

# Workers Compensation Supplemental Application Submit with Accord 130

Named Insured: _____		Web Address: _____	
Insured's FEIN: _____			
<b>Contact Name and Phone Number</b>			
Inspections:	_____	( )	-
Premium Audit:	_____	( )	-
Claims:	_____	( )	-
<b>Prior Payroll and Premium Information</b>			
	<u>Total Annual Payroll</u>		<u>Premium \$</u>
Current Year:	_____		_____
Prior Year:	_____		_____
Prior Year:	_____		_____
Prior Year:	_____		_____
Prior Year:	_____		_____
<b>Operations and Benefits</b>			
Please provide a detailed description of the operation:			
Years in business? _____	Hours of operation- _____ to _____	# of Shifts - _____	
Is there a driving/delivery exposure? Yes No	Radius of operations/travel: <50 miles 50-100 100+		
If yes, what is frequency: Daily Weekly Other:	Any group transportation of employees? Yes No		
Is a PUC/DMV filing required? PUC DMV N/A			
Are vehicles company owned? Yes No	If yes, how provided? car Truck Van Bus		
If yes, are vehicles taken home? Yes No	# of employees transported per vehicle		
# Of vehicles? _____ # Of drivers?	# of vehicles used to transport		
Vehicle/fleet maintenance program? Yes No	Frequency: Daily Weekly Monthly		
If yes, who does the servicing? Outside vendor In-house mechanics Other:			
Do employees use personal vehicles for company business? Yes No	Do any employees work from home? Yes No		
Any out of state, international or overnight (within state) travel? Yes No	List the # of employees who live or work out of state:		
If yes, please provide details -	_____ Live _____ Work		
Why/purpose?			
Who will travel?			
Where?			
Duration?			
Frequency?			
# of employees: Full time _____ Part-time _____ Seasonal _____ Volunteers _____		(Verify number is consistent with the number on Accord App)	
# of W-2's issued – Last year _____ Previous year _____		How are employees paid? Hourly	
Any day laborers or temporary/employee leasing? Yes No		Piece rate Commission Flat salary	
If yes, please provide details on separate page.		Other:	
% of union employees _____ % of non-union _____		Paid Sick Leave? Yes No	
Actual average hourly wage for employees in governing class \$____/hour		Paid Vacation? Yes No	
Retirement / Pension plan? Yes No Does employer contribute? Yes No			
Group medical provided? Yes No		% of employees enrolled	
If yes, name of healthcare provider -		% paid by employer	
Do you use a specific medical provider to treat injured employees? Yes No			

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Are you currently participating in a MPN (Medical Provider Network)? Yes No	
If yes, please provide the name of current MPN:	
CPR training provided? Yes No	RTW Program? Yes No
# of employees certified?	Does it include salary continuation? Yes No
Has the ownership of the applicable entity changed within the past 5 years? Yes No	
If yes, please provide details:	

## Hiring Practices – Employee Selection - Claims

Written Application?	Yes No	Pre-hire drug testing?	Yes No
Reference Checks?	Yes No	Post Accident drug testing?	Yes No
Pre/post employment Physicals?	Yes No	MVR Checks?	Yes No
Orthopedic back testing?	Yes No	Audio hearing tests?	Yes No
Formal job descriptions on file?	Yes No	Do you have a formal written accident report?	Yes No
Are personnel files documented for pre-existing injuries?	Yes No	Are there set procedures for reporting claims?	Yes No
Average claim reporting time frame -		Any Interchange of labor?	Yes No
Is job specific training provided?	Yes No	If yes, please explain	Another business    Subsidiary
Employee Orientation Program?	Yes No	between departments	Other:
If yes, is the orientation    Verbal only?    Verbal and Documented?			
Supervisor to Employee ratio - Better than 4-1    5-1    6-1    7-1    >7-1			
Subcontractors used? Yes No    If yes, for what purpose?			
If yes, are certificates of insurance obtained and kept on file? Yes No			
Independent contractors used? Yes No    If yes, for what purpose?			
If yes, how are they paid? 1099's? Other? Please explain-			

## Safety Program and Organization – Work premises and Environment

Are owners active in daily operations?	Yes No	If yes, are they excluded from coverage?	Yes No
Active injury & illness prevention program?	Yes No	Has loss control services been performed in the last year?	Yes No
Active safety incentive program?	Yes No	Has Cal/OSHA visited or cited your business in the last year?	Yes No
If yes, does it encompass all employees?	Yes No	If yes, please provide explanation on separate page.	
What type of incentive?		Are safety meetings conducted?	Yes No
Do employees receive safety training/orientation?	Yes No	If yes, how often?	Daily    Weekly    Monthly    Quarterly
If yes, is the training -	Formal / Documented    Informal	Other:	
Do you have a safety director or risk manager? Yes No    Name and title:			
If yes, is the position full time or an additional responsibility of another employee?			
MSDS (Material Safety Data Sheets) available for all chemicals and products used? Yes No N/A			
Any material handling exposures? Yes No If yes, please explain			
Any lifting exposures?	Yes No	Forklift training provided?	Yes No N/A
If yes, <25 lbs.    25-40    40+		If yes, annual certification?	Yes No
If 40+, manual lifting or with assistance? Please explain			
Is all machinery/equipment properly guarded?	Yes No N/A	Any use of Baler equipment?	Yes No
Written Lock out / tag out / block out procedures in place?	Yes No N/A	Condition of equipment?	New    Good    Average
Respiratory program in place?	Yes No N/A	Are all equipment operators trained/ certified?	Yes No N/A
What is the maximum height at which you will work?		Personal protection equipment provided?	Yes No N/A

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What is used? Ladder Scaffolding Scissor lifts N/A	If yes, strict enforcement of utilization? Yes No
If scaffolding used, does the insured build their own? Yes No	What types of PPE?
Is the building / premises - Owned or Leased?	# Of years at current location?
Condition of premises? Excellent Very good Average	Age of building occupied? _____ year(s)

## Agriculture - Farming

Is harvesting mechanized or manual?	
Do you use contracted labor? Yes No	Is housing provided? Yes No
If yes, % of use?	If yes, # of employees housed -
Any seasonal workers used for operations? Yes No	Does all farm machinery have safety guards intact? Yes No
If yes, provide details of when season begins and ends, # of seasonal employees hired, and if same employees used each season	
Are employees transported by any vehicles on or off the premises? Yes No If yes, please explain on separate page.	
Any use of pesticides or fertilizers? Yes No	Any crop dusting operations? Yes No
If yes, applications by Employees? Outside Vendor?	If yes, services provided by Employees? Outside Vendor?
Do any family members work in operation? Yes No	Any work off premises? Yes No If yes, please explain on separate page.
<b>Dairy Farms:</b>	
What is the size of dairy herd?	Number of Bulls over 3 years old?
Does risk grow their own feed? Yes No	Does risk deliver any of their own milk products? Yes No
Is milking barn – Flat? Elevated?	Protective Barriers? Yes No
Average number of milkings per day?	Do any employees conduct or complete work on sump pumps? Yes No
Are employees allowed to enter stem pipes around lagoon? Yes No	
Are proper safety procedures in place for working near stem pipes, lagoons or sump pumps? Yes No	
Any confined spaces exposures? Yes No If yes, please provide details on separate page – include copy of written procedures and details of Confined Spaces Training.	

## Automotive Services

Any towing services provided?	Yes No	Any road repair assistance?	Yes No
If yes, any contract towing?	Yes No	If yes, 24 hour exposure?	Yes No
Is there a mini-market on premises?	Yes No	Any fueling operations?	Yes No
If yes, any sales of Alcoholic beverages?	Yes No	Any security/surveillance cameras on premises?	Yes No
Open 24 hours?	Yes No	Any test driving of customers' vehicles?	Yes No
Is cashier's booth bullet proof?	Yes No	Any transportation of customers?	Yes No
Access to Freeway? 0-1 mile 1-2 miles 2+ miles			
Are employees ASE trained and certified? Yes No If yes, how many employees?			

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## **Contractors**

Contractors license number?		Years experience in trade?		
Estimated annual gross sales?		Estimated # of jobs per year?		
Percentage of work sub-contracted out? ___ % What type?				
If subs used, does insured: Check annually? Directly supervise subs?				
Average # of certificates collected annually?		Average # of Waivers of Subrogation needed?		
Indicate % of work conducted in each of the following operations (must equal 100% for each):				
1) New Construction	Remodeling		Service/Repair	
2) Commercial	Apts/Condos/Tract Homes		Single Custom Homes	
3) Interior	Exterior ___ If exterior work done, what is the maximum height exposure?			
Any use of cranes, booms or similar heavy construction equipment? Yes No				
Any work below grade? Yes No		Max Depth in feet -	% of total work -	
Any confined spaces exposures? Yes No If yes, please provide details on separate page – include copy of written procedures and details of Confined Spaces Training.				
Any work involving asbestos, hazardous product abatement, chemical/petroleum products, USL&H, underground tank or pipe replacement? Yes No If yes, please explain -				
Does this risk conduct work for the government or city municipality? Yes No				
Is the applicant involved in "Wrap Up" or "OCIP" projects Yes No If yes, please provide percentage of total payroll dedicated to these projects, and advise detailed procedures on how applicant determines employee split between these projects and other contracts/projects (not Involving "wrap up" or "OCIP".				
Indicate % of work conducted in each of the following operations or Mark not applicable - N/A				
Blasting	Drilling	Light Pole Work	Demolition	Tunneling
Grading	Wrecking	Multi Story Buildings	Gas Mains	Crane Work
Asbestos	Highway Work	Scaffold set-up	Roofing	Concrete Tilt-up
Sewer	Exterior Framing	Structural Steel	Bridge Work	Excavation
Supervisory only	Street/road work	Spray painting	Dock/Sea Walls	

## **Hotel/Motel**

Number of guest rooms? _____		Room rates: <\$50 \$50-\$100 \$100+ Rent rooms - Daily Weekly Monthly		
Any shuttle, limo or similar service? Yes No If yes, please explain -				
Any Restaurant exposures? Yes No Does it include 24 hour room service? Yes No Bar or Lounge Area? Yes No				
Any entertainment provided? Yes No If yes, please explain -				
Housekeeping exposures: Moving of furniture? Yes No Mattress flipping or rotating? Yes No				
If yes, how often and # of employees involved in process?				

## **Janitorial Contractors**

Check appropriate exposures in the following areas:		Education Facilities	Nursing Homes	Apartment houses
Hospitals	Airports	Office Buildings	Stores	Fire/Flood/Restoration
Government	Museums	Medical Offices	Hotels	Manufacturing Plants
Indicate % of services provided (must equal 100%):				
___ General cleaning*	___ Chimney cleaning	___ Debris Clearing	___ Exterior window cleaning above 1 <sup>st</sup> floor	
___ Industrial cleaning	___ Ceiling Tile cleaning	___ landscaping	___ Heating, A/C ventilation service	
___ Carpet Cleaning	___ Elevator maintenance	___ Parking lot cleaning	___ Aircraft service and maintenance	
___ Snow removal	___ Maid/housekeeping services	___ Fire/flood restoration	___ Servicing/cleaning of hoods/filters/grease traps/etc	
___ Pest control	___ Floor waxing and refinishing	___ Crime scene clean-up	___ Pressure or steam washing operations	
* General Cleaning includes operations such as vacuuming, dusting, wastebasket trash pick up, floor and rug cleaning, restroom clean-up				
Do employees work in pairs or more? Yes No Employees supervised? Yes No Direct or Roving supervision?				

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## ***Landscaping***

Any tree trimming performed that is off the ground?	Yes No	Any boulder or tree removal performed?	Yes No
Any use of tractors, loaders or similar equipment?	Yes No	Any highway or median work conducted?	Yes No
Any use of chippers, mulchers, cherry pickers, booms or other similar equipment? Yes No			
If yes, please explain -			
Any use of pesticides or fertilizers? Yes No			
If yes, is the application completed by - Employee? Outside Vendor?			
Any debris removal or land clearing activities? Yes No			
If yes, please explain -			

## ***Manufacturing – Machine Shops***

Any punch press or press brake machinery/equipment? Yes No	Machine Guarded: Point of operation Drive Mechanism
Age of machinery: <2 yrs 2-5 yrs 5-10 yrs 10+ yrs	Accessible moving parts guarded on machinery/equipment? Yes No
Types of machines (must equal 100%) - Heavy ___ Mid ___ Light ___ Any Computer Network Controlled (CNC) machinery? Yes No	
% of off-premise operations: ___ If yes, where/what for?	
Is building properly ventilated? Yes No	Is proper dust collection system in place? Yes No

## ***Restaurants***

Entertainment provided?	Yes No	Bar or separate lounge area?	Yes No
Fast Food?	Yes No	Any catering? Yes No	
Number of: ___ Hosts ___ Waitpersons ___ Bartenders	If yes, radius of operations: ___ miles % of exposure -		
___ Valet ___ Busboys ___ Cooks	Any delivery? Yes No Delivery hours - ___ to		
Average price of entrée? <\$5 \$5-\$15 \$15+	If yes, radius of operations: ___ miles % of exposure -		
Servicing, cleaning of hoods/filters/grease traps or related systems provided by: Outside vendor Employees			

## ***Retail / Wholesale***

Type of Merchandise?			
Gross Receipts: Wholesale ___ % Retail ___ % Warehousing? Yes No			
Any repacking or repackaging operations? Yes No			
If yes, please explain operations:			
Assembly exposure? Yes No			
If yes, please explain exposure:			
Any distribution exposure? Yes No If yes, by common carrier or does insured have a trucking exposure? Please explain on separate page.			

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## *Trucking*

**Type of Authority:** a) Common Carrier    Contract Carrier    Private    Brokerage    Exempt

b) Regular Route    Irregular Route

**Carrier Operations:**    California Only    Interstate

Length of Haul with Total % = 100%:

Under 50 Miles _____ %	50 – 200 _____ %	201 – 300 _____ %
301 – 500 _____ %	501 – 1,000 _____ %	Over 1,000 _____ %

**Filings:**    DOT# \_\_\_\_\_    PUC# \_\_\_\_\_    DMV/MCP# \_\_\_\_\_    Not Applicable

**Please Check the Questions and Attached the Applicable Data:**

Motor Carrier Identification Report, MCS-150:    Attached    or    Not Applicable

Cargo Classification:    See attached MCS-150    or    See below (check all that apply):

General Freight	Logs, Poles Beams, Lumber	Liquids/Gases	Grain, Feed, Hay	Chemicals
Household Goods	Building Materials	Intermodal Containers	Coal, Coke	Commodities Dry Bullion
Metal Sheets, Coils, Rolls	Mobile Homes	Passengers	Meat	Refrigerated Food
Motor Vehicles	Machinery, Large Objects	Oilfield Equipment	Garbage, Refuse, Trash	Beverages
Driveway/Towaway	Fresh Produce	Livestock	U.S. Mail	Paper Products
Other _____				

**Drivers:**    a) Number of Drivers \_\_\_\_\_    b) Number of Owner/Operators used \_\_\_\_\_

- Percentage where the Motor Carrier will provide workers' compensation for the Owner/Operators \_\_\_\_\_ %

- Percentage where the Motor Carrier will agree with the Owner/Operator that the Owner/Operator assumes the responsibilities of an Employer for the performance of work: \_\_\_\_\_ %

c) If Owner/Operators used, please attach copy of contract:    Attached    or    Not Applicable

d) Number of company drivers with Motor Carrier at least 12 months: \_\_\_\_\_

Number of Owner/Operator with Motor Carrier at least 12 months:    \_\_\_\_\_    or    Not Applicable

e) Number of Non-Union: \_\_\_\_\_    Union: \_\_\_\_\_

f) Do the drivers load and unload their trucks?    No    Yes (please provide detail of the types of materials loaded/unloaded and any equipment used: \_\_\_\_\_)

Is the applicant enrolled in the DMV Pull Program?    Yes    No    If so, how often? \_\_\_\_\_

Is the applicant enrolled in the CHP BIT Program?    Yes    No

Note: All information provided is subject to verification by way of an underwriting survey or inspection. Ironwood Brokers and Insurance Marketing must be notified of any significant change in operations or payroll. Terms of insurance coverage may be cancelled for misrepresentation if information provided is inaccurate.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_