

GENERAL SUPPLEMENTAL APPLICATION

Insured:

Address:

Website:

Effective Date:

Completed by:

Do you control this account? ☐ Yes ☐ No

Date:

OPERATIONS/EXPOSURES

Detailed description of the operation:

1. Number of employees is: ☐ Increasing ☐ Decreasing ☐ Stable
2. # of W-2's issued last year: Future layoffs foreseen? ☐ Yes ☐ No
3. Number of employees: Full time: Part-time: Seasonal: Volunteers:
4. Employees are paid? ☐ Hourly ☐ Piece Rate ☐ Commission ☐ Flat Salary ☐ Other:
Average hourly wage:
5. Do any employees work from home? ☐ Yes ☐ No
If yes, how many?
What are their duties?
6. Average length of employment: Average number of years of experience:
Ratio of supervisors to employees: Average supervisor length of employment:
Average supervisor years of experience:
7. Hours of operation:
☐ 24 hours a day
☐ Daily from 12:00 ☐ AM ☐ PM to 12:00 ☐ AM ☐ PM
Number of shifts:
Any weekend, night-shift, or graveyard shifts? ☐ Yes ☐ No
If yes, please provide details:
Any day-laborers or temporary/employee leasing used? ☐ Yes ☐ No
If yes, please provide details:
8. Any off-premises operations? ☐ Yes ☐ No If yes, what percentage %
Please describe these operations:
9. Are you currently participating in a MPN (Medical Provider Network)? ☐ Yes ☐ No
If yes above, please provide the name of current MPN:

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

If yes above, please provide details:

11. Does the insured belong to any trade associations? ☐ Yes ☐ No

If yes please list them:

12. Any group transportation of employees? ☐ Yes ☐ No

If yes, how are employees transported? ☐ Car ☐ Truck ☐ Van ☐ Bus ☐ Other:

Number of employees in a vehicle:

Number of vehicles:

Frequency:

SAFETY PROGRAM

1. Does the insured have a full-time Safety Director on staff (no additional job duties)? ☐ Yes ☐ No

If yes, how long has there been a designated safety person?

Name:

Title:

2. Formal safety incentive program? ☐ Yes ☐ No

If yes, what type of incentive(s)?

If yes, does it encompass all employees? ☐ Yes ☐ No

3. Do you have an accident investigation program? ☐ Yes ☐ No

If yes, do you have a formal written accident report? ☐ Yes ☐ No

4. Do you have an early return to work program? ☐ Yes ☐ No If yes, is it: ☐ Formal ☐ Informal

If yes, does it include salary continuation? ☐ Yes ☐ No

5. Formal Drug Testing? ☐ Yes ☐ No ☐ Pre-hire ☐ Post Accident

6. Are MVR's checked Pre-hire and Annually? ☐ Yes ☐ No ☐ N/A - No driving exposures

7. Are owners active in daily operations? ☐ Yes ☐ No

If yes, are they excluded from coverage? ☐ Yes ☐ No

8. Are safety meetings conducted? ☐ Yes ☐ No

If yes, are they: ☐ Formal/documented ☐ Informal

9. Is CPR training provided? ☐ Yes ☐ No

If yes, number of employees certified:

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10. Any material handling exposures? ☐ Yes ☐ No

If yes, please explain:

How much is lifted by hand: ☐ <25 lbs. ☐ 25-40 ☐ 40+

List any mechanical lifting devices used:

Forklifts used? ☐ Yes ☐ No

If yes, is forklift training provided? ☐ Yes ☐ No

Is there annual Certification for forklift drivers? ☐ Yes ☐ No

Number of Forklift Drivers:

Number of forklifts:

11. Has loss control services been performed in the last year? ☐ Yes ☐ No

Has Cal/OSHA visited or cited your business in the last year? ☐ Yes ☐ No

If yes to either of the above, please provide explanation:

12. Is PPE mandatory? ☐ Yes ☐ No

Personal protection equipment (PPE) provided? ☐ Yes ☐ No ☐ N/A

What PPE is used?

☐ Back Belts

☐ Face Guard

☐ Goggles

☐ Gloves

☐ Masks

☐ Respirators

☐ Hearing protection devices ☐ Other:

13. What is used? ☐ Ladder ☐ Scaffolding ☐ Scissor lifts ☐ N/A

If scaffolding is used, does the insured construct their own? ☐ Yes ☐ No

Is there strict enforcement of utilization? ☐ Yes ☐ No

What is the maximum height at which you will work?

14. The building/premises: ☐ Owned ☐ Leased

What is the condition of the premises? ☐ Excellent ☐ Very good ☐ Average

15. Please answer the following questions by marking the applicable box:

Is a respiratory program in place? ☐ Yes ☐ No ☐ N/A

Is all machinery/equipment properly guarded? ☐ Yes ☐ No ☐ N/A

Are all equipment operators trained/certified? ☐ Yes ☐ No ☐ N/A

What is the condition of equipment? ☐ New ☐ Good ☐ Average ☐ N/A

Material Safety Data Sheets available for all chemicals and products used? ☐ Yes ☐ No ☐ N/A

Written Lock out/tag out/block out procedures in place? ☐ Yes ☐ No ☐ N/A

PREMIUM/PAYROLL

Please use estimated premium and payroll for the current policy and audited premium and payroll for all prior periods. Please provide payroll and premium going back at least 4 full years.

	Premium	Payroll
Current policy period	\$	\$
1st Prior policy period	\$	\$
2nd Prior policy period	\$	\$
3rd Prior policy period	\$	\$

Please explain reason(s) for breaks in coverage or policies greater than or less than a full year:

BENEFITS

- Group medical provided? ☐ Yes ☐ No
If yes, name of Healthcare Provider: _____
% of employees enrolled: % % paid by employer: %
If yes, who is eligible: ☐ FT ☐ PT ☐ Seasonal ☐ Management/Supervisors only?
- Paid Sick Leave? ☐ Yes ☐ No
Paid Vacation? ☐ Yes ☐ No
- What is the average weekly wage of the employees in the governing class? \$
- Retirement/Pension plan? ☐ Yes ☐ No
If yes, does employer contribute? ☐ Yes ☐ No
- Do you use a specific medical provider to treat injured employees? ☐ Yes ☐ No

HIRING PRACTICES

- Are personnel files documented for pre-existing injuries? ☐ Yes ☐ No
- Employee Orientation Program?
☐ Yes ☐ Verbal only
☐ Verbal and Documented ☐ None

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3. Please answer the following questions by marking the applicable box

Written Application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is a background checking service used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reference Checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Formal job descriptions on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Orthopedic back testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is job specific training provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Audio hearing tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pathogenic test (i.e. lead)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DRIVING EXPOSURES

- Does the insured have employees who perform pick-up or delivery? ☐ Yes ☐ No
If yes, how frequently: ☐ Daily ☐ Week ☐ Other
Are motorcycles used for any driving pick-up or delivery operations? ☐ Yes ☐ No
Does the insured participate in the CHP Pull Program? ☐ Yes ☐ No
Travel Radius: ☐ 50 Miles or Less ☐ 51 – 100 Miles ☐ Greater than 100 Miles
of Vehicles: # of drivers:
- Vehicle/Fleet maintenance program? ☐ Yes ☐ No
If yes, who performs the service? ☐ Outside Vendor ☐ In-house employees
- Vehicle Inspection program? ☐ Yes ☐ No
- Are company vehicles owned? ☐ Yes ☐ No If yes, are vehicles taken home? ☐ Yes ☐ No
- Has a driver acceptability standard been established? ☐ Yes ☐ No
- Do employees use company vehicles for personal business? ☐ Yes ☐ No
Do employees use personal vehicles for errands or deliveries? ☐ Yes ☐ No
- Is a PUC/DMV filing program required? ☐ PUC ☐ DMV ☐ N/A
If a PUC/DMV filing is required what is the number?

TRAVEL EXPOSURES

- Any out of state, international or overnight (within state) travel? ☐ Yes ☐ No
If yes, please provide details and purpose:
Who will travel?
of employees who travel: Mode of transportation:
Frequency? Duration? Where?

CATASTROPHIC EXPOSURE

1. Does the insured work within 2 miles of the following: Government or military base, financial institutions, sports stadiums, arenas, theme parks, major bridges, tunnels, dams, utilities/power plants, transportation hubs, railroads, airports, shipping, historic/symbolic buildings, monuments or parks: ☐ Yes ☐ No
If yes, please explain:
2. Do they have employees in a 4 story building or greater: ☐ Yes ☐ No
If yes above, structure of buildings is: ☐ Tilt up Concrete ☐ Masonry ☐ Steel ☐ Wood Frame/Stucco

CLAIMS

For claims over \$25,000 please advise us of the following on a separate sheet:

Was it an accepted claim?

Is the employee still working for the insured?

How did it occur?

What was the injury?

What corrective action has the insured taken to prevent reoccurrences?

AGRICULTURE/FARMING

1. Insureds operations (check all that apply):
☐ Farm Labor Contractor FLC #:
☐ Field Crops Crops/Acres:
☐ Truck farm Crops/Acres:
☐ Orchard Crops/Acres:
☐ Vineyard % of insured's acreage devoted to growing table grapes:
☐ Livestock Types of livestock:
☐ Dairy ☐ Dude Ranch ☐ Other:

If Strawberry farm, are berries grown in raised beds (2 or more feet)? ☐ Yes ☐ No
Does insured grow mushrooms? ☐ Yes ☐ No
2. Do any family members work in operation? ☐ Yes ☐ No
3. Harvesting process: ☐ Mechanized ☐ Manual
If manual, are employees paid by piece (piecework)? ☐ Yes ☐ No
4. Are pruning operations performed by employees? ☐ Yes ☐ No ☐ By others

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5. Any crops/orchards located on hillsides or slopes? ☐ Yes ☐ No
6. Does insured use an outside vendor for chemical/pesticide application? ☐ Yes ☐ No
Does insured perform any aerial crop dusting operations? ☐ Yes ☐ No
7. Does the insured perform any packing operations of fruits/vegetables in the field? ☐ Yes ☐ No
Does the insured perform any packing operations of fruits/vegetables away from field? ☐ Yes ☐ No
8. Does the insured perform delivery? ☐ Yes ☐ No
If yes, number of delivery vehicles: _____ Delivery distance: _____
Does insured employees perform tarping or climb on trucks/trailers? ☐ Yes ☐ No
9. Are operations seasonal? ☐ Yes ☐ No
If yes, season begins: _____ ends: _____
of seasonal employees hired: _____
% of insured's seasonal employees that return each year: _____ % ☐ None
Is housing provided? ☐ Yes ☐ No If yes, # of employees housed? _____
10. Does the insured provide group transportation (4 or more people in one vehicle)? ☐ Yes ☐ No
If yes, how many employees at one time in one vehicle?
☐ One parcel to another parcel, within farm
☐ One farm to another farm, less than 10 miles
☐ One farm to another farm, more than 10 miles. Average distance: _____ miles
11. Does the insured own or operate any ATV's? ☐ Yes ☐ No
12. Any confined spaces exposures? ☐ Yes ☐ No
If yes, please provide details: _____
13. Is there an extreme temperature program that meets Cal OSHA requirements? ☐ Yes ☐ No

AUTOMOTIVE SERVICES

1. Does the insured have towing, roadside services or mobile operations? ☐ Yes ☐ No
If yes, any contract towing? ☐ Yes ☐ No
If yes, is there 24 hour exposure? ☐ Yes ☐ No
2. Is there a Mini-market on premises? ☐ Yes ☐ No
If yes, any sales of alcoholic beverages? ☐ Yes ☐ No

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3. Please answer the following questions by marking the applicable box:

Open 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any fueling operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security cameras used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any transportation of customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is cashier's booth bullet proof?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any fueling operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Access to Freeway? ☐ 0-1 mile ☐ 1-2 miles ☐ 2+ miles

5. How many employees are ASE trained and certified?

6. Does the insured have employees participate in/on racing teams or racing events? ☐ Yes ☐ No

CONTRACTORS

Please attach a project list for the last 12 months and a bid list for the next 12 months

1. Has the insured been in business with Workers' Comp Insurance for 3 years or more? ☐ Yes ☐ No

2. Does the insured have a current and active Contractor's License? ☐ Yes ☐ No
 Contractor's license number: _____ Years of experience in trade: _____
 Estimated # of jobs per year: _____

3. Indicate % of work conducted in each of the following operations (must equal 100% for each line):

New Construction	%	Remodeling/Service/Repair	%	= 100%
Commercial	%	Residential	%	= 100%
Interior	%	Exterior	%	= 100%

If exterior work is done, what is the maximum height exposure?

4. Does the insured hire "Day Laborers"? ☐ Yes ☐ No

5. Is the insured a Union Contractor? ☐ Yes ☐ No

6. Any use of cranes, booms or similar heavy construction equipment? ☐ Yes ☐ No

7. Any work below grade? ☐ Yes ☐ No Max Depth in feet: _____ Percent of total work: _____ %

8. Any confined spaces exposures? ☐ Yes ☐ No
 If yes, please provide details: _____

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9. Any work involving asbestos, hazardous product abatement, chemical/petroleum products, USL&H, underground tank or pipe replacement: ☐ Yes ☐ No
If yes, please explain:

10. Does this risk conduct work for the government or city municipalities? ☐ Yes ☐ No

11. Is the applicant involved in "Wrap Up" or "OCIP" projects? ☐ Yes ☐ No
If yes, please provide percentage of total payroll dedicated to these projects: %
Advise details on how applicant determines employee split between these projects and other contracts or projects (not Involving "wrap up" or "OCIP"):

12. Indicate % of work conducted in each of the following operations (if any):

Asbestos	%	Blasting	%	Bridge Work	%	Concrete Tilt-up	%
Crane Work	%	Demolition	%	Drilling	%	Dock/Sea Walls	%
Excavation	%	Exterior Framing	%	Gas Mains	%	Grading	%
Highway Work	%	Light Pole Work	%	Multi-Story Buildings	%	Roofing	%
Scaffold set-up	%	Sewer	%	Spray painting	%	Street/road work	%
Structural Steel	%	Supervisory only	%	Tunneling	%	Wrecking	%

13. Does the insured have an extreme temperature program meeting Cal OSHA requirements? ☐ Yes ☐ No

JANITORIAL CONTRACTORS

1. Which one of the following best describes the insured's operations (Please select only one option):

- ☐ Commercial Office Cleaning – No Waxing/Polishing of Floors or Walls
☐ Commercial Office Cleaning – Including Waxing/Polishing of Floors or Walls
☐ Residential cleaning
☐ Pool cleaning
☐ Sweeping of Parking Lots
☐ Other:

2. Does the insured perform any of the following operations:

- | | |
|---|---|
| <input type="checkbox"/> Exterior Window Cleaning | <input type="checkbox"/> Cleaning of health care or industrial facilities |
| <input type="checkbox"/> Carpet Cleaning | <input type="checkbox"/> Crime scene or Bio-Hazard clean-up |
| <input type="checkbox"/> Mobile Power/Pressure Washing services | <input type="checkbox"/> Graffiti removal |
| <input type="checkbox"/> Water or fire damage restoration | <input type="checkbox"/> Chimney cleaning from the roof |
| <input type="checkbox"/> Pest Control | <input type="checkbox"/> Aluminum Nitrate handling |
| <input type="checkbox"/> Fire Extinguisher refilling, service or repair | |

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3. Do they have on-site cleaning equipment and supplies? ☐ Yes ☐ No
4. What is the number of building the majority of your crew(s) service per shift:
☐ 1 Building ☐ 2-3 Buildings ☐ 3 or more buildings
5. Does the insured have Independent Contractors or 1099 Employees? ☐ Yes ☐ No
6. Employees supervised? ☐ Yes ☐ No If yes, supervision is: ☐ Direct ☐ Roving
 Do employees work in pairs or more? ☐ Yes ☐ No
7. Any group transportation of employees? ☐ Yes ☐ No

LANDSCAPING

1. Does the insured perform any of the following operations:

<input type="checkbox"/> Weed abatement	<input type="checkbox"/> Above ground level tree trimming
<input type="checkbox"/> More than incidental excavation work	<input type="checkbox"/> Clearing of land and/or debris
<input type="checkbox"/> Habitat restoration	<input type="checkbox"/> Set-up of holiday decorations
<input type="checkbox"/> Erosion control	<input type="checkbox"/> Removal of parasitic vines like mistletoe
<input type="checkbox"/> Tree planting greater than 15 gallons	<input type="checkbox"/> Tree removal
<input type="checkbox"/> Sprinkler installation	<input type="checkbox"/> Any work that required excavation or trenching below 6'
<input type="checkbox"/> Work along non-residential medians or major roads/highways	
2. Does the insured hire "Day Laborers"? ☐ Yes ☐ No
3. Percentage of operations that apply to insured:
 Mow and Bow: % Landscape Design: % Hydro Mulch: %
4. Do the insured's operations include snow removal? ☐ Yes ☐ Less than 10% ☐ More than 10% ☐ No
 If yes, does the insured perform any snow removal from rooftops? ☐ Yes ☐ No
5. Does the insured install artificial turf? ☐ Yes ☐ No
6. What percentage of the risk's operations are:

Residential	%	New	%	Remodel	%
Commercial	%	New	%	Remodel	%
7. Does the insured do hardscape work? ☐ Yes ☐ No
 If yes, % of the following operations:

Concrete or Masonry Work	%	Retaining walls	%
Swimming pools/spas	%	Waterfalls/ponds	%
Fences	%	Decks	%

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8. Any use of chippers, mulchers, cherry pickers, booms or other similar equipment? ☐ Yes ☐ No
If yes above, please explain:

9. What % of operations involves landscape work on green buildings (rooftops, sides of buildings)? %

MANUFACTURING

- Provide a brief description of the product manufactured:
- What is the weight of the insured's finished product (Please select only one option)?
☐ Less than 5 lbs. ☐ 6 lbs. to 25 lbs. ☐ 26 lbs. to 50 lbs. ☐ Greater than 50 lbs.
- Is 51% or more of the insured's product produced via a Computer Pneumatic Controlled machine or a CAD/CAM machine? ☐ Yes ☐ No
- Does the insured have assembly operations? ☐ Yes ☐ No
If yes, does the insured have job rotation? ☐ Yes ☐ No
- What types and percentage of raw materials does the insured use?

<input type="checkbox"/> Plastics	%	<input type="checkbox"/> Aluminum	%	<input type="checkbox"/> Titanium	%	<input type="checkbox"/> Zinc	%
<input type="checkbox"/> Magnesium	%	<input type="checkbox"/> Copper	%	<input type="checkbox"/> Cadmium	%	<input type="checkbox"/> Brass	%
<input type="checkbox"/> Lead	%	<input type="checkbox"/> Nickel	%	<input type="checkbox"/> Chromium	%	<input type="checkbox"/> Tin	%
<input type="checkbox"/> Other:			%				
- How many of each type of machine shown below are used?

CNC	#	Planer	#	Milling	#	Boring	#
Stamping	#	Drilling	#	Power Presses	#	Grinders	#
Cutters	#	Saws	#	Welding	#	Sandblasting	#
Die Casting	#	Press Brakes	#	Jig Borer	#	Lathes	#
Punch Press	#	Other (type and number):			#		
- Who is responsible for maintaining machinery? ☐ Insured ☐ Contractor ☐ Other:
- Does the insured do any installation? ☐ Yes ☐ No
If yes, please explain:
- Is there any off premises work? ☐ Yes ☐ No if Yes, what percentage: %
If yes, what are these operations & where?

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9. Any interchange of labor? ☐ Yes ☐ No

If yes, please explain:

10. Age of machinery: ☐ <2 years ☐ 2-5 years ☐ 5-10 years ☐ 10+ years

11. Accessible moving parts guarded on machinery/equipment? ☐ Yes ☐ No

12. Is building properly ventilated? ☐ Yes ☐ No
Is proper dust collection system in place? ☐ Yes ☐ No

HOTEL/MOTEL

1. Which of the following best describes the risk's operations?

- | | | | | |
|--|---|-------------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Hotel | Rating: No Rating | | | |
| <input type="checkbox"/> Hotel/Casino | Rating: No Rating | | | |
| <input type="checkbox"/> Motel | Rating: No Rating | | | |
| <input type="checkbox"/> Bed & Breakfast | Rating: No Rating | | | |
| <input type="checkbox"/> Timeshare | Brand Name: | | | |
| <input type="checkbox"/> Fraternity/Sorority House | <input type="checkbox"/> Boarding House | <input type="checkbox"/> Dude Ranch | <input type="checkbox"/> Hostel | <input type="checkbox"/> Brothel |

2. Does the insured rent their rooms by the hour? ☐ Yes ☐ No

3. Does the insured use sub-contractors for their major repairs? ☐ Yes ☐ No

4. Does the insured provide shuttle service? ☐ Yes ☐ No

5. Do they have the ability to store their cleaning equipment on each floor? ☐ Yes ☐ No
If yes, do they have access to an elevator? ☐ Yes ☐ No

RESTAURANTS

1. What type of restaurant best describes the insured's operations? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Fine Dining (Entrée Price \$20 or >) | <input type="checkbox"/> Casual Dining/Family Style | <input type="checkbox"/> Diner (IHOP/Denny's, etc.) |
| <input type="checkbox"/> Banquet Hall | <input type="checkbox"/> Cafeteria/Buffer | <input type="checkbox"/> Hotel/Resort Restaurant |
| <input type="checkbox"/> Fast Food | <input type="checkbox"/> Pizza Delivery | <input type="checkbox"/> Mobile Catering Truck |
| <input type="checkbox"/> Tavern/Sports Bar | <input type="checkbox"/> Gentleman's Club | <input type="checkbox"/> Night Club |

2. Does the insured do any off-site catering (delivery and set-up of food)? ☐ Yes ☐ No

3. Does the insured have entertainment? ☐ Yes ☐ No

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4. Does the insured have security guards or bouncers? ☐ Yes ☐ No
5. Are any of the insured's locations open after 11 pm? ☐ Yes ☐ No
6. Does the insured require non-slip shoes? ☐ Yes ☐ No
If yes, is this a "Shoes for Crews" program? ☐ Yes ☐ No
7. What is the percentage of liquor sales? %

RETAIL/WHOLESALE

1. Type of Merchandise?
2. Gross Receipts: \$ Wholesale % Retail % Warehousing? ☐ Yes ☐ No
3. Does the insured have repackaging or assembly operations? ☐ Yes ☐ No
If yes, please explain operations: