



W/C SUPPLEMENTAL APPLICATION

NAMED INSURED: _____ EFFECTIVE DATE: _____
Contact Name & Title: _____ Tel #: _____
Website Address: _____ FEIN: _____

PLEASE COMPLETE PAGES 1 AND 2, AND THE SECTION ON PAGE 3 OR 4, SPECIFIC TO YOUR OPERATIONS.

GENERAL INFORMATION:

of years in business: _____ # of locations: _____ Description of operations: _____
Any changes in operations in the last 5 years? [] Yes [] No If yes, explain: _____
Union: [] Yes [] No If yes, name of Union: _____
Current # of employees: Full time _____ Part time _____ Seasonal _____ Volunteer _____
% of employee turnover in the last 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 _____
Ever been in bankruptcy? [] Yes [] No If yes, explain: _____

BENEFITS:

Are ALL employees eligible? [] Yes [] No If no, who is eligible for benefits? _____
Group Health: [] Yes [] No Group Health Renewal Date: _____ % paid by employer: _____ % of participation: _____
Name of Healthcare provider: _____
Paid sick leave: [] Yes [] No Vacation: [] Yes [] No Retirement/Pension Plan: [] Yes [] No
If used, name the specific: Clinic _____ Physician _____ Emergency Room _____
Full time nurse maintained on staff? [] Yes [] No CPR training provided? [] Yes [] No

SAFETY PROGRAM:

Is there a Safety program/IIP compliant with SB 198? [] Yes [] No
Is there a return to light duty plan? [] Yes [] No If yes, does it include full wages? [] Yes [] No
Is there a return to full time modified work plan? [] Yes [] No
Is there a designated full time safety director? [] Yes [] No Name _____
Are Safety meetings held for all employees? [] Yes [] No Frequency of meetings _____
Are Safety trainings held for all employees? [] Yes [] No
Is personal protective safety equipment provided? [] Yes [] No
Are supervisors held accountable for injuries/accidents? [] Yes [] No
Is there an accident investigation program in place? [] Yes [] No
Is there an incentive program for employees? [] Yes [] No

HIRING PRACTICES:

Employment application: [] Yes [] No Pre/Post employment drug/substance test: [] Yes [] No
Reference check: [] 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 _____ # of daily shifts: _____

Exposed to heights? Yes No How high up are they? _____

Is there heavy lifting? Yes No Weight of lifted objects: _____

Does operation include driving? Yes No # of authorized drivers: _____ # of vehicles: _____

Types of vehicles driven: _____

Reason(s) for driving (delivery, sales calls, etc.): _____

Frequency of driving: Daily Weekly Other _____

Driving: <50 miles 51-100 miles 101-250 miles >250 miles

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

Have driver acceptability standards been established? Yes No

Is there a vehicle inspection/maintenance program? Yes No Frequency _____

Is vehicle maintenance performed by employees? Yes No

Do employees take vehicles home? Yes No

Any travel out of state? Yes No Purpose for travel? _____

of employees who travel: _____ Frequency _____

PAYROLL AND PREMIUM HISTORY:

Payroll:	Current Year	_____	Premium:	Current Year	_____
	1 st Prior Year	_____		1 st Prior Year	_____
	2 nd Prior Year	_____		2 nd Prior Year	_____
	3 rd Prior Year	_____		3 rd Prior Year	_____
	4 th Prior Year	_____		4 th Prior Year	_____

CATASTROPHE EXPOSURE:

Do you work within 2 miles of the following building or facilities?

Government or Military base	<input type="checkbox"/> Yes <input type="checkbox"/> No	Financial institutions including national/regional stock exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sports stadiums/arenas and theme parks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Historic/symbolic buildings, monuments or parks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities or Power generation plants	<input type="checkbox"/> Yes <input type="checkbox"/> No	Transportations hubs, railroads, airports or shipping	<input type="checkbox"/> Yes <input type="checkbox"/> No
Major bridges, tunnels or dams	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If more than 1 location, please provide:

Address	# of Full Time Employees	# of Part Time Employees
Location #1: _____	_____	_____
Location #2: _____	_____	_____
Location #3: _____	_____	_____

PLEASE CONTINUE TO PAGES 3 AND 4 FOR INDUSTRY SPECIFIC QUESTIONS.

PLEASE COMPLETE THE SECTION BELOW SPECIFIC TO YOUR OPERATIONS AND SIGN ON PAGE 4:

MOTEL / HOTEL:

Number of guest rooms: _____ Fitness Center: Yes No
 Room rate: < \$50 \$50-74 \$75-99 > \$100 Spa: Yes No
 Subcontract: Restaurant Bar Spa Restaurant: Yes No
 % of total Gross Receipts: Food _____ % Lounge: _____ % Entertainment: Yes No
 Shuttle Service: Yes No # of vans: _____ Conference Center: Yes No
 How is housecleaning compensated? Salary Hourly wage Flat rate per room Armed Security: Yes No
 Who flips the mattresses and how are they turned? _____

RETAIL / WHOLESALE:

% of total Gross Receipts: Wholesale _____ % Retail _____ %
 Compensation: Flat salary _____ Hourly wage _____ Commission _____
 Type of Merchandise: _____ Palletized: Yes No
 Outside Sales employees: Yes No
 Lifting exposure or repackaging: Yes No Lbs. _____
 Is there assembly? Yes No If yes, explain: _____
 Describe forklift exposures: _____

MANUFACTURING / ASSEMBLING:

Machine guarding: Point of operation: Yes No If yes, % of total _____ %
 Driving mechanism: Yes No If yes, % of total _____ %
 Moving: Yes No If yes, % of total _____ %
 What type of machines used? _____ Condition of equipment: Excellent Good Poor
 Lock-out/Tag-out program in place: Yes No
 Personal Protection Equipment provided: Yes No Use enforced? Yes No
 Material handling exposure: Yes No Lifting: < 50lbs. > 50lbs.
 Off Premises operations: Yes No Where/What: _____ Percentage: _____ %
 Any piece-work or home-based work: Yes No Where/What: _____ Percentage: _____ %

SERVICE STATIONS / AUTO REPAIR SHOPS / TRANSMISSION SHOPS:

Hours of operation: _____ to _____ Gas operation: Full service Self service
 Repair operation: Yes No Mini-Market: Yes No
 Tire repair/installation Over 1-ton truck Liquor sold: Yes No
 Road repair: Yes No Bullet proof cashier booth: Yes No
 Towing: Yes No Drop safe or registers: Yes No
 Contract tow: Yes No Access to freeway: 0-1 mile 1-2 miles 2+ miles

ATTORNEY:

Type of law: _____
 Any criminal law? Yes No If yes, % of work: _____ %
 Any insurance law? Yes No If yes, % of work: _____ %

RESTAURANT:

Average Entrée Price: _____ Liquor: Yes No % of revenues _____ %
 Separate Lounge: Yes No Take-out: Yes No % of revenues _____ %
 24 hour operation: Yes No Catering: Yes No % of revenues _____ %
 Valet parking: Yes No # of valets: _____ Delivery: Yes No Radius of delivery area _____
 # of employees: Hosts _____ Wait-staff _____ Chefs _____ Bartenders _____
 Entertainment: Yes No If yes, provide details: _____

APARTMENT OWNER / 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

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: _____
 Any use of cranes? Yes No If yes, explain: _____
 Any use of scaffolds? Yes No If yes, are ee's certified? _____
 Any excavation exposure? Yes No If yes, explain depth: _____
 Any job site security provided? Yes No If yes, describe: _____
 Detail of interior and/or exterior work performed: _____

TRUCKING EXPOSURES:

Commodities Hauled – breakdown by % of revenue: _____
 # of vehicles by type: Flatbed: _____ Tractor Trailer: _____ Double Trailer: _____
 Tank: _____ Refrigerated: _____ Other: _____
 Do drivers load and unload cargo? Yes No If yes, how often? _____ Palletized Loads: Yes No
 Type of carrier: Truckload (TL) Less than Truckload (LTL)
 # of drivers: _____ Average age of drivers: _____ Average age of vehicles: _____

JANITORIAL:

Percentage of revenue: Office Buildings _____ % Retail _____ % Medical Properties _____ %
 Pressure Cleaning? Yes No If yes, explain: _____
 Concrete Cleaning or Sealing? Yes No If yes, explain: _____
 Roof or Gutter Cleanup? Yes No If yes, explain: _____
 Window Washing requiring ladder or device for heights? Yes No If yes, maximum# of stories: _____

Applicant Signature: _____ **Date:** _____

PLEASE COMPLETE AND RETURN TO ONE RISK GROUP, LLC ALONG WITH 4-YEARS OF CURRENTLY VALUED LOSS RUNS.