas Mains  USL&H  Street repair  Street construction  Framing only

## Janitorial:

Does the risk work at:  n/a  Hospitals  Medical offices  Nursing homes  Industrial plants

Does the risk provide the following services:  n/a

Chimney cleaning  Construction site clean-up  Exterior window washing above first story  Floor waxing

Pressure steam cleaning  Fire-flood restoration  Heating & ventilation cleaning  Residential cleaning

**Reinsurance Information - Must be completed for each location with 75+ employees**

*(complete as many sections as needed - please attach additional copies if there are more than 3 locations with 75+ employees)*

Address: \_\_\_\_\_

Number of employees at this location: \_\_\_\_\_ Number of shifts: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Type of construction:	Location is:	Seismically retrofit:
<input type="checkbox"/> Frame	<input type="checkbox"/> Single building	<input type="checkbox"/> Yes Year: _____
<input type="checkbox"/> Joisted Masonry	<input type="checkbox"/> Multi-building	<input type="checkbox"/> No
<input type="checkbox"/> Non-combustible	<input type="checkbox"/> Urban	Building characteristics:
<input type="checkbox"/> Masonry non-combustible	<input type="checkbox"/> Suburban	Age of building: _____
<input type="checkbox"/> Modified fire resistive	<input type="checkbox"/> Rural	Number of floors: _____
<input type="checkbox"/> Fire resistive		Specific floors occupied: _____
Classifications / Occupations at this location:		
Class code: _____	SIC Code: _____	Employee Count: _____ Payroll: _____
Class code: _____	SIC Code: _____	Employee Count: _____ Payroll: _____
Class code: _____	SIC Code: _____	Employee Count: _____ Payroll: _____

Address: \_\_\_\_\_

Number of employees at this location: \_\_\_\_\_ Number of shifts: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Type of construction:	Location is:	Seismically retrofit:
<input type="checkbox"/> Frame	<input type="checkbox"/> Single building	<input type="checkbox"/> Yes Year: _____
<input type="checkbox"/> Joisted Masonry	<input type="checkbox"/> Multi-building	<input type="checkbox"/> No
<input type="checkbox"/> Non-combustible	<input type="checkbox"/> Urban	Building characteristics:
<input type="checkbox"/> Masonry non-combustible	<input type="checkbox"/> Suburban	Age of building: _____
<input type="checkbox"/> Modified fire resistive	<input type="checkbox"/> Rural	Number of floors: _____
<input type="checkbox"/> Fire resistive		Specific floors occupied: _____
Classifications / Occupations at this location:		
Class code: _____	SIC Code: _____	Employee Count: _____ Payroll: _____
Class code: _____	SIC Code: _____	Employee Count: _____ Payroll: _____
Class code: _____	SIC Code: _____	Employee Count: _____ Payroll: _____

*By signing this supplemental application, the applicant states that the information provided is accurate to the best of their knowledge. All information provided is subject to verification. The application or policy coverage may be cancelled for misrepresentation if information provided is not accurate.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Producer

\_\_\_\_\_  
Date