

Name Insured: _____

Producer _____

Safety/Loss Control

- 1 Is there a formal safety Incentive Program? YES NO
 If so give a description.

- 2 Is there a Safety Director on staff? YES NO With no other job responsibilities? YES NO
 Name of Full-Time Safety Director (owner does not qualify): _____
- 3 Are safety meetings conducted? YES NO
- 4 Is there a formal accident investigation program? YES NO
 If "Yes", is it? Formal Informal
- 5 Is there a Return To Work Program? Formal Informal None
- 6 Does risk have pre-hire and post accident drug testing? YES NO
- 7 MVR's checks (Pre-hire & annually) (select 'Not Applicable' if no driving exposures): YES NO N/A
- 8 Number of employees is: Increasing Decreasing Stable

Additional Ownership Information

- 1 If you answered 'Yes' to ACORD question #5 (is applicant involved in any other type of business?) Is the risk's business combinable with this entity? YES NO
- 2 Is the other business included on this application or submitted to ICW Group on a separate application YES NO

Catastrophic Exposure

- 1 Does the risk have more than 50 employees in a building that is 4 stories or greater? YES NO

Prior Insurance

- 1 How many years has this risk had Workers' Compensation Insurance? _____ Yrs

Health benefits

- 1 Employee Participation _____ % Employer's Contribution _____ %
- 2 Union? YES NO
- 3 Turnover % last 12 months? _____ %

Sprinkler Contractor

- 1 Does risk have a current and active contractor's license? YES NO
- 2 What % of this risk's work is Commercial YES NO
- 3 What % of this risk's work is remodel/repair? YES NO
- 4 Does risk perform work off the ground greater than one story? YES NO
 a. If "Yes", estimate the % of height work to total work performed. _____ %
- 5 Has risk been cited for any OSHA violations in last 3 years? YES NO
- 6 Does the risk provide adequate training in safety procedures for workers who work in confined spaces? YES NO

Please explain: _____

- 7 What PPE equipment is worn by workers? _____

Premium and Payroll Information

- 1 Please provide all four (4) years of premium and payroll information.

Policy Term	Annual Premium	Annual Payroll
Expiring policy	_____	_____
1st prior	_____	_____
2nd prior	_____	_____
3rd prior	_____	_____

 Name of person completing application

 Date