**Insured Name:**

**Web Site: FEIN:**

**All applicants must complete all of page 1, all of page 2, then must complete the page specific to their industry, and sign this form.**

|  |  |  |
| --- | --- | --- |
|  | **Payroll Information** | **Premium Information** |
| Current year |  |  |
| Prior year |  |  |
| Prior year |  |  |
| Prior year |  |  |
| Prior year |  |  |

**Operational Information**

Description of Operations (if not provided on Acord 130):

Hours of Operation: to # of shifts: Any 24 Hour Exposure: [ ] Yes [ ] No

Number of Years in Business: Average Employee Tenure With Company:

**Employee Selection / Training / Qualifications**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Written application: | [ | ] Yes [ | ] No | Annual MVR checks: | [ | ] Yes [ | ] No [ ] n/a |
| Reference Checks: | [ | ] Yes [ | ] No | Personnel files documented |  |  |  |
| Pre-hire Drug Testing: [ ] Yes [ ] No for pre-existing injuries: [ ] Yes [ ] No |
| Post Accident Drug Testing: Pre/Post Employ. Physicals: | [ [ | ] Yes [] Yes [ | ] No] No | Employee orientation: | [ | ] Yes [ | ] No |
| Hearing tests: | [ | ] Yes [ | ] No | Subcontractors used: | [ | ] Yes [ | ] No |
| Pre/Post Employ. MVR: | [ | ] Yes [ | ] No | if yes, certs of insurance kept: | [ | ] Yes [ | ] No |
| Independent contractors: | [ | ] Yes [ | ] No |  |  |  |  |

if yes to above, describe:

After terminating employees are personnel files documented with employee signed notes regarding any potential injuries

incurred during their work for you? Describe:

|  |  |
| --- | --- |
| **Employment Practices:** |  |
| Group medical provided:if yes, name of provide: | [ ] Yes [ ] No  | Number of full time employees: | This year:  | Last year: |
| Paid sick leave/vacation: | [ ] Yes [ ] No | Number of part time employees: |   |  |
| Retirement/Pension: | [ ] Yes [ ] No | Number of seasonal employees: |   |  |
| Are all employees eligible: | [ ] Yes [ ] No | Number of volunteer workers: |   |  |
| if not all, who is eligible: |   |  |  |  |
| Currently in MPN: | [ ] Yes [ ] No | If applicable, length of season: |   |
| if yes, name/describe: |   | Full time hours in work week: |   |

Average employee wage for the governing class: $ / hr. (exclude officers/directors salary from average) Average employee wage for the clerical/sales: $ / hr. (exclude officers/directors salary from average) How are employees paid: [ ] Hourly [ ] Salary [ ] Piece Rate [ ] Commission [ ] Rent/Housing [ ] Gifts [ ] Bonuses [ ] Other

Are employees: [ ] union [ ] non-union Percent of union employees: Do you have an established method for reporting claims: What is the average turnaround time for reporting claims:

|  |  |  |
| --- | --- | --- |
|  | **Risk Characteristics** |  |
| Driving/Delivery operations: | [ ] Yes [ ] No | Employees use personal vehicles for company: | [ | ] Yes [ | ] No |
| Purpose of Driving operations | :  | Any out of state or out of country travel: | [ | ] Yes [ | ] No |
| Radius of Operations: | [ | ] 0 - 25 Miles | Lifting exposure: | [ | ] N/A |  |  |  |
|  | [ | ] 26 - 50 Miles |  | [ | ] Under 20 Pounds |  |  |  |
|  | [ | ] 51 - 100 Miles |  | [ | ] 20 - 40 Pounds |  |  |  |
|  | [ | ] 101 - 200 Miles |  | [ | ] 40 - 50 Pounds |  |  |  |
|  | [ | ] Over 200 Miles |  | [ | ] Over 50 Pounds |  |  |  |
| Have a driver safety policy: | [ | ] Yes [ ] No | Have a formal lifti | ng policy | and is it followed: | [ | ] Yes [ | ] No |

Number of vehicles used: Number of authorized drivers:

Frequency of Driving/Delivery is [ ] Daily [ ] Weekly [ ] Monthly [ ] Infrequent

Any group transportation (2 or more employees, same vehicle): [ ] Yes [ ] No

If yes, # of employees transported (same time, same vehicle): If yes, frequency of trips involving group transportation:

 Percentage of ops Accessed Via:

|  |  |  |
| --- | --- | --- |
| Ops conducted below ground level: |   |  |
| Ops conducted at ground level: |   |
| Ops conducted between 0 and 6 feet: |   | [ | ] Ladders [ | ] Scaffolding [ | ] Cherry Picker/Boom [ | ] Other |
| Ops conducted between 6 and 12 feet: |   | [ | ] Ladders [ | ] Scaffolding [ | ] Cherry Picker/Boom [ | ] Other |
| Ops conducted between 12 and 24 feet: |   | [ | ] Ladders [ | ] Scaffolding [ | ] Cherry Picker/Boom [ | ] Other |
| Ops conducted above 24 feet: |  *total must be 100%* | [ | ] Ladders [ | ] Scaffolding [ | ] Cherry Picker/Boom [ | ] Other |

Max height at which your employees work: Max depth at which your employees will work: Do you have a formal and documented fall protection program: [ ] Yes [ ] No

Do employees maintain machines: [ ] Yes [ ] No Do employees clean inside machines or around gears or blades: [ ] Yes [ ] No

Are employees responsible for servicing vehicles or forklifts or other moving equipment: [ ] Yes [ ] No

Do your employees have a material handling exposure: [ ] Yes [ ] No Describe:

|  |  |
| --- | --- |
| **Loss Control and Safety** |  |
| Active IIPP: | [ | ] Yes [ | ] No |  | Active ownership in operations: | [ | ] Yes [ | ] No |
| Safety incentives: | [ | ] Yes [ | ] No |  | Monthly safety meetings: | [ | ] Yes [ | ] No |
| Specific Job Training: | [ | ] Yes [ | ] No |  | Risk manager employed: | [ | ] Yes [ | ] No |
| Forklift training: | [ | ] Yes [ | ] No [ | ] N/A | Personal protective equipment: | [ | ] Yes [ | ] No |
| Return to work program: | [ | ] Yes [ | ] No |  | Describe: |   |
| Respiratory program: | [ | ] Yes [ | ] No |  | Approx. date of last lo | ss control visit:  |

Do you provide training to all new employees and recurring training to all others on proper use and maintenance of equipment: [ ] Yes [ ] No Do you have a written safety manual: [ ] Yes [ ] No Is it provided to all employees in [ ] English [ ] Spanish [ ] Other/Multi Do supervisors receive specific safety training: [ ] Yes [ ] No Are they held accountable for injuries: [ ] Yes [ ] No

Are employee required breaks in the work hours strictly adhered to for all employees: [ ] Yes [ ] No

Condition of workplace premesis: [ ] Good [ ] Average [ ] Poor

Number of employees to a supervisor / manager: [ ] 4 to 1 [ ] 5 to 1 [ ] 6 to 1 [ ] More than 6 to 1

Has your company implemented any ergonomic safety procedures: [ ] Yes [ ] No Describe: Written Lockout / Tagout / Blockout Procedure in place: [ ] Yes [ ] No

Proximity to a medical clinic: [ ] < 5 miles [ ] 5 - 10 miles [ ] 11 - 20 miles [ ] over 20 miles

**Agriculture, Horticulture, Food Service & Food Manufacturing**

**Landscaping:**

Use of uncontrolled pesticides / herbicides: [ ] Yes [ ] No Removal of trees: [ ] Yes [ ] No

Any highway, roadway or street median work: [ ] Yes [ ] No Removal of heavy boulders: [ ] Yes [ ] No

Are employees transported in the open beds of pickup trucks: [ ] Yes [ ] No

More than 50% of exposure related to landscape construction or trenching: [ ] Yes [ ] No

Does the risk perform land clearing or debris removal: [ ] Yes [ ] No

**Farming (including Farm Labor Contractors):**

Primary Crops: [ ] Citrus [ ] Grapes [ ] Roots [ ] Ground/Bush Berries [ ] Melons [ ] Hay [ ] Walnuts/Other Tree Nuts [ ] Corn [ ] Other

Primary Stock: [ ] Cows [ ] Sheep [ ] Horses [ ] Chickens [ ] Turkeys [ ] Other

Housing of employees: [ ] Yes [ ] No If yes, how many:

How are employees selected for housing:

Does the claim history include claims made by employees provided housing: [ ] Yes [ ] No [ ] N/A Are employees transported in the open beds of pickup trucks: [ ] Yes [ ] No

Do employees ride on moving trailers: [ ] Yes [ ] No

Aerial crop dusting operations: [ ] Yes [ ] No Family members employed: [ ] Yes [ ] No

Terrain characteristics: [ ] Flat [ ] Hills Proper training and precautions to avoid heat stress: [ ] Yes [ ] No

For risks with a building exposure, max. number of employees inside at any one time: Do employees do any pesticide / fertilizer application: [ ] Yes [ ] No

If yes to above question, do employees have proper certification and training: [ ] Yes [ ] No

Wind conditions monitored prior to and during use of pesticides / herbicides: [ ] Yes [ ] No [ ] N/A

Is harvesting mechanized or manual: What is the max. height exposure: feet [ ] N/A Is there a grain silo and do employees enter: [ ] Yes [ ] No [ ] N/A How are heights accessed: [ ] ladders [ ] cherry pickers [ ] scissor lifts [ ] other

If there is a height exposure, does the risk have a formal fall prevention program: [ ] Yes [ ] No [ ] N/A

Does the risk have an exposure to overhead power lines: [ ] Yes [ ] No

Total number of drivers:

Will drivers load & unload their trucks: [ ] Yes [ ] No

Are all employees provided personal protective equipment, and is use strictly enforced [ ] Yes [ ] No

What types of personal protective equipment? [ ] Goggles [ ] Work Gloves [ ] Boots [ ] Back Belts [ ] Hard Hats [ ] Other

**Dairy Farms:**

Will employees enter stem pipes or conduct maintenance around collection lagoons: [ ] Yes [ ] No

Will the risk grow their own feed: [ ] Yes [ ] No Do milking barns contain elevated platforms: [ ] Yes [ ] No

Total size of the dairy herd:

Number of bulls:

**Packing / Cold Storage / Warehousing:**

Is the packing process manual or mechanized: [ ] Manual [ ] Mechanized [ ] Both (if both, % Manual ) Do employees utilize forklifts: [ ] Yes [ ] No If yes, are employees trained and certified annually? [ ] Yes [ ] No

Is there an amonia (or other chemical) exposure (including cleaning) [ ] Yes [ ] No If yes, describe Describe precautions taken to prevent ice buildup on warehouse/freezer floors:

Are facilities properly climate controlled: [ ] Yes [ ] No Approximate Average Indoor Temp:

**Restaurants:**

Catering? [ ] Yes [ ] No Delivery? [ ] Yes [ ] No Delivery Radius?

Any 24 Hour Locations? [ ] Yes [ ] No

Non-Stick/Slip Floors All Locations? [ ] Yes [ ] No Entertainment Provided? [ ] Yes [ ] No Employ Security/Bouncers? [ ] Yes [ ] No

Do employees clean grease traps/hoods/vents? [ ] Yes [ ] No

**Food Manufacturing:**

Process is [ ] Manual [ ] Mechanical Point of Operation Guards Intact? [ ] Yes [ ] No Non-Stick/Slip Floors? [ ] Yes [ ] No

Are employees responsible for maintenance/cleaning of machines? [ ] Yes [ ] No Confined Space Exposure [ ] Yes [ ] No

**Automotive**

Contract towing: [ ] Yes [ ] No If yes, with whom: Tire re-capping operations: [ ] Yes [ ] No 24 hour operations: [ ] Yes [ ] No

Mobile repair operations: [ ] Yes [ ] No Robbery occurrences in the last 4 years: [ ] Yes [ ] No

Emergency roadside repair services provided: [ ] Yes [ ] No Vehicle crushing operations: [ ] Yes [ ] No Work on heavy vehicles / equipment over 1 ton: [ ] Yes [ ] No Any ASE certified employees: [ ] Yes [ ] No Does risk provide transportation of customers: [ ] Yes [ ] No

**Accommodation & Recreation** (clubs, apartment ops.)

Operations include door or security guards, armed or un-armed: [ ] Yes [ ] No 24 hour operations: [ ] Yes [ ] No

Does the risk provide housing/rent: [ ] Yes [ ] No Will employees evict tennants: [ ] Yes [ ] No

Do operations include any pest control, fumigation work or property maintenance: [ ] Yes [ ] No

Golf clubs - do maintenance employees conduct tree trimming: [ ] Yes [ ] No Any volunteer exposure: [ ] Yes [ ] No

**Healthcare, Educational & Social Assistance**

Is the operation license to business in the state of domicile: [ ] Yes [ ] No

Are there written bloodborne pathogen safety protocols: [ ] Yes [ ] No

Any employee interchange involving job duties or multiple locations: [ ] Yes [ ] No Are proper lifting devices (hoyer lifts, etc.) used for patients / residents: [ ] Yes [ ] No Does the risk instruct all employees in proper lifting techniques: [ ] Yes [ ] No

Percentage of skilled employees (RN, LVN) to non-skilled employees Skilled: Non Skilled: % Any mobile or off site services provided: [ ] Yes [ ] No

Implementation of safety procedures for combative patients/residents/students: [ ] Yes [ ] No

Is there a disease prevention policy: [ ] Yes [ ] No Any out of state or city travel: [ ] Yes [ ] No

Does this facility have an internship program: [ ] Yes [ ] No If yes, describe: Volunteer labor: [ ] Yes [ ] No Food service provided: [ ] Yes [ ] No

Ratio of residents to caregivers: [ ] < 4 to 1 [ ] 4 to 1 [ ] 5 to 1 [ ] 6 to 1 [ ] 7 to 1 [ ] 8 to 1 [ ] > 8 to 1

**Information** (video, radio, newspaper)

Do employees collect cash / checks / other payment forms from clients: [ ] Yes [ ] No Are proper safety programs (including material handling) implemented: [ ] Yes [ ] No Do employees use personal vehicles for delivery purposes: [ ] Yes [ ] No

Are independent contractors utilized: [ ] Yes [ ] No Any excessive noise levels: [ ] Yes [ ] No

**Professional, Financial & Technical Services**

Any operations in remote areas: [ ] Yes [ ] No Risk in business less than 1 year: [ ] Yes [ ] No

Transportation of 3 or more employees in one vehicle > 3 times per week: [ ] Yes [ ] No

Is there an office ergonomic safety program: [ ] Yes [ ] No Any volunteer exposure: [ ] Yes [ ] No

Any work shifts in excess of 12 hours: [ ] Yes [ ] No Robbery occurrences in the last 4 years: [ ] Yes [ ] No

**Security Guards**

24 hour operations: [ ] Yes [ ] No Are employees armed: [ ] Yes [ ] No

Do employees work as bouncers / door guards: [ ] Yes [ ] No

Are employees police officers or sherrifs: [ ] Yes [ ] No

Any work at sporting events, crowd control, rock concerts, undercover investigations: [ ] Yes [ ] No

Do guards have proper certifications: [ ] Yes [ ] No

Do employees use their personal vehicles for mobile patrol work: [ ] Yes [ ] No

**Manufacturing**

Does the risk engage in the manufacture, production or testing of anti-venom, serum, anti-toxin, virus or bacteria agents: [ ] Yes [ ] No

Any computer network controlled machinery: [ ] Yes [ ] No

Employees using cutting, stamping or punch press machines properly certified: [ ] Yes [ ] No

Proper lock out / tag out procedures for machinery and equipment: [ ] Yes [ ] No

Use of chemicals restricted to qualified employees: [ ] Yes [ ] No

Is there a proper ventilation system in place: [ ] Yes [ ] No

Is there a proper dust collection system in place: [ ] Yes [ ] No

Is the majority of the manufacturing process manual: [ ] Yes [ ] No

Is maintenance of equipment outsourced: [ ] Yes [ ] No Employee rotation of duties: [ ] Yes [ ] No

Has a detailed descriptions of the manufacturing operations been provided on the application: [ ] Yes [ ] No

Does the risk employ a night cleaning crew: [ ] Yes [ ] No

Is machine guarding in-tact at: [ ] Point of Operation [ ] Drive Mechanism [ ] Gears/Cutting Tools Average age of machinery is: [ ] Under 2 Years Old [ ] Between 2 and 5 Years Old [ ] Between 5 and 10 Years Old [ ] 10+ Years Old Any machinery 15 years or older or custom made: [ ] Yes [ ] No

**Plastics:**

Type of manufacturing process used [ ] Extrusion [ ] Injection Molding [ ] Casting [ ] Fiberglassing

[ ] Compression Molding [ ] Thermoforming [ ] Laminating [ ] Other Do any operations produce plastic dust (e.g. grinding, sanding, buffing): [ ] Yes [ ] No

Are chemicals with flash points below 100 degrees used: [ ] Yes [ ] No

**Wood:**

Does the risk operate a veneer dryer, drying oven or drying kiln: [ ] Yes [ ] No

Does the risk conduct spray painting/finishing: [ ] Yes [ ] No If yes, is there a UL approved spray booth: [ ] Yes [ ] No

Does a majority of the risk's operations involve wood refinishing: [ ] Yes [ ] No

Do any operations produce wood particles / dust: [ ] Yes [ ] No

Is non-sparking tool equipment utilized: [ ] Yes [ ] No

**Metal:**

Any welding operations: [ ] Yes [ ] No If yes, percentage of total operations: % Does the risk conduct spray painting/finishing: [ ] Yes [ ] No If yes, is there a UL approved spray booth: [ ] Yes [ ] No Any casting or foundry operations: [ ] Yes [ ] No

Is the finished product any of the following: [ ] automobiles [ ] heavy equipment [ ] structural beams

[ ] metal plating [ ] weapons [ ] large tanks [ ] N/A

Do any operations produce metal dust (e.g. grinding, sanding, buffing): [ ] Yes [ ] No

**Transportation & Warehousing**

Total number of drivers:

Number of independent owner/operators:

Do you only use independent contractors: [ ] Yes [ ] No

Does the risk have established routes: [ ] Yes [ ] No Is this a mobile crane operation: [ ] Yes [ ] No Any employee shifts exceeding 12 hours: [ ] Yes [ ] No Have a Vehicle/Fleet Maintenance plan: [ ] Yes [ ] No Any height exposure on any device in excess of 30 feet: [ ] Yes [ ] No Trucks equipped with lift gates: [ ] Yes [ ] No Will drivers load & unload their trucks: [ ] Yes [ ] No Is vehicle maintenance outsourced: [ ] Yes [ ] No Any hazardous material hauling: [ ] Yes [ ] No

Employees have proper certification for any use of machinery: [ ] Yes [ ] No

Radius of Travel by Percentage (total must equal 100%):

<50 mi. 50 - 200 mi. 201 - 500 mi. 501 - 1,000 mi. >1,000 mi. Does the risk haul any of the following: [ ] n/a

[ ] Livestock [ ] US Mail [ ] Oilfield Equipment [ ] Mobile Homes [ ] Timber [ ] Oversized Loads

**Retail & Wholesale Trade**

Is applicant operating the following: [ ] pawn shop [ ] pet store [ ] firearm sales

Any delivery exposure over a 100 mile raduis: [ ] Yes [ ] No

Robbery occurrences in the last 4 years: [ ] Yes [ ] No

Do operations involve armed or unarmed security guards: [ ] Yes [ ] No

Are working rooms properly ventilated: [ ] Yes [ ] No

Does the operation include any repackaging or assembly work: [ ] Yes [ ] No

Do grocery operations include deli/restaurant/baking/bank/pharmacy exposures: [ ] Yes [ ] No

Does this risk warehouse a large portion of their goods off site: [ ] Yes [ ] No

**Service or Artisan Contractors**

More than 20% of the exposure on roof surfaces: [ ] Yes [ ] No Is the contractor licensed: [ ] Yes [ ] No

All employees working with machinery properly trained / certified: [ ] Yes [ ] No

Use of chemicals restricted to qualified employees: [ ] Yes [ ] No Any work with voltage above 220: [ ] Yes [ ] No Exposure to asbestos or other hazardous materials: [ ] Yes [ ] No Risk in business less than 1 year: [ ] Yes [ ] No Exposure to hexavalent chromium, CRVI or lead: [ ] Yes [ ] No

More than 20% of the exposure related to welding / soldering: [ ] Yes [ ] No

What is the max. height exposure: feet [ ] N/A

How are heights accessed: [ ] ladders [ ] scissor lifts [ ] other Transportation of 3 or more employees in one vehicle > 3 times per week: [ ] Yes [ ] No

More than 50% of work subcontracted: [ ] Yes [ ] No Work performed 8 feet or more below grade: [ ] Yes [ ] No

Installation of holiday or Christmas decorations: [ ] yes [ ] No Is the risk a framing contractor: [ ] Yes [ ] No

Does risk work in wraps or OCIP projects: [ ] Yes [ ] No Any confined space exposures: [ ] Yes [ ] No

Provide percentages of work:

 Commercial Residential

 Interior

 Exterior

Any work in the following operations [ ] n/a

[ ] Drilling [ ] Bridge work [ ] Utility poles [ ] Highways [ ] Roofing [ ] Scaffolding set-up [ ] Boilers

[ ] Gas Mains [ ] USL&H [ ] Street repair [ ] Street construction [ ] Framing only

**Janitorial:**

Does the risk work at: [ ] n/a [ ] Hospitals [ ] Medical offices [ ] Nursing homes [ ] Industrial plants

Does the risk provide the following services: [ ] n/a

[ ] Chimney cleaning [ ] Construction site clean-up [ ] Exterior window washing above first story [ ] Floor waxing

[ ] Pressure steam cleaning [ ] Fire-flood restoration [ ] Heating & ventilation cleaning [ ] Residential cleaning

**Reinsurance Information - Must be completed for each location with 75+ employees**

*(complete as many sections as needed - please attach additional copies if there are more than 3 locations with 75+ employees)*

Address: Number of employees at this location: Number of shifts: Hours of operation:

|  |  |  |
| --- | --- | --- |
| Type of construction: | Location is: | Seismically retrofit: |
| [ ] Frame[ ] Joisted Masonry[ ] Non-combustible[ ] Masonry non-combustible[ ] Modified fire resistive[ ] Fire resistive | [ ] Single building[ ] Multi-building[ ] Urban[ ] Suburban[ ] Rural | [ ] Yes Year: [ ] No |
| Building characteristics: |
| Age of building: Number of floors: Specific floors occupied:  |
| Classifications / Occupations at this location: |
| Class code: SIC Code: Employee Count: Payroll:  |
| Class code: SIC Code: Employee Count: Payroll:  |
| Class code: SIC Code: Employee Count: Payroll:  |

Address: Number of employees at this location: Number of shifts: Hours of operation:

|  |  |  |
| --- | --- | --- |
| Type of construction: | Location is: | Seismically retrofit: |
| [ ] Frame[ ] Joisted Masonry[ ] Non-combustible[ ] Masonry non-combustible[ ] Modified fire resistive[ ] Fire resistive | [ ] Single building[ ] Multi-building[ ] Urban[ ] Suburban[ ] Rural | [ ] Yes Year: [ ] No |
| Building characteristics: |
| Age of building: Number of floors: Specific floors occupied:  |
| Classifications / Occupations at this location: |
| Class code: SIC Code: Employee Count: Payroll:  |
| Class code: SIC Code: Employee Count: Payroll:  |
| Class code: SIC Code: Employee Count: Payroll:  |

|  |  |  |
| --- | --- | --- |
| *By signing this supplemental application, the applicant states that the information provided is accu provided is subject to verification. The application or policy coverage may be cancelled for misrepre* | *rate to the best of t sentation if informa* | *heir knowledge. All information tion provided is not accurate .* |
| Signature of Applicant | Date |
| Signature of Producer | Date |