

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

Indicate the safety activities currently established and practiced regularly:

Safety program in use 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. _____
1st Prior Yr. _____
2nd Prior Yr. _____
3rd Prior Yr. _____
4th Prior Yr. _____

Premium: Current Yr. _____
1st Prior Yr. _____
2nd Prior Yr. _____
3rd Prior Yr. _____
4th 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
Off premises operations: Yes No Percentage _____ Lifting: Below 50 lbs. Above 50 lbs. _____
TYPE OF MACHINES USED? _____ Where / What: _____

ATTORNEYS

What type of law: _____
Any criminal law: Yes No
Any insurance law: Yes No

RESTAURANT:

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

Take-out: Yes No % of revenues _____

Radius of delivery area

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)

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: _____