

Workers' Compensation Supplemental Application

Insured: _____ Eff Date: _____

DBA: _____

Market Selection:

- | | | | |
|---|---|-----------------------------------|---|
| <input type="checkbox"/> State Fund of CA | <input type="checkbox"/> AmTrust | <input type="checkbox"/> Guard | <input type="checkbox"/> Markel/FirstComp |
| | <input type="checkbox"/> Employers | <input type="checkbox"/> Hartford | <input type="checkbox"/> Travelers |
| | <input type="checkbox"/> Everest National | <input type="checkbox"/> ICW | <input type="checkbox"/> Zenith |

Billing Plan Preference:

- ☐ Stipulated installments ☐ Monthly payroll reporting - *availability varies by carrier premium requirements*

Section 1: No Prior Insurance and New Ventures

1. Reason for no prior insurance - select one answer:

- ☐ Commencing to do business for the first time.
☐ Operating without employees and now hiring for the first time.
☐ Operating with employees without WC coverage.
☐ Other: _____

2. Date employees began working or will begin working for applicant: _____

3. Years of industry experience: _____

Section 2: Payroll and Premium History - all policies held within the last 4 years

Payroll : Expiring Yr. _____	Premium: Expiring Yr. _____
1st Prior Yr. _____	1st Prior Yr. _____
2nd Prior Yr. _____	2nd Prior Yr. _____
3rd Prior Yr. _____	3rd Prior Yr. _____

Section 3: Bankruptcy

1. Business or any principal of the business declared bankruptcy in the last seven years: ☐ Yes ☐ No

If Yes, please provide:

Name of Principal: _____ Chapter of Bankruptcy: _____
Date Filed: _____ Case Number: _____ Status: _____
Court Where Case Was Filed: _____

Section 4: Licenses

1. Contractors State License Board

CSLB Number: _____ or CSLB App Number: _____

2. Farm Labor Contractor License

Farm Labor Contractor? ☐ Yes ☐ No

If yes, please provide Farm Labor Contractor License Number: _____

3. Transportation Licenses - *complete sections 10 & 11*

USDOT Number: _____ DMV/MCP Number: _____
PUC Number: _____ Permit Type: _____

4. Other License Information

Other License Information: _____

Section 5: Additional General Questions

1. Offer the majority of your eligible employees Health Insurance: ☐ Yes ☐ No

If no, who is eligible: _____

If yes, Health Insurance Carrier: _____

	% paid by employer	% of participation	
Group Health <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	

2. Obtain workers from a professional employer organization (PEO), employee leasing firm, labor contractor, or any third-party entity: ☐ Yes ☐ No

3. Obtain temporary workers from other employers: ☐ Yes ☐ No

4. Assign temporary laborers to your current or potential clients: ☐ Yes ☐ No

5. Assign leased or long-term workers to your current or potential clients: ☐ Yes ☐ No

Section 6: Additional Questions

- | | | |
|--|------------------------------|-----------------------------|
| 1. Use any equipment that bends, forms, shapes, or cuts materials (e.g., power press): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Employ any relatives: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Employ any minors (under age 18): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Make any cash payments to employees or subcontractors: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Provide meals or lodging in lieu of wages: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Pay any employees by the piece: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have any work at a maritime or offshore facility: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have any locations/operations for which coverage is not required: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Have any operations outside of California: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Perform any asbestos removal: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Member of any trade or business association: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please explain any answers marked yes: _____

Section 7: Management Practices Questions

- | | | |
|---|------------------------------|-----------------------------|
| 1. Employee assistance program: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Paid vacations: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Paid sick leave: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Injury and illness prevention program in place: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Written return to work program for employees injured on the job: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Document employee training: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Document facility inspections: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. OSHA citations within the past year: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please explain: _____

- | | | |
|--|------------------------------|-----------------------------|
| 9. Provide temporary workers to other employers: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

If yes, please explain: _____

10. Check off the hiring practices implemented by your company:

- | | |
|--|--|
| <input type="checkbox"/> Job descriptions | <input type="checkbox"/> Employment application |
| <input type="checkbox"/> Pre-placement medical screening | <input type="checkbox"/> Motor Vehicle Record check |
| <input type="checkbox"/> Pre-placement drug screening | <input type="checkbox"/> Audiometric testing |
| <input type="checkbox"/> Drug-free workplace | <input type="checkbox"/> Pathogenic test (i.e. lead) |
| <input type="checkbox"/> Pre-employment reference checks | <input type="checkbox"/> Orthopedic back test |
| <input type="checkbox"/> Union employees | |

11. Indicate the safety activities currently established and practiced regularly:

- | | |
|--|---|
| <input type="checkbox"/> Return to light duty plan | Includes full wages: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Return to Full-time modified work plan | |
| <input type="checkbox"/> Designated Full-time safety director | Name: _____ |
| <input type="checkbox"/> Safety meetings held for all employees | Frequency of meetings: _____ |
| <input type="checkbox"/> Safety training held for all employees | |
| <input type="checkbox"/> Personal protective safety equipment provided for all employees | |

If yes, what equipment is provided: _____

- | |
|--|
| <input type="checkbox"/> Supervisors are held accountable for injuries / accidents |
| <input type="checkbox"/> Accident investigation program in place |

Section 8: Prior State Fund Policies

- | | | |
|--|--|--------------------------------------|
| 1. Has the business been insured by State Fund: | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please answer the following: |
| Name of entity and/or individual that is or was insured with State Fund: _____ | | |
| Most recent policy number: _____ | Coverage Dates: _____ | From: _____ To: _____ |

Section 9: Purchase Acquisition

1. Was this operation all or part of an existing business that was purchased or acquired: ☐ Yes ☐ No

If yes, please answer the following:

Percentage of business acquired: _____ % Date ownership changed: _____

Prior business owner's name: _____

Prior business address: _____

Prior name of business: _____

Is prior owner related to the new owner: ☐ Yes ☐ No If yes, list relationship below

Have operations changed since business acquired: ☐ Yes ☐ No

Percentage of employees kept from previous owner: _____ %

Are those employees earning more than 50% of the payroll: ☐ Yes ☐ No

Additional comments: _____

Section 10: Automobiles and Travel

Business operations include driving by employees for the following purpose(s):

1. Delivery: ☐ Yes ☐ No Frequency of delivery: ☐ Daily ☐ Weekly ☐ Other: _____

Delivery radius: ☐ <50 Miles ☐ 50-100 Miles ☐ 101-200 Miles ☐ >200 Miles ☐ Over-night trips

2. Travel to or between jobsites/facility locations: ☐ Yes ☐ No If yes, Frequency: _____ Radius: _____

3. Group transportation of employees: ☐ Yes ☐ No If yes, indicate max # employees per vehicle: _____

4. Sales/Service Calls: ☐ Yes ☐ No If yes, Frequency: _____ Radius: _____

5. # of authorized drivers: _____ # of company vehicles: _____ # of employee-owned vehicles used in business: _____

6. Frequency of MVR checks: _____ Participation in CHP Pull program: ☐ Yes ☐ No

7. Driver acceptability standards have been established: ☐ Yes ☐ No

8. Vehicles inspection / maintenance program: ☐ Yes ☐ No Frequency: _____

9. Vehicle maintenance is performed by employees: ☐ Yes ☐ No

10. Employees take company vehicles home at night: ☐ Yes ☐ No

Section 11: Industry Specific Questions

Apartment Owner or Operator

Total # of Units: _____ Units Per Each Location: _____

Total # of maintenance employees: _____ Typical duties: _____

Swimming Pool: ☐ Yes ☐ No If Yes, does pool have: ☐ Fence ☐ Self-latching Gate ☐ Rules Posted ☐ Accessible Life-Safety Equipment

Do employees perform any of the following types of work?

At heights over 12 feet: ☐ Yes ☐ No If yes, explain: _____

Extermination or fumigation: ☐ Yes ☐ No If yes, explain: _____

Furnace cleaning: ☐ Yes ☐ No If yes, explain: _____

Any work subcontracted: ☐ Yes ☐ No If yes, complete "Sub-Contracted Work" Section of this app

Attorneys

What type of law: _____

Any criminal law: ☐ Yes ☐ No Any insurance law: ☐ Yes ☐ No

Contractors (Complete this section for any risk performing contracting, service/repair or installation work)

Annual Gross Receipts: _____

General description of work done: _____

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

New Construction: Residential _____ % Commercial _____ % Industrial _____ %

Remodeling: Residential _____ % Commercial _____ % Industrial _____ %

Service/Repair: Residential _____ % Commercial _____ % Industrial _____ %

Installation: Residential _____ % Commercial _____ % Industrial _____ %

Interior work _____ % Exterior Work _____ % Max height of work: _____

Equipment Used: ☐ Cranes/Booms ☐ Heavy Equipment ☐ Excavation Equipment ☐ Scaffolds ☐ Ladders ☐ Other

If any of the above used, describe: _____

Any work subcontracted: ☐ Yes ☐ No

If yes, complete "Sub-Contracted Work" section below

Sub-Contracted Work

List each operation sub-contracted to others: _____

Annual Subcontracted Cost (labor & materials): _____

The following items are maintained and kept current for all sub-contractors:

Certificate of workers' compensation insurance ☐ Yes ☐ NoCertificate of general liability insurance with like limits and additional insured status: ☐ Yes ☐ NoCopy of each sub-contractor's license number ☐ Yes ☐ No

List below current sub-contractors, including contractor's license numbers: (If more than 3 provide a separate list)

_____**Landscaping or Lawn Service**

Annual Gross Receipts: _____

Any use of pesticides/herbicides: ☐ Yes ☐ No If yes, explain: _____Tree Trimming: ☐ Yes ☐ No If yes, % of total operations: _____ Work performed: ☐ from heights ☐ from ground

If tree trimming work from heights, describe: _____

Work along highways or freeways (including on/off ramps) or conducting traffic diversion: ☐ Yes ☐ No

If yes, explain: _____

Trenching operations and/or work below depth of 4 feet: ☐ Yes ☐ No

If yes, explain: _____

Hotel/Motel

Annual Gross Receipts: _____

Food service: Operate own: ☐ Yes ☐ No Subcontract: ☐ Restaurant ☐ Bar ☐ Both

Gross receipts: Food _____% Alcohol _____%

Entertainment: ☐ Yes ☐ No ☐ Lounge ☐ Armed SecurityOperations: ☐ Year Round ☐ Seasonal ☐ Conference CenterShuttle service: ☐ Yes ☐ No How many vans: _____How are maids compensated: ☐ Salary ☐ Hourly Wage ☐ Flat Rate Per Room

Who flips the mattresses and how are they turned: _____

Restaurants/BarsAnnual Gross Receipts: _____ Catering: ☐ Yes ☐ No % of Revenue: _____Alcohol Receipts (% of gross receipts): _____ Delivery: ☐ Yes ☐ No % of Revenue: _____

Average Entrée Price: _____ If yes, radius of delivery area: _____

Hours of operation: _____ to _____ Number of Daily Shifts: _____

Number of: Hosts _____ Wait-staff _____ Cooks _____ Bartenders _____ Valet Parkers _____ Security _____

Entertainment: ☐ Yes ☐ No Dance floor: ☐ Yes ☐ No Square Ft: _____If yes, describe? _____ Food truck: ☐ Yes ☐ No**Manufacturing**

Annual Gross Receipts: _____

Product Description: _____

Hours of operation: _____ to _____ Number of Daily Shifts: _____

Lock-out/Tag-out program in place: ☐ Yes ☐ NoMachine guarding: Point of operation: ☐ Yes ☐ No Drive mechanism: ☐ Yes ☐ No Moving Parts: ☐ Yes ☐ No

Type of Machines Used? _____

Material handling exposure: ☐ Yes ☐ No Lifting: ☐ Below 50 lbs. ☐ Above 50 lbs. _____Off premises operations: ☐ Yes ☐ No Percentage: _____ Where / What: _____

Retail/Wholesale

Annual Gross Receipts: _____ Wholesale: _____% Retail: _____%
Type of merchandise: _____ ☐ Import ☐ Domestic
Hours of operation: _____ to _____ Number of Daily Shifts: _____
Employee Compensation: ☐ Flat Salary ☐ Hourly Wage ☐ Commission
Outside sales employees: ☐ Yes ☐ No Is there assembly: ☐ Yes ☐ No
Lifting exposure or repackaging: ☐ Yes ☐ No Lbs.: _____ Installation of product at customer premises: ☐ Yes ☐ No

Service Stations/Auto Repair Shops/Transmission Shops

Annual Gross Receipts: _____
Hours of operation: _____ to _____ Mini-Market: ☐ Yes ☐ No Alcohol sold: ☐ Yes ☐ No
Gas operation: ☐ Full Service ☐ Self Service Bullet proof cashier booth: ☐ Yes ☐ No
Repair operation: ☐ Yes ☐ No Drop safe or registers: ☐ Yes ☐ No
☐ Tire Repair/Installation ☐ Over 1-Ton Truck Car Wash: ☐ Yes ☐ No If yes, ☐ Self Serve ☐ Full Serve
Towing: ☐ Yes ☐ No Contract tow: ☐ Yes ☐ No Access to freeway: ☐ 0-1 mile ☐ 1-2 mile ☐ 2+ mile

Trucking & Couriers/Parcel Delivery

Annual Gross Receipts: _____
Does business have any 1099 Employees: ☐ Yes ☐ No
If yes, Number of 1099's: _____ and Payroll: _____ Is this pay included in Acord payroll: ☐ Yes ☐ No
Please indicate the operations of the business: ☐ Interstate ☐ Intrastate
Type of goods delivered: _____

SIGNATURE**TO BE COMPLETED BY BROKER, OWNER, OR AN OFFICER/PARTNER OF THE BUSINESS OF THE BUSINESS SEEKING COVERAGE**

Insurance Code Article 6, Sec.11880 prohibits the willful misrepresentation of any fact in order to obtain lower insurance rates. All insurance carriers reserve the right to verify the accuracy of information provided to them by insurance applicants. I confirm that the information on the ACORD and Supplemental Application is true and correct to the best of my knowledge.

Completed by: _____ Title: _____

Signature: _____ Date: _____