EVEREST SUPPLEMENTAL APPLICATION
(REVISED 10/04)

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 p Yes p No If not then who is eligible? _____

			% paid by employer	**% of participation**
Group Health	☐ Yes	☐ No	_____	_____
Paid sick leave	☐ Yes	☐ No	_____	_____
Vacation	☐ Yes	☐ No	_____	_____
Retirement / Pension Plan	☐ Yes	☐ 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	☐ Yes	☐ No	Drug/substance abuse	☐ Yes	☐ No
Reference checks	☐ Yes	☐ No	Audiometric testing	☐ Yes	☐ No
Motor Vehicle Record check	☐ Yes	☐ No	Pre/Post employment physical	☐ Yes	☐ No
Volunteer labor used	☐ Yes	☐ No	Pathogenic test (i.e. lead)	☐ Yes	☐ No
Temporary labor used	☐ Yes	☐ No	Orthopedic back test	☐ Yes	☐ 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 _____
Premium: Current Year _____
1st Prior Year _____
1st Prior Year _____
2nd Prior Year _____
2nd Prior Year _____
3rd Prior Year _____
3rd Prior Year _____

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: _____