



Insured Name:			
TOTAL ANNUAL PAYROLLS		TOTAL ANNUAL PREMIUM	
Current Year:		Current Year:	
Prior Year:		Prior Year:	
Prior Year:		Prior Year:	
New venture: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, owner resume required.	
OPERATIONS AND BENEFITS			
Hours of operation:		No. of shifts:	
Driving exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Group med. or employer contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No		Percent enrolled:	
% paid by employer:		Radius of operations/travel: <input type="checkbox"/> <10 miles <input type="checkbox"/> 11-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100+	
Any 24-hour exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:	
No. of company vehicles:		No. of drivers:	
Paid sick leave? <input type="checkbox"/> Yes <input type="checkbox"/> No		Paid vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
MVR checks? <input type="checkbox"/> Yes <input type="checkbox"/> No		Average hourly wage of governing class employees: \$ ____ hr	
Employee Transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many times per week:	
No. of employees per vehicle:		Out-of-state exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:		HIRING PRACTICES - EMPLOYEE SELECTION - CLAIMS	
Written application? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reference checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pre-hire physicals? <input type="checkbox"/> Yes <input type="checkbox"/> No		Pre-hire drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Orthopedic back testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Active safety incentive program: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type:		Active injury and illness prevention program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Respiratory program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Safety Director/Risk Manager: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Return-to-work program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Safety meetings held? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Frequency:		Audio hearing test? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Accident investigation: <input type="checkbox"/> Yes <input type="checkbox"/> No		Job-specific training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Safety training/orientation: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, <input type="checkbox"/> formal/documented <input type="checkbox"/> informal?	
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			
Personal protection equipment used? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:	
Max. height employees will work:		What is used: <input type="checkbox"/> Ladder <input type="checkbox"/> Scaffolding <input type="checkbox"/> Scissor Lifts <input type="checkbox"/> Other:	
If scaffolding is used, do insured's employees build their own? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what percentage of total operations involves setup and tear down?			
Fall protection program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please check the ones used below:	
<input type="checkbox"/> Guardrails <input type="checkbox"/> Safety belt or 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. Explain.			
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 road repair assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, is there a mini-market on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is cashier's booth bullet/shatter proof? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, hours of operation?	
Are employees ASE trained and certified? <input type="checkbox"/> Yes <input type="checkbox"/> No			
LANDSCAPING - AGRICULTURAL			
Tree trimming operations performed off the ground: <input type="checkbox"/> Yes <input type="checkbox"/> No		Boulder or tree removal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Highway or median work conducted: <input type="checkbox"/> Yes <input type="checkbox"/> No		Application of fertilizer/pesticides by: <input type="checkbox"/> Employees <input type="checkbox"/> Outside vendor	
Harvesting process: <input type="checkbox"/> manual <input type="checkbox"/> automated		Employee housing provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, for how many?		Are ATVs used by applicant's employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details on separate page.			
MANUFACTURING			
Age of machinery? ____ years		Machine guarded? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Point of operation:		Drive mechanism:	
Lock-out/tag-out procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Any Computer Network Controlled Machinery (CNC)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dust collection system in place: <input type="checkbox"/> Yes <input type="checkbox"/> No		Any exposure to silica? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any electroplating exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any installation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, percentage:			

MERCANTILE - RETAIL/WHOLESALE

Type of merchandise sold/distributed:	
Distribution exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how is it distributed? <input type="checkbox"/> Use own trucks <input type="checkbox"/> Common carrier
Warehousing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Assembly exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any installation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, percentage:

RESTAURANTS

Fast food operation: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, also have dine-in seating area? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Number of: Hosts	Wait staff	Bartenders	Valet	Busboys	Cooks
Any delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, % of receipts:	If yes, delivery hours:	Radius of delivery: miles		
Any catering? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, % of receipts:	If yes, food preparation only? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full service (w/ staff): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bar or lounge area? <input type="checkbox"/> Yes <input type="checkbox"/> No	Liquor sales as percentage of total receipts?				
Entertainment provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details.				

CONTRACTORS

Estimated number of jobs per year?	Contractors license number:					
Percentage of work sub-contracted out? _____%	Type of work subbed out:					
If subs used, does insured: Check certificates annually? <input type="checkbox"/> Yes <input type="checkbox"/> No	Directly supervise subs? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Indicate percentage of work conducted in each of the following operations (must equal 100% for each):						
1.)	New Construction:	Remodeling:	Service/Repair:			
2.)	Commercial:	Residential:				
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':		
Max. depth in feet:	Percent of work below grade more than 4 feet:					
Provide details on shoring procedures:						
Any tunneling performed: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Confined Space Exposure? <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.						
Use of cranes, booms or heavy construction equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Please describe:						
Any framing exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Percent of total work:					
Percent exterior:	Percent interior:					
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 - 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 _____%	Ext. Framing _____%	Structural Steel _____%	
Bridge Work _____%	Supervisory Only _____%	Street/road Work _____%	Spray Painting _____%	Dock/sea walls _____%		

Applicant's Signature:	Date:
Producer's Signature:	Date: