Workers Compensation Supplemental Application

Applicant Name: _____
Mailing Address: _____
Physical Address: _____
Please indicate any additional locations below:
Location 2:_____
Location 3: _____
Location 4: _____
Location 5: _____

Phone #: _____ Fax #: _____
Federal Employers Identification Number (FEIN): _____Entity Type (Individual/Partnership/Corp/Other): _____
Number of Years in Business: _____If less than 5 years, number of years experience in trade: _____

OWNERS, OFFICERS & DIRECTORS:
List each Owner, Officer and/or Director. If they wish to be included in coverage, please provide their class code and payroll.

	NAME	TITLE	Ownership %	Excluded	INCLUDED (if included provide annual payroll)
A				☐	☐ $
B				☐	☐ $
C				☐	☐ $
D				☐	☐ $
E				☐	☐ $
F				☐	☐ $

Total = 100%

Please provide estimated annual payroll for the upcoming fiscal year. Please break the
Payroll down by class of business, by location.
Classification: _____Payroll $ _____# of employees: FT _____ PT _____Location #_____
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Classification: _____Payroll $ _____# of employees: FT _____ PT _____Location #_____
Classification: _____Payroll $ _____# of employees: FT _____ PT _____Location #_____

1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT? ☐Yes ☐No
2. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc). ☐Yes ☐No
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET? ☐Yes ☐No
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER? ☐Yes ☐No
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS? ☐Yes ☐No
6. ARE SUB-CONTRACTORS USED? (IF YES, GIVE % OF WORK SUBCONTRACTED). ☐Yes ☐No %
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.? ☐Yes ☐No
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION? ☐Yes ☐No
9. ANY GROUP TRANSPORTATION PROVIDED? ☐Yes ☐No
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE? ☐Yes ☐No
11. ANY SEASONAL EMPLOYEES? ☐Yes ☐No
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? ☐Yes ☐No
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS? ☐Yes ☐No
14. ARE ATHLETIC TEAMS SPONSORED? ☐Yes ☐No
15. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE? ☐Yes ☐No
16. ANY OTHER INSURANCE WITH THIS INSURER? ☐Yes ☐No
17. ANY PRIOR COVERAGE DECLINED/CANCELLED/NON-RENEWED (Last 3 years)? ☐Yes ☐No
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY? ☐Yes ☐No
19. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? ☐Yes ☐No
20. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? ☐Yes ☐No
21. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST 5 YEARS? ☐Yes ☐No
22. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITIY NAME(S) AND POLICY NUMBERS(S). ☐Yes ☐No

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Named Insured: Web Address:

Insured's FEIN:

Contact Name and Phone Number

Inspections: _____ ( ) -

Premium Audit: _____ ( ) -

Claims: ( ) -

Prior Payroll and Premium Information

	Total Annual Payroll	Premium $
Current Year:		
Prior Year:		
Prior Year:		
Prior Year:		
Prior Year:		

Operations and Benefits

Please provide a detailed description of the operation:

_____

Years in business? _____ Hours of operation- _____ to _____ # of Shifts - _____

Is there a driving/delivery exposure? ☐ Yes ☐ No

If yes, what is frequency: ☐ Daily ☐ Weekly ☐ Other: _____

Is a PUC/DMV filing required? ☐ PUC ☐ DMV ☐ N/A

Are vehicles company owned? ☐ Yes ☐ No

If yes, are vehicles taken home? ☐ Yes ☐ No

Of vehicles? _____ # Of drivers? _____

Vehicle/fleet maintenance program? ☐ Yes ☐ No

Radius of operations/travel: ☐ <50 miles ☐ 50-100 ☐ 100+

Any group transportation of employees? ☐ Yes ☐ No

If yes, how provided? ☐ car ☐ Truck ☐ Van ☐ Bus

# of employees transported per vehicle _____

# of vehicles used to transport _____

Frequency: ☐ Daily ☐ Weekly ☐ Monthly

If yes, who does the servicing? ☐ Outside vendor ☐ In-house mechanics ☐ Other: _____

Do employees use personal vehicles for company business? ☐ Yes ☐ No

Any out of state, international or overnight (within state) travel? ☐ Yes ☐ No

If yes, please provide details -

Why/purpose? _____

Who will travel? _____

Where? _____

Duration? _____

Frequency? _____

Do any employees work from home? ☐ Yes ☐ No

List the # of employees who live or work out of state:

_____ Live _____ Work

# of employees: Full time ____ Part-time ____ Seasonal ____ Volunteers ____ (Verify number is consistent with the number on Acord App)

# of W-2's issued – Last year ____ Previous year ____

Any day laborers or temporary/employee leasing? ☐ Yes ☐ No

If yes, please provide details on separate page.

% of union employees ___ % of non-union ___

Actual average hourly wage for employees in governing class $___/hour

How are employees paid? ☐ Hourly

☐ Piece rate ☐ Commission ☐ Flat salary

☐ Other: _____

Paid Sick Leave? ☐ Yes ☐ No

Paid Vacation? ☐ Yes ☐ No

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

Group medical provided? ☐ Yes ☐ No

If yes, name of healthcare provider - _____

% of employees enrolled ___

% 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, please provide the name of current MPN: _____

CPR training provided? ☐ Yes ☐ No

# of employees certified? _____

RTW Program? ☐ Yes ☐ No

Does it include salary continuation? ☐ Yes ☐ No

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

If yes, please provide details: _____

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_____

_____

Hiring Practices – Employee Selection - Claims

Written Application?	☐ Yes ☐ No	Pre-hire drug testing?	☐ Yes ☐ No
Reference Checks?	☐ Yes ☐ No	Post Accident drug testing?	☐ Yes ☐ No
Pre/post employment Physicals?	☐ Yes ☐ No	MVR Checks?	☐ Yes ☐ No
Orthopedic back testing?	☐ Yes ☐ No	Audio hearing tests?	☐ Yes ☐ No

Formal job descriptions on file? ☐ Yes ☐ No	Do you have a formal written accident report? ☐ Yes ☐ No
Are personnel files documented for pre-existing injuries? ☐ Yes ☐ No	Are there set procedures for reporting claims? ☐ Yes ☐ No
Average claim reporting time frame - _____	Any Interchange of labor? ☐ Yes ☐ No
Is job specific training provided? ☐ Yes ☐ No	If yes, please explain ☐ Another business ☐ Subsidiary
Employee Orientation Program? ☐ Yes ☐ No	☐ between departments ☐ Other: _____

If yes, is the orientation ☐ Verbal only? ☐ Verbal and Documented?

Supervisor to Employee ratio - ☐ Better than 4-1 ☐ 5-1 ☐ 6-1 ☐ 7-1 ☐ >7-1

Subcontractors used? ☐ Yes ☐ No If yes, for what purpose? _____

If yes, are certificates of insurance obtained and kept on file? ☐ Yes ☐ No

Independent contractors used? ☐ Yes ☐ No If yes, for what purpose? _____

If yes, how are they paid? ☐ 1099's? ☐ Other? Please explain- _____

Safety Program and Organization – Work premises and Environment

Are owners active in daily operations?	☐ Yes ☐ No	If yes, are they excluded from coverage?	☐ Yes ☐ No
Active injury & illness prevention program?	☐ Yes ☐ No	Has loss control services been performed in the last year?	☐ Yes ☐ No
Active safety incentive program?	☐ Yes ☐ No	Has Cal/OSHA visited or cited your business in the last year?	☐ Yes ☐ No
If yes, does it encompass all employees?	☐ Yes ☐ No	If yes, please provide explanation on separate page.	
What type of incentive? _____		Are safety meetings conducted?	☐ Yes ☐ No
Do employees receive safety training/orientation?	☐ Yes ☐ No	If yes, how often?	☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly
If yes, is the training -	☐ Formal / Documented ☐ Informal	☐ Other: _____	

Do you have a safety director or risk manager? ☐ Yes ☐ No Name and 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? ☐ Yes ☐ No ☐ N/A

Any material handling exposures? ☐ Yes ☐ No If yes, please explain _____

Any lifting exposures? ☐ Yes ☐ No	Forklift training provided? ☐ Yes ☐ No ☐ N/A
If yes, ☐ <25 lbs. ☐ 25-40 ☐ 40+	If yes, annual certification? ☐ Yes ☐ No

If 40+, manual lifting or with assistance? Please explain _____

Is all machinery/equipment properly guarded? ☐ Yes ☐ No ☐ N/A	Any use of Baler equipment? ☐ Yes ☐ No
Written Lock out / tag out / block out procedures in place? ☐ Yes ☐ No ☐ N/A	Condition of equipment? ☐ New ☐ Good ☐ Average
Respiratory program in place? ☐ Yes ☐ No ☐ N/A	Are all equipment operators trained/ certified? ☐ Yes ☐ No ☐ N/A
What is the maximum height at which you will work? _____	Personal protection equipment provided? ☐ Yes ☐ No ☐ N/A

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What is used? ☐ Ladder ☐ Scaffolding ☐ Scissor lifts ☐ N/A	Personal protection equipment provided? ☐ Yes ☐ No ☐ N/A
If scaffolding used, does the insured build their own? ☐ Yes ☐ No	If yes, strict enforcement of utilization? ☐ Yes ☐ No
Written Fall Protection Program? ☐ Yes ☐ No	What types of PPE? _____
Is the building / premises - ☐ Owned or ☐ Leased?	# Of years at current location? _____
Condition of premises? ☐ Excellent ☐ Very good ☐ Average	Age of building occupied? _____ year(s)

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

Signature of Applicant: _____ Date: _____

FOR Breweries:

Does the insured conduct any farming, if so describe?
Does equipment have proper safe guards?
Does the insured have Lock out/tag out procedures in place?
Are there any off-premise exposures? If so, what is the radius of travel?
Also describe the type of vehicles being used in the insured's business?
Is a class A driver license required? How many drivers does the insured have?
Does the insured review MVRs for new hires and annually for all EEs who drive?

Does the insured have a confined space program? The confined space program pertains to confined (small enclosed) spaces.
How big are the insured's brewing tanks?
Can they be entered? How are they cleaned?

Does the insured prepare and serve hot food items/entrees?
Does the insured have a tasting/Tap room? If so, what are the hours of operation?
In the tasting/Tap room, is beer sold to be consumed away from the premises?
If so, what is the percentage of sales from total gross receipts? Growlers.

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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
Special Written Procedures for working in Confined Spaces (Attics & Under Residences / Buildings)? ☐ Yes ☐ No	
Documented New Employee Orientation including Documented Training? ☐ Yes ☐ No	

Public Entities

Municipality _____ County _____

Check each applicable operational department / category:

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

F/T Staff _____ # P/T Staff _____

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

City Council Positions? ☐ Yes ☐ No # _____

County Supervisors Positions? ☐ Yes ☐ No # _____

Does the hiring process include: Drug Screening? ☐ Yes ☐ No Pre Employment Physicals? ☐ Yes ☐ No If yes, explain _____

Any Post Accident Drug Testing? ☐ Yes ☐ No

Is there a probationary period upon hire? ☐ Yes ☐ No If yes, 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, explain _____

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

Do any employees have take home vehicles? ☐ Yes ☐ No If yes, explain _____

Any underground work? ☐ Yes ☐ No If yes, explain _____

Any work above 12' in height? ☐ Yes ☐ No If yes, explain _____

Any confined space exposures? ☐ Yes ☐ No If yes, explain _____

If yes, is there a Written Confined Space Entry Program? ☐ Yes ☐ No

Any sub-contracted operations? ☐ Yes ☐ No If yes, explain _____

Are W / C Certificates of Insurance obtained on all sub-contractors? ☐ Yes ☐ No

Any use of independent contractors? ☐ Yes ☐ No If yes, explain _____

Number of vehicles? _____ Driving Radius? _____

Do employees use personal vehicle for business purposes? ☐ Yes ☐ No If yes, explain _____

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 - ___	
___ Valet ___ Busboys ___ Cooks		Any delivery? ☐ Yes ☐ No Delivery hours - _____ to _____	
Average price of entrée? ☐ <$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 repackaging operations? ☐ Yes ☐ No

If yes, please explain operations: _____

Assembly exposure? ☐ Yes ☐ No

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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 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 Attached 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):

☐ General Freight	☐ Logs, Poles Beams, Lumber	☐ Liquids/Gases	☐ Grain, Feed, Hay	☐ 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	☐ Oilfield Equipment	☐ Garbage, Refuse, Trash	☐ Beverages
☐ Driveway/Towaway	☐ Fresh Produce	☐ Livestock	☐ U.S. Mail	☐ Paper Products

☐ Other _____

Drivers: a) Number of Drivers _____ b) Number of Owner/Operators used _____

- Percentage where the Motor Carrier will provide workers' compensation for the 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 Owner/Operators used, please attach copy of contract: ☐ Attached or ☐ Not Applicable

d) Number of company drivers with Motor Carrier at least 12 months: _____

Number of Owner/Operator with Motor Carrier at least 12 months: _____ or ☐ Not Applicable

e) Number of Non-Union: _____ Union: _____

f) Do the drivers load and unload their 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, provide Month / Year of contract renewal: _____