

WORKERS COMPENSATION SUPPLEMENTAL APPLICATION

Applicant: _____ Eff. Date: _____ FEIN: _____
 Contact Name: _____ Contact Title: _____
 Tel. No.: _____ Fax No.: _____

APPLICANT HISTORY:

Years in business: _____ No. of locations _____ Description of operations _____
 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 checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	_____		_____
Paid sick leave	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	_____		_____
Vacation	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	_____		_____
Retirement / Pension Plan	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	_____		_____

Name of Healthcare provider: _____
 Provide name of clinic, physician, or emergency room used for work place related injury: _____
 Full-time nurse maintained on staff: Yes No
 CPR training provided Yes 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 checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	Drug/substance abuse	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
Reference checks	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	Audiometric testing	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
Motor Vehicle Record check	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	Pre/Post employment physical	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
Volunteer labor used	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	Pathogenic test (i.e. lead)	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
Temporary labor used	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	Orthopedic back test	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No

OPERATIONS:

Hours of operation: _____ to _____ No. of daily shifts: _____
 Operation includes delivery Yes No No. of authorized drivers _____ No. of vehicles _____
 Frequency of delivery: Daily Weekly Other _____
 Delivery 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 is performed by employees Yes No
 Employees take vehicles home at night Yes No

PAYROLL AND PREMIUM HISTORY:

Payroll : Current Year _____
1st Prior Year _____
2nd Prior Year _____
3rd Prior Year _____

Premium: Current Year _____
1st Prior Year _____
2nd Prior Year _____
3rd Prior Year _____

HOTEL / MOTEL:

Number of guest rooms: _____ Room rate: Under \$50 **p** \$50-74.95 **p** \$75-99 **p** Over \$100 **p**
Food service: Operate own: **p** Yes **p** No Subcontract: Restaurant **p** Bar **p** Both **p**
Gross receipts: Food _____% Liquor _____%
Entertainment: **p** Yes **p** No Lounge: **p** Yes **p** No Armed Security: **p** Yes **p** No
Operation: Year round **p** Seasonal **p** Conference center: **p** Yes **p** No
Shuttle service: **p** Yes **p** No How many vans: _____
How are maids compensated: Salary **p** Hourly wage **p** Flat rate per room **p**
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: **p** Yes **p** No Is there assembly: **p** Yes **p** No
Lifting exposure or repackaging: **p** Yes **p** No Lbs: _____
If yes, describe? _____

MANUFACTURING:

Machine guarding: Point of operation: **p** Yes **p** No Drive mechanism: **p** Yes **p** No Moving Parts: **p** Yes **p** No
Lock-out/Tag-out program in place: **p** Yes **p** No Lifting: **p** Below 50 lbs. **p** Above 50 lbs. _____
Material handling exposure: **p** Yes **p** No Where / What: _____
Off premises operations: **p** Yes **p** No Percentage _____
TYPE OF MACHINES USED? _____

SERVICE STATIONS / AUTO REPAIR SHOPS / TRANSMISSION SHOPS:

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

ATTORNEYS:

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

RESTAURANT:

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

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 sub-contractors:

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:

(If more than 3 provide a separate list)

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 MATERIALLY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, 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: _____ **Date:** _____

Producer's Signature: _____ **Date:** _____