

# WC SUPPLEMENTAL APPLICATION

Insured: \_\_\_\_\_ Eff Date: \_\_\_\_\_ FEIN NO. \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_ Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

## **INSURED HISTORY:**

Years in business: \_\_\_\_\_ No. of locations \_\_\_\_\_ Description of operations \_\_\_\_\_

Out of state exposure:  Yes  No If yes, name of states: \_\_\_\_\_ Foreign Travel:  Yes  No

Present number of employees: Full-time employees \_\_\_\_\_ 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: Full-time \$ \_\_\_\_\_ Part-time \$ \_\_\_\_\_

Benefits provided – are ALL employees eligible  Yes  No If not then who is eligible? \_\_\_\_\_

			% paid by employer	% of participation
Group Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Paid sick leave	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Vacation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Retirement / Pension Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____

Name of Healthcare provider: \_\_\_\_\_

Provide name of clinic, physician, or emergency room used for work place related injury: \_\_\_\_\_

Full-time nurse maintained on staff:  Yes  No

CPR training provided  Yes  No

Would you be willing to participate in an HCO program to control claim costs?  Yes  No

## **Indicate the safety activities currently established and practiced regularly:**

Safety program / IIPP in use compliant with SB 198  Yes  No

Return to light duty plan  Yes  No Includes full wages  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 Incentive program for employees  Yes  No

Personal protective safety equipment provided for all employees  Yes  No

Supervisors are held accountable for injuries / accidents  Yes  No

Accident investigation program in place  Yes  No

## **HIRING PRACTICES:**

Employment application  Yes  No Drug/substance abuse  Yes  No

Reference checks  Yes  No Audiometric testing  Yes  No

Motor Vehicle Record check  Yes  No Pre/Post employment physical  Yes  No

Volunteer labor used  Yes  No Pathogenic test (i.e. lead)  Yes  No

Temporary labor used  Yes  No Orthopedic back test  Yes  No

## **OPERATIONS:**

Hours of operation: \_\_\_\_\_ to \_\_\_\_\_ No. of daily shifts: \_\_\_\_\_

Operation includes delivery  Yes  No No. of authorized drivers \_\_\_\_\_ No. of vehicles \_\_\_\_\_

Frequency of delivery: Daily  Weekly  Other  \_\_\_\_\_

Delivery 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 is performed by employees  Yes  No

Employees take vehicles home at night  Yes  No

## **PAYROLL AND PREMIUM HISTORY:**

Payroll: Current Yr. \_\_\_\_\_  
1<sup>st</sup> Prior Yr. \_\_\_\_\_

Premium: Current Yr. \_\_\_\_\_  
1<sup>st</sup> Prior Yr. \_\_\_\_\_

2<sup>nd</sup> Prior Yr. \_\_\_\_\_  
3<sup>rd</sup> Prior Yr. \_\_\_\_\_  
4<sup>th</sup> Prior Yr. \_\_\_\_\_

2<sup>nd</sup> Prior Yr. \_\_\_\_\_  
3<sup>rd</sup> Prior Yr. \_\_\_\_\_  
4<sup>th</sup> Prior Yr. \_\_\_\_\_

**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 \_\_\_\_\_% Type of merchandise: \_\_\_\_\_  
Compensation: Flat salary \_\_\_\_\_ Hourly wage \_\_\_\_\_ Commission \_\_\_\_\_  
Outside sales employees:  Yes  No Is there assembly:  Yes  No  
Lifting exposure or repackaging:  Yes  No Lbs: \_\_\_\_\_  
*If yes, describe?*

**MANUFACTURING:**

Machine guarding: Point of operation:  Yes  No Drive mechanism:  Yes  No Moving Parts:  Yes  No  
Lock-out/Tag-out program in place:  Yes  No  
Material handling exposure:  Yes  No Lifting:  Below 50 lbs.  Above 50 lbs. \_\_\_\_\_  
Off premises operations:  Yes  No Percentage \_\_\_\_\_ Where / What: \_\_\_\_\_  
TYPE OF MACHINES USED? \_\_\_\_\_

**SERVICE STATIONS / AUTO REPAIR SHOPS / TRANSMISSION SHOPS:**

***Hours of Operation***

Gas operation:  Full Service  Self service  
Repair operation:  Yes  No  
 Tire repair/installation  Over 1-ton truck (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 type of law: \_\_\_\_\_  
Any criminal law:  Yes  No  
Any insurance law:  Yes  No

**RESTAURANT:**

Average Entrée Price: \_\_\_\_\_  
Liquor Receipts (% of gross receipts) \_\_\_\_\_  
Separate Lounge:  Yes  No  
Twenty-four hour operation:  Yes  No  
Number of: Hosts \_\_\_\_\_ Wait-staff \_\_\_\_\_ Cooks \_\_\_\_\_  
Bartenders \_\_\_\_\_  
Entertainment:  Yes  No If yes, please provide details: \_\_\_\_\_

Catering  Yes  No % of revenues \_\_\_\_\_  
Delivery  Yes  No % of revenues \_\_\_\_\_  
Valet Parking  Yes  No

***Radius of delivery area***

Take-out:  Yes  No % of revenues \_\_\_\_\_

**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

List of current sub-contractors and contractor's license numbers: \_\_\_\_\_  
 \_\_\_\_\_ (If more than 3 provide a separate list)

**CONTRACTORS:**

**Percentage of new construction: Residential \_\_\_\_\_% Commercial \_\_\_\_\_%  
 Industrial \_\_\_\_\_%**

Percentage of remodeling: Residential \_\_\_\_\_% Commercial \_\_\_\_\_% Industrial \_\_\_\_\_%  
 Percentage of repair work: Residential \_\_\_\_\_% Commercial \_\_\_\_\_% Industrial \_\_\_\_\_%

**Percentage of work subcontracted: \_\_\_\_\_%**

Any work performed above 2 stories:  Yes  No If yes, explain \_\_\_\_\_

Any Roof Exposure:  Yes  No 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? \_\_\_\_\_

Any Excavation exposure:  Yes  No If yes, explain depth \_\_\_\_\_

Are deliveries made:  Yes  No Frequency: Daily  Weekly  Other: \_\_\_\_\_

Delivery radius: Under 50 miles  50-100 miles  Over 100 miles

Vehicles owned:  Yes  No If so, take home:  Yes  No

Vehicle maintenance program:  Yes  No

MVR "Pull" program:  Yes  No If yes, how often \_\_\_\_\_

Any changes in operations in the last 5 years:  Yes  No If yes, describe: \_\_\_\_\_

Condition of equipment: Excellent  Good  Poor

Any job site security provided:  Yes  No If yes, describe: \_\_\_\_\_

**FARMS:**

Crops Grown	Avg. Acreage	Harvested Mechanically	Type of Equipment
		YES / NO	
		YES / NO	
		YES / NO	
		YES / NO	
		YES / NO	
		YES / NO	

1: How many acres: 160 or less  161-499  500-999  1,000+

2: Housing Provided:  Yes  No If so, how many employees \_\_\_\_\_

3: Transportation of employees:  Yes  No How: Van  Bus  Airplane  Other

Frequency: Daily  Weekly  Monthly  Radius \_\_\_\_\_

4: Use Labor Contractor:  Yes  No

5: Employees pay: Hourly rate \_\_\_\_\_ Piece rate \_\_\_\_\_ Combination \_\_\_\_\_ Other \_\_\_\_\_

6: Operation outside of California:  Yes  No

7: Dairy Barn: Elevated  Carousel  Flat  Other \_\_\_\_\_

a) Number of Milking cows \_\_\_\_\_

b) Number of Bulls \_\_\_\_\_ Number of Bulls 3 years old & older: \_\_\_\_\_

c) Outside Veterinary Services:  Yes  No

d) Artificial Insemination:  Yes  No Subcontracted:  Yes  No

e) Hoof trimming:  Yes  No Subcontracted  Yes  No

f) De-horn:  Yes  No Subcontracted  Yes  No

8: Does insured harvest crops for others:  Yes  No If so, own equipment used:  Yes  No

**TRUCKING EXPOSURES:**

1. Commodities Hauled – Breakdown by % of Revenue: \_\_\_\_\_

2. Type of Equipment – Type of Number of Vehicles:

Flatbed \_\_\_\_\_  Tractor Trailer \_\_\_\_\_  Double Trailer \_\_\_\_\_  Tank \_\_\_\_\_

Refrigerated \_\_\_\_\_  Other \_\_\_\_\_

3. Do drivers load and unload cargo?  Yes  No If yes, how often: \_\_\_% palletized loads?  Yes  No
4. Type of Carrier  Truckload(TL)  Less than Truckload (LTL)
5. Number of Drivers: \_\_\_\_\_
- b. Average age of Drivers: \_\_\_\_\_
- c. Average age of Vehicles: \_\_\_\_\_

**CATASTROPHE EXPOSURE:**

Does insured work within 2 miles of the following building or facilities:

- Government or Military base  Yes  No
- Financial Institutions including national/regional stock exchange  Yes  No
- Sport Stadiums/Arenas and Theme Parks  Yes  No
- Major Bridges, Tunnels or Dams  Yes  No
- Utilities or Power Generation Plants  Yes  No
- Transportation Hubs, Railroads, Airports or Shipping  Yes  No
- Historic/Symbolic buildings, monuments or parks  Yes  No

**EXPOSURE INFORMATION-PREMISE-FIX LOCATION EMPLOYEE'S**

Total number of employee's:

State	Location #	Payroll	Total # of Employees	# of shifts	Maximum # of Employees per shift	Type of Building (see list below)	Year Built	# of Stories	Floors occupied
		\$							
		\$							
		\$							
		\$							
		\$							
		\$							
		\$							
		\$							

If additional locations exist please included on a separate form.

Type of Building: (1.) Steel 3 stories or greater (2.) Frame 3 stories or less (3.) Concrete tilt up

**COMPLETE PAGE #5 IF MORE THAN 100 EMPLOYEES PER LOCATION**

**\*\*\*THIS FORM MUST BE FILLED OUT IF IT APPLIES TO THE INSURED\*\*\***

Reinsurance Information: Must be completed for each location with 100+ employees

**Location #1**

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip code: \_\_\_\_\_

Number of employees at this location: \_\_\_\_\_ Hours of operation: \_\_\_\_\_ Number of shifts: \_\_\_\_\_

Type of construction: Frame (Code 1) \_\_\_ Joisted Masonry (Code 2) \_\_\_ Non-combustible (Code 3) \_\_\_

Masonry non-combustible (Code 4) \_\_\_ Modified fire resistive (Code 5) \_\_\_ Fire resistive (Code 6) \_\_\_

Seismically retrofit?  Yes  No If yes – year completed: \_\_\_\_\_

Age of building: \_\_\_\_\_ Number of floors: \_\_\_ Specific floors occupied: \_\_\_\_\_

Location is: Single building: \_\_\_ Multi-building: \_\_\_ Urban: \_\_\_ Suburban: \_\_\_ Rural: \_\_\_

Class codes: \_\_\_\_\_

Payroll by class code: \_\_\_\_\_

Reinsurance Information: Must be completed for each location with 100+ employees

**Location #2**

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip code: \_\_\_\_\_

Number of employees at this location: \_\_\_\_\_ Hours of operation: \_\_\_\_\_ Number of shifts: \_\_\_\_\_

Type of construction: Frame (Code 1) \_\_\_ Joisted Masonry (Code 2) \_\_\_ Non-combustible (Code 3) \_\_\_

Masonry non-combustible (Code 4) \_\_\_ Modified fire resistive (Code 5) \_\_\_ Fire resistive (Code 6) \_\_\_

Seismically retrofit?  Yes  No If yes – year completed: \_\_\_\_\_

Age of building: \_\_\_\_\_ Number of floors: \_\_\_ Specific floors occupied: \_\_\_\_\_

Location is: Single building: \_\_\_ Multi-building: \_\_\_ Urban: \_\_\_ Suburban: \_\_\_ Rural: \_\_\_

Class codes: \_\_\_\_\_

Payroll by class code: \_\_\_\_\_

Reinsurance Information: Must be completed for each location with 100+ employees

**Location #3**

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip code: \_\_\_\_\_

Number of employees at this location: \_\_\_\_\_ Hours of operation: \_\_\_\_\_ Number of shifts: \_\_\_\_\_

Type of construction: Frame (Code 1) \_\_\_ Joisted Masonry (Code 2) \_\_\_ Non-combustible (Code 3) \_\_\_

Masonry non-combustible (Code 4) \_\_\_ Modified fire resistive (Code 5) \_\_\_ Fire resistive (Code 6) \_\_\_

Seismically retrofit?  Yes  No If yes – year completed: \_\_\_\_\_

Age of building: \_\_\_\_\_ Number of floors: \_\_\_ Specific floors occupied: \_\_\_\_\_

Location is: Single building: \_\_\_ Multi-building: \_\_\_ Urban: \_\_\_ Suburban: \_\_\_ Rural: \_\_\_

Class codes: \_\_\_\_\_

Payroll by class code: \_\_\_\_\_

Reinsurance Information: Must be completed for each location with 100+ employees

**Location #4**

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip code: \_\_\_\_\_

Number of employees at this location: \_\_\_\_\_ Hours of operation: \_\_\_\_\_ Number of shifts: \_\_\_\_\_

Type of construction: Frame (Code 1) \_\_\_ Joisted Masonry (Code 2) \_\_\_ Non-combustible (Code 3) \_\_\_

Masonry non-combustible (Code 4) \_\_\_ Modified fire resistive (Code 5) \_\_\_ Fire resistive (Code 6) \_\_\_

Seismically retrofit?  Yes  No If yes – year completed: \_\_\_\_\_

Age of building: \_\_\_\_\_ Number of floors: \_\_\_ Specific floors occupied: \_\_\_\_\_

Location is: Single building: \_\_\_ Multi-building: \_\_\_ Urban: \_\_\_ Suburban: \_\_\_ Rural: \_\_\_

Class codes: \_\_\_\_\_

Payroll by class code: \_\_\_\_\_