Supplemental Application

To be completed with ACORD 130 Application

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:		

Does applicant currently use a PEO or payroll service? ☐ Yes ☐ No

If yes, provide name of organization used: _____

Broker controlled account? ☐ Yes ☐ No

OPERATIONS AND PREMISES

Please provide a detailed description of the operation:

Years in business? _____ Hours of operation: _____

Has the ownership of the applicable entity changed within the past five years? ☐ Yes ☐ No

If yes, please provide details: _____

Any out-of-state, international, or overnight (within state) travel? ☐ Yes ☐ No

If yes, provide details: _____

Why/Purpose: _____

Who will travel? _____ Where: _____

Duration? _____ Frequency? _____

Any locations in other States (including incidental clerical or sales)? ☐ Yes ☐ No

If yes, provide details: _____

No. of employees who live/work out of state: Live: _____ Work: _____

What is the maximum height in feet you will work? _____

What is used? ☐ Ladder ☐ Scaffolding ☐ Scissor Lifts ☐ Other

If scaffolding used, does the insured build their own? ☐ Yes ☐ No

If insured builds own scaffolding, provide % of annual operations involving scaffold setup and tear down compared to total operations: _____%

Written Fall Protection Program? ☐ Yes ☐ No

Any material handling exposures? ☐ Yes ☐ No

If yes, please explain: _____

Any lifting exposures? ☐ Yes ☐ No If yes, ☐ <25 lbs ☐ 25-40 ☐ 40+

If 40+ lbs, ☐ manual lifting or ☐ with assistance? Explain: _____

Forklift training provided? ☐ Yes ☐ No ☐ N/A If yes, annual certification? ☐ Yes ☐ No

Is all machinery/equipment properly guarded? ☐ Yes ☐ No

Any use of Baler equipment? ☐ Yes ☐ No

Written lockout/tagout/blockout procedures in place? ☐ Yes ☐ No ☐ N/A

Condition of equipment? ☐ New ☐ Good ☐ Average

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Age of equipment? ☐ 0-5 years ☐ 5-10 ☐ 10-20 ☐ 20+

Are all equipment operators trained/certified? ☐ Yes ☐ No ☐ N/A

Is the building/premises: ☐ Owned ☐ Leased Condition of premises? ☐ Excellent ☐ Very good ☐ Average

No. of years at current location: _____

VEHICLE AND DRIVING EXPOSURE

Is there a driving or delivery exposure? ☐ Yes ☐ No

If yes, what is the frequency? ☐ Daily ☐ Weekly ☐ Other: _____

No. of vehicles: _____ No. of drivers: _____

Radius of operations/travel: ☐ <10 miles ☐ 11-50 ☐ 50-100 ☐ 100-200 ☐ 200+

Are vehicles company owned? ☐ Yes ☐ No

If yes, types of vehicles: _____

If yes, are company vehicles taken home: ☐ Yes ☐ No

Vehicle/fleet maintenance program? ☐ Yes ☐ No

If yes, who does the servicing? ☐ Outside vendor ☐ In-house mechanics ☐ Other: _____

Any group transportation of employees? ☐ Yes ☐ No If yes, by: ☐ Car ☐ Truck ☐ Van ☐ Bus

No. of vehicles used to transport: _____ No. of employees transported per vehicle: _____

Frequency of group transportation: ☐ Daily ☐ Weekly ☐ Monthly

Do employees use personal vehicles for company business? ☐ Yes ☐ No

Is insured enrolled in DMV Pull program? ☐ Yes ☐ No

Is a PUC/DMV filing required? ☐ Yes ☐ No ☐ N/A *If yes, please attach a copy of the certificate.*

Are driver acceptability standards in place? ☐ Yes ☐ No

If yes, provide details below:

_____

Does insured have and enforce the following policies for drivers:

Alcohol/drug use: ☐ Yes ☐ No Seat belt use: ☐ Yes ☐ No Distracted driving: ☐ Yes ☐ No

Any work-related injuries as a result of a prior motor vehicle accident within the past four years? ☐ Yes ☐ No

If yes, please provide details, including fault of accident and if subrogation was pursued:

HIRING PRACTICES - EMPLOYEE SELECTION

Written application?	☐ Yes ☐ No	Pre-hire drug testing?	☐ Yes ☐ No
Reference checks?	☐ Yes ☐ No	Post-accident drug testing?	☐ Yes ☐ No
Background checks?	☐ 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

No. of employees: *(verify number is consistent w/number on ACORD application)*

Full: _____ Part: _____ Seasonal: _____ Volunteers: _____

No. of employees per location: 1. _____ 2. _____ 3. _____ 4. _____

Do any employees work from home? ☐ Yes ☐ No If yes, how many employees? _____

How are employees paid? ☐ Hourly ☐ Piece rate ☐ Commission ☐ Flat Salary ☐ Other: _____

Average hourly wage for employees in the governing class: $_____ Average annual employee turnover_____%

Number of new hires? Past 12 months: _____ Past 13-24 months: _____

Employee to Supervisor ratio: ☐ Better than 4-1 ☐ 5-1 ☐ 6-1 ☐ 7-1 ☐ >7-1

Percent of Union Employees: _____% Percent of Non-Union: _____%

No. of shifts: _____ Does the applicant allow employees to work more than three consecutive 12-hour shifts? ☐ Yes ☐ No

Any interchange of labor? ☐ Yes ☐ No If yes, please explain: ☐ Another Business ☐ Subsidiary ☐ Business Dept. ☐ Other

Any day laborers or temporary/employee leasing? ☐ Yes ☐ No

Subcontractors used? ☐ Yes ☐ No

If yes, for what purpose/operations? _____

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 ☐ Other, please explain: _____

BENEFITS

Group medical provided? ☐ Yes ☐ No

If group medical is provided, who is the healthcare provider? _____

Percent of employees enrolled: _____%

Percent paid by employer: _____%

Retirement/pension plan? ☐ Yes ☐ No

Does employer contribute? ☐ Yes ☐ No

Do you have a wellness program (i.e. encourages and promotes employee health programs) in place? ☐ Yes ☐ No

Do you provide paid sick leave? ☐ Yes ☐ No

Paid vacation? ☐ Yes ☐ No

CLAIMS REPORTING AND INVESTIGATION

Are there set procedures for reporting claims? ☐ Yes ☐ No

Average claim reporting time frame: _____

Do you have a formal written accident report? ☐ Yes ☐ No

Are corrective actions taken and safety measures implemented following injuries? ☐ Yes ☐ No

Are supervisors held accountable for injuries/accidents? ☐ Yes ☐ No

Is there a formal Safety Committee? ☐ Yes ☐ No

Return to Work Program (RTW) in place? ☐ Yes ☐ No

Does it include salary continuation? ☐ Yes ☐ No

Do you use a specific medical provider to treat injured employees? ☐ Yes ☐ No

Are you currently participating in a MPN (Medical Provider Network)? ☐ Yes ☐ No

If yes, please provide the name of current MPN: _____

SAFETY PROGRAM AND ORGANIZATION

Are owners active in daily operations? ☐ Yes ☐ No — If yes, are they excluded from coverage? ☐ Yes ☐ No

Active injury & illness prevention program? ☐ Yes ☐ No

Heat illness prevention program? ☐ Yes ☐ No

Active safety incentive program? ☐ Yes ☐ No — If yes, does it encompass all employees? ☐ Yes ☐ No

What type of incentive? _____

Do employees receive safety training/orientation? ☐ Yes ☐ No

If yes, is the training: ☐ Formal/Documented ☐ Informal

Are safety meetings conducted? ☐ Yes ☐ No

If yes, how often? ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Other

Is job specific training provided? ☐ Yes ☐ No

Documented Employee Orientation Program in place? ☐ Yes ☐ No

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? _____

Personal protection equipment provided? ☐ Yes ☐ No ☐ N/A

If yes, strict enforcement of utilization? ☐ Yes ☐ No

What types of PPE? _____

Written Respiratory program in place? ☐ Yes ☐ No

CPR training provided? ☐ Yes ☐ No — No. of employees certified? _____

Have loss control services been performed in the last year? ☐ Yes ☐ No

Has Cal/OSHA visited/cited your business in the last year? ☐ Yes ☐ No

If yes, please provide details:

MSDS (Material Safety Data Sheets) available for all chemicals and products used? ☐ Yes ☐ No ☐ N/A

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: _____

AGRICULTURE/FARMING

Is applicant a Farm Labor Contractor (FLC)? ☐ Yes ☐ No If yes, provide names of current growers/contracts:

Is applicant a grower? ☐ Yes ☐ No

If yes, do applicant's employees also perform harvesting? ☐ Yes ☐ No

Does grower use sub-contracted labor for harvesting? ☐ Yes ☐ No If yes, what percentage? _____%

Is harvesting: ☐ Mechanized ☐ Manual ☐ Both? Does all farm machinery have safety guards intact? ☐ Yes ☐ No

Any work off premises? ☐ Yes ☐ No *If yes, explain on separate page.*

Any seasonal workers used for operations? ☐ Yes ☐ No

If yes, provide details of when season begins and ends, no. of seasonal employees hired, and if same employees used each season:

Do any family members work in operation? ☐ Yes ☐ No

Is housing provided? ☐ Yes ☐ No If yes, number of employees housed:_____

Are employees transported by any vehicles on or off the premises? ☐ Yes ☐ No If yes, please explain below:

Any growing, harvesting or distribution of Cannabis performed by applicant? ☐ Yes ☐ No

If yes, what percentage of total farming exposure involves Cannabis?_____%

What percentage of harvesting operations are performed for the following crops:											
Vineyards		%	Melons		%	Strawberries		%	Bush Berries		%
Potatoes		%	Cotton		%	Citrus or Deciduous Fruits		%	Garden Vegetables		%
Mushrooms		%	Tobacco		%	Sugar Cane		%	Cannabis		%
Hay		%	Wheat/ Rice/Grains		%	Nuts		%	Flowers		%
Other		%	Please describe:								

Any hay baling operations performed by applicant's employees? ☐ Yes ☐ No

If yes, what percentage of total operations involve hay baling? _____%

If applicant is harvesting nuts, are shakers/sweepers utilized? ☐ Yes ☐ No

Is any work performed on hillsides? ☐ Yes ☐ No

If yes, what percentage of total operations is conducted on hillsides? _____%

Any above ground tree pruning or trimming conducted by applicant's employees? ☐ Yes ☐ No

If yes, what is the max height above ground by employees performing pruning or trimming operations? _____feet

Any tree planting or removal operations (excluding saplings <10ft in height)? ☐ Yes ☐ No

If yes, provide details:

Any use of pesticides or fertilizers? ☐ Yes ☐ No

If yes, applications are performed by: ☐ Employees ☐ Outside Vendor

If employees perform pesticide application, are they trained and certified? ☐ Yes ☐ No

Is protective gear worn: ☐ Yes ☐ No

Provide details on safety gear: _____

Any crop-dusting operations? ☐ Yes ☐ No

If yes, services are provided by: ☐ Employees ☐ Outside Vendor

ATVs used? ☐ Yes ☐ No *If yes, please provide a copy of your safety procedures, protective gear and training requirements.*

If yes, how many ATVs owned and used by applicant?_____ How many employees use ATVs? _____

Does applicant ever lease or borrow ATVs? ☐ Yes ☐ No

If yes, provide details:_____

Are there any horses owned by insured or on insured's premises? ☐ Yes ☐ No If yes, How many? _____

H-2A is a temporary agricultural worker program that allows U.S. employers who anticipate a shortage of domestic workers to bring non-immigrant foreign workers to the U.S. to perform agricultural labor or services on a temporary or seasonal basis.

Is the applicant involved in the H-2A Visa Program as defined above? ☐ Yes ☐ No

If yes, provide start and stop dates for current season: _____

If yes, provide the number of H-2A workers the applicant has hired:_____

If yes, provide a copy or complete details of contract and services provided to H-2A workers by applicant.

If yes, provide a copy or details on all safety controls in place for H-2A exposure/operations.

Dairy Farms

What is the size of dairy herd? _____

Number of bulls over three years old? _____

Does risk grow their own feed? ☐ Yes ☐ No

Does risk deliver any of their own milk products? ☐ Yes ☐ No

Is the 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.