

WORKERS COMPENSATION SUPPLEMENTAL APPLICATION



Insured: _____ FEIN: _____ Eff. Date: _____
 Contact: _____ Tel. #: _____ Website: _____

GENERAL INFORMATION: PLEASE COMPLETE ALL SECTIONS

Description of Operations (SPECIFIC): _____

of EE's: Full: _____ Part: _____ Volunteers: _____ Union: _____
 How Many W-2's Produced Last Year: _____ 1099's? _____ Gross Rec.: _____

BENEFITS:

Major Medical Plan Sponsored by Employer in Place: _____ Renewal Date: _____
 Carrier: _____ # on Plan: _____
 Vacation: _____ Sick Leave: _____ Pension: _____

SAFETY PROGRAM: PLEASE COMPLETE ALL SECTIONS

Safety Program / Compliant with SB 198: _____ Return to Light Duty Plan in Place: _____
 Return to Full Time Modified Work Plan: _____ Pre/Post Employment Physical: _____
 Drug/Substance Abuse Program in Place: _____ Pre-Hire: _____ Random: _____
 Post Accident: _____ DOT: _____ MRO? _____
 Frequency of Safety Meetings: _____ Incentive Programs: _____
 Personal Protective Equipment Provided: _____ Type: _____

OPERATIONS: PLEASE COMPLETE ALL SECTIONS

Hours of Operation: _____ to: _____ # of Shifts: _____ 24 Hour Ops: _____
 Driving Exposure: _____ # of Approved Drivers _____ Radius: _____
 Typs of Vehicles Driven: _____
 Use of Ladders: _____ Why: _____
 Confined Spaces: _____ Why: _____
 Hazardous Materials Exposure: _____ Describe: _____
 USL&H: _____ Jones ACT: _____ WRAP UP: _____ OCIP: _____
 Out of State Travel? _____ Explanation/Purpose: _____

PAYROLL & PREMIUM HISTORY: PLEASE COMPLETE ALL SECTIONS

Payroll: Prior year: _____ Premium: Prior year: _____
 2nd Prior: _____ 2nd Prior: _____
 3rd: Prior: _____ 3rd: Prior: _____
 4th Prior: _____ 4th Prior: _____
 ANY PRIOR LAPSE IN COVERAGE: _____ Why: _____

CONSTRUCTION: PLEASE COMPLETE IF CONTRACTING RISK

Contractor's License #: _____ Years of Trade Exp: _____
 Cost of Sub's: _____ Type of Work Sub'd: _____
 Number of Sub's Used: _____ Certificates of Insurance kept : _____
 Max Height Exposure: _____ Use of Cranes, booms, ? _____
 How Accessed: Ex..Ladder, Cherry Picker, Scaffolding _____
 Any Work Below Grade? _____ Max Depth in feet: _____ % of total work: _____
 Any work involving asbestos, abatement of any kind, Haz Mat, chemical/Petroleum products, underground tank or pipe cleaning/work, blasting, Highway/roadside, Light Pole Work, Demolition, Natural Gas, roofing exposives, bridge work of any kind, tunneling, tilt-up, work on or adjacent to docks/piers/seawalls, guns, boilers, solar panels, railroads,24 hr op's, logging, or sports: _____ INITIAL: _____
 Explanations: _____

RESTAURANTS: PLEASE COMPLETE IF ANY EXPOSURE

Average Entrée Price: _____ Square ft. of Kitchen: _____ Square ft. of Guest: _____
 Liquor Rec: \$ _____ Percentage: _____ % Notes: _____
 Live Entertainment: _____ Catering: _____ % Delivery: _____ %
 Number of: Valets: _____ Waiters: _____ Bartenders: _____ Bouncers: _____

JANITORIAL: PLEASE COMPLETE IF ANY EXPOSURE

Commercial: _____ VS. Residential: _____
 Employees work in pairs or more: _____ Employees Supervised: _____ Direct/Rove: _____
 Indicate % of services provided (must equal 100%):

_____ General Cleaning*	_____ Contruction Clean-up	_____ Parking Lot Cleaning
_____ Industrial Cleaning	_____ Ceiling Tile Cleaning	_____ Fire/Flood Restoration
_____ Carpet Cleaning	_____ Elevator Maintenance	_____ Crime Scene Clean-up
_____ Snow Removal	_____ Floor Waxing/Finishing	_____ Exterior Window <1 st.
_____ Chimney Cleaning	_____ Debris Clearing	_____ Hoods/Filters/Grease

LANDSCAPERS: PLEASE COMPLETE IF ANY EXPOSURE

License #: _____ Residential Percent: _____ Commercial Percent: _____
 Percent of Maintenance: _____ Installation/Planting: _____ Mow and Blow ONLY: _____
 Equipment Used: _____
 Any Roadside/Freeway Work? _____ Explanation: _____
 # of Vehicles: _____ Trucks _____ Vans _____ Buckets _____ Other _____
 % of Radius: _____ % <50 Miles _____ % 51-100 Miles _____ % 101-250 _____ % 250+ Miles _____
 Any Tree Pruning: _____ Height Exposure: _____ FT. _____ Free Removal: _____
 Any Containers Larger than 5 Gallons: _____ Erosion Control? _____ Pest Control: _____
 PPE Used: _____

AUTO REPAIR/SERVICE STATIONS/BODY SHOPS/TRANSMSSION REPAIR ETC...

Repair Op's _____ Work on "large" vehicles (Ex...Semi Trucks/Trailers, RV's, Military,) _____
 Tire Install: _____ Bullet Proof Cashier Booth: _____ Hrs of Op's: _____
 ANY Towing: _____ Rotation: _____ Roaming: _____ Repo: _____
 Gross Rec.: _____ Total _____ Repair _____ Store _____ Gas _____
 _____ Alcohol _____ Towing _____ Other _____ Motorsports _____