

# 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

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: \_\_\_\_\_

## AUTOMOTIVE REPAIR/TOWING

Are you a member of an Association? Yes No

If yes, provide list of Associations: \_\_\_\_\_

Types of vehicles serviced: Private Passenger Motorcycles Commercial Vehicles >15k Gross Vehicle Weight Rating  
Motorhomes Buses Commercial Vehicles >25k Gross Vehicle Weight Rating Trailers All Terrain

Any test driving of customer's vehicles? Yes No

Any transportation of customers provided? Yes No If yes, what radius? \_\_\_\_\_

Services include tire repair/sales/installation? Yes No If yes, amount of total operation: \_\_\_\_\_%

Any transmission rebuilding? Yes No What % of total operations? \_\_\_\_\_%

Any engine rebuilding? Yes No What % of total operations? \_\_\_\_\_%

What equipment is utilized to lift heavier auto parts? \_\_\_\_\_

Are employees Automotive Service Excellence trained & certified? Yes No If yes, what percentage of total workforce: \_\_\_\_\_%

Number or percentage of Master Technicians on staff: \_\_\_\_\_

Any mobile operations? Yes No If yes, what percentage of total operation is mobile: \_\_\_\_\_%

Services include towing? Yes No

If yes, is towing for Customers only Highway Patrol Municipalities AAA Other: Provide details below

What percentage of total operations involves towing: \_\_\_\_\_% What is towing radius (in miles)? 50 51-100 101-250 +250

Types of vehicles towed: Private Passenger Motorcycles Commercial Vehicles >15k Gross Vehicle Weight Rating  
Motorhomes Buses Commercial Vehicles >25k Gross Vehicle Weight Rating Trailers All Terrain

24-hour towing provided? Yes No

Are tow trucks equipped with scanners? Yes No

Roadside repair operations? Yes No

Are tow trucks equipped with GPS tracking? Yes No

Hours of roadside repair? \_\_\_\_\_

What percentage of total operations? \_\_\_\_\_%

Do drivers carry firearms? Yes No

Any accident scene recovery operations? Yes No

Any vehicle repossession operations? Yes No

Any underwater recovery? Yes No

## AUTO BODY REPAIR

Are you a member of an Association? Yes No

If yes, provide list of Associations: \_\_\_\_\_

Types of vehicles serviced: Private Passenger Motorcycles Commercial Vehicles >15k Gross Vehicle Weight Rating  
Motorhomes Buses Commercial Vehicles >25k Gross Vehicle Weight Rating Trailers All Terrain

Are employees Automotive Service Excellence trained & certified? Yes No If yes, what percentage of total workforce? \_\_\_\_\_%

Is applicant an I-Car Gold Member? Yes No What percentage of technicians are I-Car certified? \_\_\_\_\_%

Do you belong to a Direct Repair Program (DRP)? Yes No

If yes, list endorsing insurance carriers: \_\_\_\_\_

Paint booth used? Yes No

Is paint booth properly filtered/ventilated? Yes No

Is it UL certified? Yes No

Are flammables stored inside the booth? Yes No

Formal written respiratory program in place? Yes No

Does the booth have automatic fire suppression? Yes No

Are employees properly trained in use of respiratory equipment? Yes No

Has proper fit testing been provided to each employee and their assigned respirator? Yes No

Do employees complete a medical evaluation questionnaire? Yes No If yes, is it reviewed by a physician? Yes No

Any mobile operations? Yes No

If yes, what percentage of total operation is mobile? \_\_\_\_\_%

Any test driving of customer's vehicles? Yes No

Any transportation of customers provided? Yes No

If yes, what radius? \_\_\_\_\_

Any towing services provided? Yes No

If yes, please complete all towing-related questions in above section.

## AUTO SERVICE STATION

Are you a member of an Association? Yes No

If yes, provide list of Associations: \_\_\_\_\_

Pumps: Full Service Self Service Do services include auto repair? Yes No If yes, please complete above auto repair section.

Is there a car wash on premises? Yes No

Is it automated? Yes No

Is the cashier's booth bullet proof? Yes No

Drop safe registers? Yes No

Any security/surveillance cameras on premises? Yes No

Are operations 24-hour? Yes No

Is there a mini market on premises? Yes No

Any sales of alcoholic beverages? Yes No

Access to freeway? 0-1 mile 1-2 miles +2 miles

Any mobile operations? Yes No

If yes, what percentage of total operation is mobile? \_\_\_\_\_%

## AUTO PARTS

Are you a member of an Association? Yes No

If yes, provide list of Associations: \_\_\_\_\_

Be sure to complete delivery/driving exposure questions on page 1 of this supplemental application.

Gross receipts wholesale? \_\_\_\_\_%

Gross receipts retail? \_\_\_\_\_%

Any assembly? Yes No

If yes, provide details: \_\_\_\_\_

Is product palletized? Yes No

Max weight lifted manually? \_\_\_\_\_lbs

Lifting exposure or repackaging? Yes No

Use of forklifts? Yes No

Are operators trained & certified? Yes No

List other mechanical devices for lifting: \_\_\_\_\_

## TIRE SERVICE

Are you a member of an Association?    Yes    No

If yes, provide list of Associations: \_\_\_\_\_

Types of vehicles serviced:    Private Passenger    Motorcycles    Commercial Vehicles >15k Gross Vehicle Weight Rating  
Motorhomes    Buses    Commercial Vehicles >25k Gross Vehicle Weight Rating    Trailers    All Terrain

Any mobile operations?    Yes    No

If yes, what percentage of total operation is mobile? \_\_\_\_\_%

Any retreading operations?    Yes    No

Any recapping operations?    Yes    No

Split rim servicing?    Yes    No

Are tire safety cages utilized when inflating?    Yes    No

Max weight lifted manually? \_\_\_\_\_lbs

Use of forklifts?    Yes    No

Are operators trained & certified?    Yes    No

## AUTO DISMANTLING

Are you a member of an Association?    Yes    No

If yes, provide list of Associations: \_\_\_\_\_

Types of vehicles serviced:    Private Passenger    Motorcycles    Commercial Vehicles >15k Gross Vehicle Weight Rating  
Motorhomes    Buses    Commercial Vehicles >25k Gross Vehicle Weight Rating    Trailers    All Terrain

Are vehicle tanks drained of gas and other automotive fluids at time of vehicle arrival at facility?    Yes    No

Who removes air bags? \_\_\_\_\_

If insured's employees, is any special training provided?    Yes    No

Any vehicle crushing operations?    Yes    No

Any stacking of vehicles?    Yes    No

If yes, provide max height of stacking \_\_\_\_\_ft.

Any dogs on premises for security or other reasons?    Yes    No

If yes, provide details: \_\_\_\_\_

Any welding performed?    Yes    No

*If yes, you must complete the Welding Exposure Supplemental App and include it with your submission. Visit [ArrowheadGrp.com](http://ArrowheadGrp.com) for the form.*

Use of forklifts? Are operators trained and certified?    Yes    No

List other mechanical devises for lifting: \_\_\_\_\_