



Alan Cobb Insurance Services

R-T WORKERS' COMP SUPPLEMENTAL APPLICATION

Insured:
DBA:

Eff. Date:

Contact Name & Title:

Tel. #.:

Fax #.:

Website Address :

GENERAL INFORMATION:

Years in business: # of locations

Description of operations

Union: ☐ Yes ☐ No If yes, name of Union

Current number of employees: Full time

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 in Governing Class: Full time \$

Part time \$

Average hourly wage in Clerical class: Full time \$

Part time

Average hourly wage in Sales class: Full time \$

Part time

Has the insured ever been in bankruptcy? ☐ Yes ☐ No If yes, explain

BENEFITS:

Are ALL employees eligible for benefits? ☐ Yes ☐ No ☐ Full Time Only ☐ Management only

Group Health: ☐ Yes ☐ No % Paid by employer % of participation

Paid sick leave ☐ Yes ☐ No Vacation ☐ Yes ☐ No Retirement / Pension Plan ☐ Yes ☐ No

Name of Healthcare provider:

Do you use a specific: Clinic ☐ Physician ☐ Emergency room ☐ Name:

Is CPR training provided? ☐ Yes ☐ No

SAFETY PROGRAM:

Safety program / IIPP compliant with SB 198 ☐ Yes ☐ No

Return to light duty plan ☐ 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

☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly

Incentive program for employees ☐ Yes ☐ No

Personal protective safety equipment provided ☐ Yes ☐ No

If yes, please explain:

Supervisors are held accountable for injuries / accidents ☐ Yes ☐ No

Accident investigation program in place ☐ Yes ☐ No

Do you have a Health & Wellness program? ☐ Yes ☐ No

Describe Health & Wellness activities: (eg. physical fitness and nutrition assessment and consultation, lifestyle health risk appraisal, discounted gym membership, walk-at-lunch program, weight loss/smoking cessation program, stress reduction, first aid, blood pressure management, physical demand validation of job descriptions, etc.)

HIRING PRACTICES:

Employment application ☐ Yes ☐ No

Reference checks ☐ Yes ☐ No

Motor Vehicle Record Check ☐ Yes ☐ No

Volunteer Labor used ☐ Yes ☐ No

Temporary labor used ☐ Yes ☐ No

Drug/substance abuse ☐ Yes ☐ No

Audiometric Testing ☐ Yes ☐ No

Pre/Post employment physical ☐ Yes ☐ No

Pathogenic test (i.e. lead) ☐ Yes ☐ No

Orthopedic back test ☐ Yes ☐ No

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OPERATIONS:

Hours of operation: _____ to _____ Number of daily shifts _____
Operation includes driving? ☐ Yes ☐ No Percentage of revenues from driving exposure _____ %
Types of vehicles driven _____ Number of authorized drivers _____ No. of vehicles _____
Reason(s) for driving (delivery, sales calls, etc.)? _____
Frequency of driving: Daily ☐ Weekly ☐ Other ☐
Driving 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 performed is performed by employees ☐ Yes ☐ No
Employees take vehicles home ☐ Yes ☐ No
Motor Carrier Permit (MCP) Filing Number: _____

PAYROLL AND PREMIUM HISTORY:

Payroll: 1st prior _____ Premium: 1st prior _____
2nd prior _____ 2nd prior _____
3rd prior _____ 3rd prior _____
4th prior _____ 4th prior _____
Any travel out of Country/ State? ☐ Yes ☐ No # of employees who travel: _____ Frequency _____
What Countries and/or States? _____ Purpose: _____

HOTEL / MOTEL:

Number of guest rooms: _____ Room rate: Under \$50 ☐ \$50-74.95 ☐ \$75-99 ☐ Over \$100 ☐
Food service: Operate own: ☐ Yes ☐ No Subcontract: Restaurant ☐ Bar ☐ Both ☐
Gross receipts: Food _____ % Liquor _____ %
Entertainment: ☐ Yes ☐ No Lounge: ☐ Yes ☐ No Armed Security: ☐ Yes ☐ No
Operation: Year round ☐ Seasonal ☐ Conference center: ☐ Yes ☐ No
Shuttle 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: _____

RETAIL / WHOLESALE:

Gross receipts: Wholesale _____ % Retail _____ % Compensation: Flat salary _____ Hourly wage _____
Type of merchandise _____ Commission _____
Palletized: ☐ Yes ☐ No Outside sales employees: ☐ Yes ☐ No
Lifting exposure or repackaging: ☐ Yes ☐ No Lbs.: _____ Is there assembly: ☐ Yes ☐ No If yes, what? _____
Forklift exposures describe: _____

MANUFACTURING & ASSEMBLING:

Machine guarding: _____ Point of operation: ☐ Yes ☐ No
Drive mechanism: ☐ Yes ☐ No
Moving Parts: ☐ Yes ☐ No Lock out/tag out: ☐ Yes ☐ No
% of – Point of operation guarding: _____
Moving parts _____ Drive Mechanism: _____
TYPE OF MACHINES USED? _____
Any piece-work or home-based work? ☐ Yes ☐ No If yes, explain: _____
Material handling exposure: ☐ Yes ☐ No
Lifting: ☐ Below 50 lbs. ☐ Above 50 lbs.
Off premises operations: ☐ Yes ☐ No Percentage _____
Where / What: _____
Personal Protection Equipment provided? ☐ Yes ☐ No
Use enforced? ☐ Yes ☐ No

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SERVICE STATIONS / AUTO REPAIR SHOPS / TRANSMISSION SHOPS:

Hours of Operation _____ to _____

Gas operation: ☐ Full Service ☐ Self service

Repair operation: ☐ Yes ☐ No

☐ Tire repair/installation ☐ Over 1-ton truck (yes/no)

Road Repair: ☐ Yes ☐ No

Towing: ☐ Yes ☐ No Contract tow: ☐ Yes ☐ No

Mini-Market: ☐ Yes ☐ No Liquor sold? ☐ Yes ☐ No

Bullet proof cashier booth: ☐ Yes ☐ No

Drop safe or registers: ☐ Yes ☐ No

Car Wash: ☐ Yes ☐ No If yes, ☐ self serve ☐ full serve

Access to freeway: ☐ 0-1 mile ☐ 1-2 miles ☐ 2+ miles

ATTORNEYS

What form of law:

Any criminal law: ☐ Yes ☐ No

Percentage

Any insurance law: ☐ Yes ☐ No

Percentage

RESTAURANT:

Average Entrée Price:

Liquor Receipts (% of gross receipts)

Entertainment: ☐ Yes ☐ No If yes, please provide details:

Catering: ☐ Yes ☐ No % of revenues:

Radius:

Delivery: ☐ Yes ☐ No % of revenues:

Radius:

Separate Lounge: ☐ Yes ☐ No

Twenty-four hour operation: ☐ Yes ☐ No

Multiple Floor levels ☐ Yes ☐ No

Number of: Hosts Valet Parkers

Waitpersons Bartenders

Cooks Take-out: ☐ Yes ☐ No

Non-slip shoes ☐ Yes ☐ No

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

JANITORIAL:

Percentage of revenues from: Office Buildings Manufacturing Plants Medical Properties Other

Pressure cleaning? ☐ Yes ☐ No Concrete cleaning or sealing? ☐ Yes ☐ No Roof or gutter cleanup? ☐ Yes ☐ No

Window Washing requiring ladder or other device for heights ☐ Yes ☐ No

Large Debris hauling ☐ Yes ☐ No

Other work requiring ladders ☐ Yes ☐ No Multiple Locations per night ☐ Yes ☐ No

Group Transportation ☐ Yes ☐ No

Confined Space (vents, etc) ☐ Yes ☐ No Buffing waxing carpet cleaning ☐ Yes ☐ No

FARMING OPERATIONS:

Row Crops: % Trees/Vines: % Dairy/Cattle: %

Is housing provided? ☐ Yes ☐ No If yes, how many employees?

How many acres: 160 or less ☐ 161-499 ☐ 500-999 ☐ 1000+ ☐

Transportation of employees: ☐ Yes ☐ No If yes, how: Van ☐ Bus ☐ Other ☐; Frequency: Daily ☐ Weekly ☐ Monthly ☐ Radius ☐

Use Labor Contractor? ☐ Yes ☐ No

How are employees paid? Hourly rate Piece rate Combination Other

Dairy Barn: Elevated ☐ Carousel ☐ Flat ☐ Other

Number of milking cows

Number of bulls Number of bulls 3 years and older

Outside Veterinary Services: ☐ Yes ☐ No

• Artificial Insemination: ☐ Yes ☐ No

Subcontracted? ☐ Yes ☐ No

• Hoof trimming: ☐ Yes ☐ No

Subcontracted? ☐ Yes ☐ No

• De-horning: ☐ Yes ☐ No

Subcontracted? ☐ Yes ☐ No

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- Does insured harvest for others? ☐ Yes ☐ No If yes, own equipment used? ☐ Yes ☐ No

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CONSTRUCTION: (Includes Landscapers and Artisan Contractors)

Contractor's License # Copy Included ☐ Yes ☐ No Classification
Detailed Description of Operation

Estimated Gross Receipts Estimated Subcontractors Receipts
Sub-contractors Certificates sent to agent? ☐ Yes ☐ No
Residential % Commercial % Re-model % New Contract %
Types of machinery and hand tools used
Proper guarding & maintenance in place ☐ Yes ☐ No
Any work performed above 2 stories: ☐ Yes ☐ No
If yes , explain
Any Roof Exposure: ☐ Yes ☐ No If yes, explain:
Any Concrete Tilt-Up Work: ☐ Yes ☐ No
Any work performed underground? : ☐ Yes ☐ No Max depth:
If yes, explain:
Details of Interior and/or Exterior work performed:

Any use of Cranes: ☐ Yes ☐ No If yes, explain
Any use of Scaffolds: ☐ Yes ☐ No If yes, are the ee's certified?
Highest number of Volts worked with:
Safety training provided ☐ Yes ☐ No
Details

Level of Supervision
of staff to Supervisors
Personal protective wear available? ☐ Yes ☐ No Examples:

Type of vehicles # of Vehicles Transportation of employees? ☐ Yes No ☐

of Drivers

Signed by:

Title:

Dated: