



Named Insured:		Web Address:	
Insured's FEIN:			
CONTACT NAME		PHONE NUMBER	
Inspections:			
Premium Audit:			
Claims:			
Prior Payroll and Premium Information			
	Total Annual Payroll	Premium \$	
Current Year:			
Prior Year:			
Prior Year:			
Prior Year:			
Prior Year:			
OPERATIONS AND BENEFITS			
Broker controlled account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a member of the Chamber of Commerce? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide county and membership #:	
Please provide a detailed description of the operation:			
Years in business?		Hours of operation:	
No. of shifts:_____ Does the applicant allow employees to work more than three consecutive 12-hour shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there a driving or delivery exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		Radius of operations/travel: <input type="checkbox"/> <10 miles <input type="checkbox"/> 11-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100+	
If yes, what is the frequency? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other:		Any group transportation of employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a PUC/DMV filing required? <input type="checkbox"/> PUC <input type="checkbox"/> DMV <input type="checkbox"/> N/A		If yes, how provided? <input type="checkbox"/> Car <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Bus	
Are vehicles company owned? <input type="checkbox"/> Yes <input type="checkbox"/> No		No. of employees transported per vehicle:	
If yes, types of vehicles:		No. of vehicles used to transport:	
If yes, are vehicles taken home: <input type="checkbox"/> Yes <input type="checkbox"/> No		Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
No. of vehicles:	No. of drivers:	Is insured enrolled in DMV Pull program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle/fleet maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are driver acceptability standards in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who does the servicing?		If yes, provide details:	
Outside vendor: <input type="checkbox"/>			
In-house mechanics: <input type="checkbox"/>			
Other: <input type="checkbox"/>			
Does insured have and enforce the following policies for drivers:			
Alcohol/drug use: <input type="checkbox"/> Yes <input type="checkbox"/> No		Seat belt use: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Distracted driving: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any work-related injuries as a result of a prior motor vehicle accident within the past four years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide details, including fault of accident and if subrogation was pursued:			
Do employees use personal vehicles for company business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do any employees work from home? <input type="checkbox"/> Yes <input type="checkbox"/> No		No. of employees who live/work out of state: _____Live _____Work	
Any out-of-state, international or overnight (within state) travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details:	
Why/purpose?			
Who will travel?	Where?	Duration?	Frequency?
No. of employees: (verify no. is consistent w/ no. on ACORD application)	Full:	Part:	Seasonal:
			Volunteers:
No. of employees per location:	1.	2.	3.
			4.
Use a separate page if needed.			
No. of W-2s issued: Last Year: _____ Previous Year: _____		Paid sick leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Paid vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How are employees paid:	Hourly: <input type="checkbox"/>	Piece rate: <input type="checkbox"/>	Commission: <input type="checkbox"/>
			Flat Salary: <input type="checkbox"/>
			Other: <input type="checkbox"/>
Any day laborers or temporary/employee leasing? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details on separate page.	

% of union employees:	% of non-union:	Actual avg. hourly wage for employees in governing class: \$_____
Retirement/pension plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does employer contribute? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Group medical provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	If group medical is provided, who is the healthcare provider?	
% of employees enrolled:	% paid by employer:	
Do you use a specific medical provider to treat injured employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently participating in a MPN (Medical Provider Network)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide the name of current MPN:		
CPR training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	RTW program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
No. of employees certified?	Does it include salary continuation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the ownership of the applicable entity changed within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide details:		
HIRING PRACTICES - EMPLOYEE SELECTION - CLAIMS		
Written application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-hire drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reference checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Post-accident drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pre/post employment physicals? <input type="checkbox"/> Yes <input type="checkbox"/> No	MVR checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Orthopedic back testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Audio hearing tests? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Formal job descriptions on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a formal written accident report? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are personnel files documented for pre-existing injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there set procedures for reporting claims? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Average claim reporting time frame:	Any interchange of labor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is job specific training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: <input type="checkbox"/> Another business <input type="checkbox"/> Subsidiary <input type="checkbox"/> Between departments <input type="checkbox"/> Other:	
Employee Orientation Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is the orientation: <input type="checkbox"/> Verbal only? <input type="checkbox"/> Verbal and Documented?	
Employee to Supervisor ratio: <input type="checkbox"/> Better than 4-1 <input type="checkbox"/> 5-1 <input type="checkbox"/> 6-1 <input type="checkbox"/> 7-1 <input type="checkbox"/> >7-1		
Subcontractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for what purpose?	
If yes, are certificates of insurance obtained and kept on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Independent contractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for what purpose?	
If yes, how are they paid? <input type="checkbox"/> 1099s? <input type="checkbox"/> Other? Please explain.		
SAFETY PROGRAM AND ORGANIZATION - WORK PREMISES AND ENVIRONMENT		
Are owners active in daily operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are they excluded from coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Active injury & illness prevention program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has loss control services been performed in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Active safety incentive program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Cal/OSHA visited/cited your business in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, does it encompass all employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide explanation on separate page.	
What type of incentive?	Are safety meetings conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do employees receive safety training/orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how often? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other	
If yes, is the training: <input type="checkbox"/> Formal / Documented <input type="checkbox"/> Informal		
Do you have a safety director or risk manager? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Any material handling exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	
Any lifting exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No	Forklift training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, <input type="checkbox"/> <25 lbs. <input type="checkbox"/> 25-40 <input type="checkbox"/> 40+	If yes, annual certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 40+, manual lifting or with assistance? Explain:		
Is all machinery/equipment properly guarded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Any use of Baler equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Written lockout/tagout/blockout procedures in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Condition of equipment? <input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Average	
Respiratory program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	Age of equipment? <input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 20+	
What is the maximum height at which you will work? _____ feet	Please see Contractors Section for further elaboration.	
What is used? <input type="checkbox"/> Ladder <input type="checkbox"/> Scaffolding <input type="checkbox"/> Scissor lifts <input type="checkbox"/> N/A	If scaffolding used, does the insured build their own? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If insured builds own scaffolding, provide % of annual operations involving scaffold setup and teardown compared to total operations. _____ %		
Written Fall Protection Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please see Contractors Section for further elaboration.	
Are all equipment operators trained/ certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Personal protection equipment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is the building/premises: <input type="checkbox"/> Owned <input type="checkbox"/> Leased?	If yes, strict enforcement of utilization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Condition of premises? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Average	What types of PPE?	
No. of years at current location?	Age of building occupied? _____ years	

This section must be completed by all applicants who are individuals, sole proprietorships, husband and wife, or partnerships (where the general partners are husband and wife).

Please list below any relatives residing in your household who are employees of your business and to whom your books and records show payments to such relatives:

Employed Relatives*			
Name	Relationship to You	Job Title or Duties	Estimated Annual Remuneration

Check here if there are no relatives residing in your household that are employed in your business.

***Relatives are defined as: spouse, child by birth or adoption, stepchild, grandchild, son-in-law, daughter-in-law, parent, step-parent, parent-in-law, grandparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, sister-in-law, uncle, aunt, nephew, or niece.**

Note: Per California Labor Code, as an employer you are required to include in your Workers' Compensation coverage all relatives residing in your household who are your employees. Any policy issued based on information provided in this application will exclude coverage for residing relatives if none are listed above.

Note: All information provided is subject to verification by way of an underwriting survey or inspection. Arrowhead General Insurance Agency, Inc. 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:
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AGRICULTURE - FARMING

Is harvesting: <input type="checkbox"/> mechanized <input type="checkbox"/> manual?	If applicant is harvesting nuts crops, are shakers utilized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is any work performed on hillsides? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what percentage of total operations is conducted on hillsides? %
Do you use contracted labor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is housing provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, % of use?	If yes, number of employees housed:
Any seasonal workers used for operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does all farm machinery have safety guards intact? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details of when season begins and ends, no. of seasonal employees hired, and if same employees used each season:	
Are employees transported by any vehicles on or off the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain on separate page.
Any use of pesticides or fertilizers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any crop dusting operations? <input type="checkbox"/> Yes <input type="checkbox"/> No
If employees perform pesticide application, are they trained and certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is protective gear worn? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, applications by: <input type="checkbox"/> Employees? <input type="checkbox"/> Outside Vendor?	If yes, services provided by <input type="checkbox"/> Employees? <input type="checkbox"/> Outside Vendor?
Do any family members work in operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any work off premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain on separate page.
ATVs used? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many ATVs owned and used by applicant? ____ How many employees use ATVs? ____
Please provide a copy of your safety procedures, protective gear and training requirements.	
Does applicant ever lease or borrow ATVs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details.	
Are there any horses owned by insured or on insured's premises? <input type="checkbox"/> Yes, How many? ____ <input type="checkbox"/> No	
Dairy Farms:	
What is the size of dairy herd?	Number of bulls over three years old?
Does risk grow their own feed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does risk deliver any of their own milk products? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is milking barn: <input type="checkbox"/> Flat? <input type="checkbox"/> Elevated?	Protective Barriers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Average number of milkings per day?	Do any employees conduct or complete work on sump pumps? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees allowed to enter stem pipes around lagoon? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are proper safety procedures in place for working near stem pipes, lagoons or sump pumps? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any confined spaces exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details on separate page – include copy of written procedures and details of Confined Spaces Training.	

APARTMENT OPS - BUILDING OPS - HOTEL - MOTEL

Is housing provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how many employees are housed and describe their responsibilities:	
Any furnished apartments available? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, percentage of units furnished?
Are employees involved in property maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
Security guards employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Security cameras or other security devices on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, provide details (i.e. armed or unarmed, hours on premises):		
Does management collect payment from resident and/or is banking controlled by employee(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are employees responsible for eviction notification and/or enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of guest rooms?	Room rates: <input type="checkbox"/> <\$50 <input type="checkbox"/> \$50-\$100 <input type="checkbox"/> \$100+	Rent rooms: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Any shuttle, limo or similar service? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any restaurant exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does it include 24-hour room service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bar or lounge area? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any entertainment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.	
Housekeeping exposures: Moving of furniture? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mattress flipping or rotating? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how often and how many employees are involved in process?		

AUTOMOTIVE SERVICES	
Any towing services provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, any contract towing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any accident scene recovery operations performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, percentage of operations?
Any road repair assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, 24 hour exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a mini-market on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any fueling operations? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, any sales of alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any security/surveillance cameras on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
Open 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any test driving of customers' vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is cashier's booth bullet proof? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any transportation of customers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Access to freeway? <input type="checkbox"/> 0-1 mile <input type="checkbox"/> 1-2 miles <input type="checkbox"/> 2+ miles	
Any off-premises or mobile services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details including percentage of payroll dedicated:	
Any vehicle crushing operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a ventilated/filtered spray booth for painting operations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Do you have a written respiratory protection program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, do employees complete a medical evaluation questionnaire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If medical evaluation questionnaire completed, is it reviewed by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are employees properly trained in the use and care of respiratory protection equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Has proper fit testing been provided to each employee and their assigned respirator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any work performed on vehicles greater than 2.5 ton capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are employees ASE trained and certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many employees?
Any stacking of vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide maximum height of stacking:
Any welding performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
Are vehicle tanks drained of gas and other automotive fluids also drained at time of vehicle arrival to facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who removes air bags?	If employees, is any special training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any crushing of cars? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are dogs ever on premises (for security or other reasons)? <input type="checkbox"/> Yes <input type="checkbox"/> No

CONTRACTORS				
Contractors license number?	Years experience in trade?			
Estimated annual gross sales?	Estimated number of jobs per year?			
Percentage of work sub-contracted out? _____%	What type?			
If subs used, does insured: <input type="checkbox"/> Check annually? <input type="checkbox"/> Directly supervise subs?				
Average no. of certificated collected annually?	Average no. of Waivers of Subrogation needed?			
Indicate percentage 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 max. height exposure? _____			
Percentage of work/exposure:	<12':	12' to 24':	24' to 40':	>40':
What is used? <input type="checkbox"/> Ladder <input type="checkbox"/> Scaffolding <input type="checkbox"/> Scissor lifts <input type="checkbox"/> N/A				
If insured builds own scaffolding, provide % of annual operations involving scaffold setup and teardown compared to total operations. _____%				
Fall Protection Program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please select type below:				
<input type="checkbox"/> Guardrails <input type="checkbox"/> Safety Belt of Full Body Harness <input type="checkbox"/> Safety Net <input type="checkbox"/> Ladder Tie Offs <input type="checkbox"/> Training in Ladder/Scaffold Placement				
<input type="checkbox"/> Other, please describe:				
Any use of cranes, booms or similar heavy construction equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Any work below grade? <input type="checkbox"/> Yes <input type="checkbox"/> No	Max. depth in feet:	Percentage of total work:		

Any confined spaces exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide details on separate page – include copy of written procedures and details of Confined Spaces Training.)						
Does work involve asbestos, hazardous product abatement, chemical/petroleum products, USL&H, underground tank or pipe replacement? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please explain:						
Does this risk conduct work for the government or city municipality? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is the applicant involved in "Wrap Up" or "OCIP" projects? <input type="checkbox"/> Yes <input type="checkbox"/> 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 percentage of work conducted in each of the following operations or mark not applicable - <input type="checkbox"/> N/A						
Blasting _____%	Drilling _____%	Light Pole Work _____%	Demolition _____%	Tunneling _____%	Grading _____%	Wrecking _____%
Multi-story Buildings _____%	Gas Mains _____%	Crane Work _____%	Asbestos _____%	Highway Work _____%	Scaffold setup _____%	
Roofing _____%	Excavation _____%	Concrete Tilt-up _____%	Sewer _____%	Exterior Framing _____%	Structural Steel _____%	
Bridge Work _____%	Supervisory Only _____%	Street/road Work _____%	Spray Painting _____%	Dock/sea walls _____%		

HEALTH AND HUMAN SERVICES

Is applicant a licensed facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:	
Is operation accredited by CARF (Commission on Accreditation Rehabilitation Facility)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Is group transportation provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, # of company vehicles:	# of personal vehicles:
Percentage of group transportation subcontracted? _____ % <input type="checkbox"/> N/A			
Any off-site activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details:	
Does applicant offer "live-in" employees at client's residence/premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what percentage?	
Does applicant employ relatives of their clients? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide number of family related employees employed:			
Provide the typical relationship of employees to client (i.e. daughter, son, brother, sister, mother, father, etc.):			
Are relative employees held to the same hiring practices and training standards as all other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are remuneration/compensation packages the same for "relative employees" as for "non-relative employees"? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, provide details:			
Are certificates of insurance obtained from all subcontracted operations? <input type="checkbox"/> Yes <input type="checkbox"/> No		Average # of certificates collected annually? _____	
Does risk have a written Blood Borne Pathogen Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does this risk treat for HIV and/or AIDS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Does risk have patient/resident handling/lifting equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does risk have written patient/resident handling protocols? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does risk provide ongoing In-Service Training? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how often?	
Provide percentage of residents/patients:		Ambulatory:	Non-Ambulatory:
Does risk provide food service? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide details:	
Does risk have volunteers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If yes, provide details (# of volunteers, duties performed, etc.):			
Indicate percentage of operations in each of the following categories or mark not applicable - <input type="checkbox"/> N/A			
Abortion Clinic:	Acupuncture/Acupressure:	Blood banks/Donor Clinic:	Drug/alcohol Treatment Clinic:
Family Practice:	Industrial Clinic:	Med Lab/testing:	Specialist:
Mobile Operation:	Urgent Care Clinic:	Walk-in Clinic:	Weight Control Clinic:
Other:			
Indicate percentage of operations in each of the following categories or mark not applicable - <input type="checkbox"/> N/A			
Physicians/MD:	PhD:	Psychiatrist:	Psychologist:
Physicians Asst.:	Nurse Practitioner:	Registered Nurse:	Licensed Voc. Nurse:
Cert. Nurses Asst.:	Social Worker:	Counselor:	Dietary:
Dentists/ Surgeons:	Registered Dental Asst.:	Dental Hygienist:	Chiropractor:
Physical Therapist:	Physiotherapist:	Occupational Therapist:	Administrative:
Does insured require employees to take specific health care-related classroom or online classes which would give them a certificate or certification after passing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What percentage of total employees?			
If yes, provide details regarding the type of certification:			
If organization is a day care center or provides day care operations indicate the %: Children age up to 1yr: _____ 1-3yrs _____ 3-5yrs _____			
Maximum enrollment:		Number of currently enrolled children:	
Provide ratio of child-care staff to children: <input type="checkbox"/> 1 to 2 <input type="checkbox"/> 1 to 3 <input type="checkbox"/> 1 to 4 <input type="checkbox"/> Other, explain:			

Is the operation based out of a home residence? Yes No

If operation provides veterinary services please provide %: Domestic/Household pets _____% Farm animals _____% Exotic/Wild _____%

Provide details:

Provide percentage of the following: Grooming: _____% Kennel: _____% Boarding: _____%

Any field or off-site services provided? Yes No If yes, provide details:

HEALTH CLUBS

Does the operation offer any of the following amenities or services:

<input type="checkbox"/> Boot Camp Conditioning	<input type="checkbox"/> Home Trainer Sessions	<input type="checkbox"/> Dry Cleaning or Laundry Service	<input type="checkbox"/> Personal Trainer Sessions
<input type="checkbox"/> Spa Treatments	<input type="checkbox"/> Jacuzzi	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Aerobics/Pilates
<input type="checkbox"/> Tanning Beds	<input type="checkbox"/> Showers	<input type="checkbox"/> Sauna	<input type="checkbox"/> Towel Services
<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Boxing	<input type="checkbox"/> Climbing Walls	<input type="checkbox"/> Massage Therapy
<input type="checkbox"/> Kick Boxing	<input type="checkbox"/> Yoga	<input type="checkbox"/> Cycling	<input type="checkbox"/> Racquetball
<input type="checkbox"/> Basketball	<input type="checkbox"/> Cosmetology/Esthetician Services		

Any off-site operations? Yes No If yes, provide details:

Do employees assist customers as a "spotter"? Yes No If yes, provide details:

Are employees involved in facilities maintenance and/or janitorial operations? Yes No

If yes, provide details:

Does the facility provide valet parking services? Yes No If yes, provide details:

Any services provided by Independent contractors and/or sub-contractors? Yes No

If yes, provide details:

If the facility has a jacuzzi or swimming pool, is it maintained by: Employees Outside services?

Does the facility have any food services or juice bar, etc? Yes No

If yes, provide details:

JANITORIAL SERVICES

Check appropriate exposures in the following areas:

<input type="checkbox"/> Education facilities	<input type="checkbox"/> Airports	<input type="checkbox"/> Nursing homes	<input type="checkbox"/> Apartment houses
<input type="checkbox"/> Hospitals	<input type="checkbox"/> Office buildings	<input type="checkbox"/> Stores	<input type="checkbox"/> Fire/flood/restoration
<input type="checkbox"/> Government	<input type="checkbox"/> Museums	<input type="checkbox"/> Medical offices	<input type="checkbox"/> Hotels
<input type="checkbox"/> Manufacturing plants			

Indicate percentage of services provided (must equal 100%):

General cleaning	%	Chimney cleaning	%	Debris clearing	%	Heating, A/C service	%
Industrial cleaning	%	Ceiling tile cleaning	%	Landscaping	%	Aircraft service/ maintenance	%
Carpet cleaning	%	Elevator maintenance	%	Parking lot cleaning	%		
Snow removal	%	Housekeeping services	%	Fire/flood restoration	%		
Pest control	%	Floor waxing/refinishing	%	Crime scene clean-up	%		
Pressure/steam washing operations	%	Servicing/cleaning of hoods/filters/grease traps	%	Ext. window cleaning (above first floor)	%		

* 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 Is supervision direct or roving?

LANDSCAPING

Contractors License Number:

Does operation include tree-trimming? Yes No If yes, percentage of payroll:

Any climbing? Yes No Maximum height:

Any boulder removal greater than 50 pounds or tree removal greater than 10 feet performed? Yes No

If yes, please explain:

Any use of tractors, loaders or similar equipment? Yes No

Any use of chippers, mulchers, cherry pickers, booms or other similar equipment? Yes No

If yes, please explain:

Any use of uncontrolled pesticides? Yes No If yes, do you have the proper certification? Yes No

If yes, please provide details:

Any debris removal or land clearing activities? Yes No

If yes, please explain:

Are there more than 100 employees at any one location/job site? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			
Any highway or median work conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, percentage of payroll:	
If yes, please provide details:			
Indicate percentage of work conducted in each of the following operations: (must equal 100% for each line)			
1) Residential:	Commercial:		
2) Maintenance:	New Installation:		
Any work Below grade? <input type="checkbox"/> Yes <input type="checkbox"/> No	Max depth in feet:	Percent of total work:	
Is the applicant involved in "Wrap up" or "OCIP" projects? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what percentage of annual payroll is dedicated to a wrap up/OCIP project?			
If yes, who provides the coverage for the wrap up project?			

MANUFACTURING - MACHINE SHOPS			
Any punch press or press brake machinery/equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Machine Guarded: <input type="checkbox"/> Point of operation <input type="checkbox"/> Drive Mechanism	
Age of machinery: <input type="checkbox"/> <2 yrs <input type="checkbox"/> 2-5 yrs <input type="checkbox"/> 5-10 yrs <input type="checkbox"/> 10+ yrs		Accessible moving parts guarded on machinery/equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Types of machines (must equal 100%): ___Heavy ___Mid ___Light		Any Computer Network Controlled (CNC) machinery? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Percent of off-premise operations: _____%		If yes, where/what for?	
Is building properly ventilated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is proper dust collection system in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NEWSPAPER/PUBLISHING			
Any home delivery services? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, independent <input type="checkbox"/> contractors and/or <input type="checkbox"/> employees?	
Provide details:			
Any delivery operations? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, number of vehicles: _____ Driving radius: _____	
Any telemarketing operations? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, independent <input type="checkbox"/> contractors and/or <input type="checkbox"/> employees?	
Provide details:			
Any security operations? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, independent <input type="checkbox"/> contractors and/or <input type="checkbox"/> employees?	
<input type="checkbox"/> Armed or <input type="checkbox"/> unarmed?	Provide details:		
Do employees or independent contractors use personal vehicle for company business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, are certificates of insurance in file? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are MVR's (Motor Vehicle Reports) obtained on all drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the company enrolled in the DMV "Pull" Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any employee or independent contractor travel: out of state, out of country, on navigable waters, within war zones or exposure to civil disturbances, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide details:			
Any excessive noise levels within the operations? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details:	
Have noise levels been evaluated within the press/bindery areas and/or areas with noise producing machinery and equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide details:			
If noise level testing has been completed, are copies of the results available for review? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the company have a written hearing conservation program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do employees use/wear and PPE (Personal Protective Equipment)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide details:			
Does the company have a written ergonomics program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the company have a written material handling program with identified weight limits? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the company have a written lock out/tag out program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is maintenance of equipment/machinery completed by employees and/or outside vendors? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide details:			
Are all forklift / material handling equipment operations certified? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PEST CONTROL			
Types of operations: <input type="checkbox"/> Commercial <input type="checkbox"/> Agricultural <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Structural			
<input type="checkbox"/> Structural repairs or replacements	<input type="checkbox"/> Dry rot wood repair	<input type="checkbox"/> Shower pan replacement	<input type="checkbox"/> Chemical treatment services
<input type="checkbox"/> Fumigation	<input type="checkbox"/> Foam	<input type="checkbox"/> Other	
Provide details:			
Percent of tenting? _____% <input type="checkbox"/> N/A	Lawn treatment/care? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:	

Other service:							
Provide details:							
Check each of the applicable services available:							
<input type="checkbox"/> Ants	<input type="checkbox"/> Spiders	<input type="checkbox"/> Roaches	<input type="checkbox"/> Fleas	<input type="checkbox"/> Ticks	<input type="checkbox"/> Wasps	<input type="checkbox"/> Mosquitoes	<input type="checkbox"/> Bees
<input type="checkbox"/> Killer bees	<input type="checkbox"/> Bee removal	<input type="checkbox"/> Mice	<input type="checkbox"/> Termite	<input type="checkbox"/> Rats	<input type="checkbox"/> Snakes	<input type="checkbox"/> Raccoons	<input type="checkbox"/> Opossum
<input type="checkbox"/> Skunks	<input type="checkbox"/> Bats	<input type="checkbox"/> Rodents	<input type="checkbox"/> Gopher	<input type="checkbox"/> Bird/pigeon control		<input type="checkbox"/> Animal removal	
<input type="checkbox"/> Animal trapping		<input type="checkbox"/> Bird/rodent proofing		<input type="checkbox"/> Other:			
Personal protective equipment required:							
Written injury and illness prevention program? <input type="checkbox"/> Yes <input type="checkbox"/> No				Written haz-com program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Written heat stress program? <input type="checkbox"/> Yes <input type="checkbox"/> No				Written respiratory protection program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Special written procedures for working in confined spaces (attics, under residences or buildings)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Documented new employee orientation including documented training? <input type="checkbox"/> Yes <input type="checkbox"/> No							

PUBLIC ENTITIES	
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Municipality:		County:	
Check each applicable operational department / category:			
<input type="checkbox"/> Water department	<input type="checkbox"/> Power department	<input type="checkbox"/> Sewer department	<input type="checkbox"/> Street/road department
<input type="checkbox"/> Street sweeping/cleaning	<input type="checkbox"/> Building Inspector	<input type="checkbox"/> Code Enforcement	<input type="checkbox"/> Garbage / Refuse / Recycling
<input type="checkbox"/> Parks / Recreation	<input type="checkbox"/> Landscape Maintenance	<input type="checkbox"/> Tree Trimming	<input type="checkbox"/> Waste Treatment
<input type="checkbox"/> Housing Authority	<input type="checkbox"/> Day Care / Child Care	<input type="checkbox"/> Public Housing Nurse	<input type="checkbox"/> Electricians
<input type="checkbox"/> Painters	<input type="checkbox"/> Mechanic	<input type="checkbox"/> Truck Driver	<input type="checkbox"/> Fire Department
<input type="checkbox"/> Police department	<input type="checkbox"/> Animal control		
# F/T staff: _____	# P/T staff: _____	Any volunteers or interns staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
City Council positions? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many?	County Supervisors positions? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many?
Does the hiring process include:	Drug screening? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-employment physicals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain:			
Any post-accident drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there a probationary period upon hire? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:	
Are employees provided with any new employee orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does each job have a written job description? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do employees receive initial job training? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is training ongoing and documented? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do employees work shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:	
Any on-call employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:	
Do any employees have take home vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:	
Any underground work? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:	
Any work above 12' in height? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:	
Any confined space exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:	
If yes, is there a written confined space entry program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any sub-contracted operations? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:	
Are W / C Certificates of Insurance obtained on all sub-contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any use of independent contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:	
Number of vehicles?	Driving radius?		
Do employees use personal vehicle for business purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:	

RESTAURANTS	
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Entertainment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		Bar or separate lounge area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Liquor sales as percentage of total receipts: _____%		Fast food? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any catering? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, radius of operations: _____mi.	
Percent of catering exposure: _____%			
Number of:	Hosts:	Waitstaff:	Bartenders:
Valet:	Busboys:	Cooks:	
Any delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No	Delivery hours: _____to_____		If yes, radius of operations: _____mi.
Percent of exposure: _____%			
Any two-wheeled delivery exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details:	
Average price of entrée? <input type="checkbox"/> <\$5 <input type="checkbox"/> \$5-\$15 <input type="checkbox"/> \$15+			
Servicing, cleaning of hoods/filters/grease traps or related systems provided by: <input type="checkbox"/> Outside vendor <input type="checkbox"/> Employees			
Does insured have slip-resistant flooring or matting on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are employees required to wear slip-resistant shoes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any robbery, burglary or assaults within the past four years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide details:			

RETAIL - WHOLESALE

Type of merchandise?

Gross receipts: Wholesale: _____% Retail: _____% Warehousing? Yes NoAny repacking or repackaging operations? Yes No If yes, explain:Assembly exposure? Yes No If yes, explain:Any distribution exposure? Yes No If yes, by common carrier or does insured have a trucking exposure? Use separate page.**TOW TRUCK OPERATORS**

Total number of tow trucks owned?

Radius of operations? 0 – 50 miles: _____% 51 – 100 miles: _____% 101 – 250 miles: _____% > 250 miles: _____%

Weight of vehicles towed? Light: _____% Medium: _____% Heavy: _____% Extra-Heavy: _____%

Any repair work away from premises? Yes No If yes, describe:Formal vehicle maintenance program? Yes No If yes, who performs the maintenance? Employees Other

If other, describe:

Tow or roadside assistance/mobile service? Yes No If yes, percentage of total operation? _____%Percentage of towing from highway/freeways? Yes No What percentage of towing is private property impounds? _____%Operations between 11 p.m. and 6 a.m.? Yes No If yes, Night shift On call

How many drivers are available? How many trucks are used? What % of total payroll? _____%

Any driving in excess of 11 hours per shift? Yes No Any driving in excess of 60 hours within a 7-consecutive day period? Yes NoSponsorship of racing teams or events? Yes No Contract with motor clubs (e.g., AAA, National Auto Club)? Yes NoContract with public entities (e.g., police or municipalities)? Yes No Pre-employment physicals? Yes NoDriver training/re-training/certification programs (e.g., TRAA, Wreckmaster)? Yes NoNew drivers accompanied by veteran drivers? Yes No Periodic random drug and alcohol testing? Yes NoTow trucks equipped with emergency flashing lights and adequate exterior lighting? Yes No

When possible, operate/perform tow/recovery operations from non-active traffic side of the tow/recovery vehicle?

Drivers wear reflective clothing? Yes No Mandatory use of seat belts? Yes NoDrivers instructed on proper bending and lifting techniques? Yes NoPersonal protective equipment (e.g., gloves, hard hats, goggles, and safety shoes) worn during towing/recovery operations and loading/unloading of transporter vehicles? Yes NoBlood borne pathogen protection (e.g., rubber gloves and goggles) worn when dealing with blood? Yes No**TRUCKING**

Type of authority:

a.) Common carrier Contract carrier Private Brokerage Exemptb.) Regular route Irregular routeCarrier Operations: California only Interstate

Length of haul (percentages must total 100%):

Under 50 miles: _____% 50-200: _____% 201-300: _____% 301-500: _____%

501-1,000: _____% More than 1,000: _____%

Fillings: DOT#: PUC#: DMV/MCP#: Not Applicable

Please check the questions and attach the applicable data:

Motor Carrier Identification Report, MCS-150: Attached or Not ApplicableCargo Classification: See attached MCS-150 or See below (check all that apply): General freight Logs, poles beams, lumber Grain, feed, hay Liquids/gases 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: <input type="checkbox"/> Attached or <input type="checkbox"/> 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 <input type="checkbox"/> Not Applicable				
e) Number of Non-Union: _____ Union: _____				
f) Do the drivers load and unload their trucks? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Provide detail of the materials loaded/unloaded and any equipment used:				
Is the applicant enrolled in the DMV Pull Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			If so, how often?	
Is the applicant enrolled in the CHP BIT Program? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Total # of trucks:	Trucks with sleeper cabs:	Single trailers:	Double trailers:	Triple trailers:
Any trucks/trailers with ramps? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, provide number:	
Any trucks/trailers with lift-gates? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, provide number:	
Any team driver operations? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, provide details:	
If union operations, provide month/year of contract renewal:				

Thank you.