



# Supplemental Application

To be completed with ACORD 130 Application

Named Insured:		Web Address:	
Insured's FEIN:			
<b>CONTACT NAME</b>		<b>PHONE NUMBER</b>	
Inspections:			
Premium Audit:			
Claims:			
<b>PRIOR PAYROLL AND PREMIUM INFORMATION</b>			
	Total Annual Payroll	Premium \$	
Current Year:			
Prior Year:			
Prior Year:			
Prior Year:			
Prior Year:			
<b>OPERATIONS AND BENEFITS</b>			
Broker controlled account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does applicant currently use a PEO or payroll service? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide name of organization used:	
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 below:	
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 number is consistent w/ number on ACORD application)		Full:    Part:    Seasonal:    Volunteers:	
No. of employees per location:		Use a separate page if needed.	
1.		2.	
3.		4.	
Avg. Annual Employee Turnover:    %		No. of W-2s issued:    Last Year:    Previous Year:	
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 interchange of labor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: <input type="checkbox"/> Another Business <input type="checkbox"/> Subsidiary <input type="checkbox"/> Business Dept. <input type="checkbox"/> Other			

Any day laborers or temporary/employee leasing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
% of union employees:	Average hourly wage for employees in governing class: \$
% of non-union:	Retirement/pension plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Group medical provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does employer contribute? <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 have a wellness program (ie encourages and promotes employee health programs) in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you provide paid sick leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No
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	Return to Work Program (RTW) in place? <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:	
<b>HIRING PRACTICES - EMPLOYEE SELECTION - CLAIMS</b>	
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
Background checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	MVR checks? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pre/post employment physicals? <input type="checkbox"/> Yes <input type="checkbox"/> No	Audio hearing tests? <input type="checkbox"/> Yes <input type="checkbox"/> No
Orthopedic back testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a formal written accident report? <input type="checkbox"/> Yes <input type="checkbox"/> No
Formal job descriptions on file? <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:	Are supervisors held accountable for injuries/accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is job specific training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.	
<b>SAFETY PROGRAM AND ORGANIZATION - WORK PREMISES AND ENVIRONMENT</b>	
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	Heat illness prevention program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Active safety incentive 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
If yes, does it encompass all employees? <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
What type of incentive?	If yes, please provide explanation on separate page.
Do employees receive safety training/orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are safety meetings conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the training: <input type="checkbox"/> Formal / Documented <input type="checkbox"/> Informal	If yes, how often? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
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 in feet you will work?	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?		Number of years of building occupied?	
<b>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).</b>			
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: <input type="checkbox"/>			
<b>*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.</b>			
<b>Note:</b> 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.			
<b>Note:</b> 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:
<b>TRANSPORTATION</b>			
Type of authority:	<input type="checkbox"/> Common carrier	<input type="checkbox"/> Contract carrier	<input type="checkbox"/> Private <input type="checkbox"/> Brokerage <input type="checkbox"/> Exempt
List applicant's top three largest clients/contracts:			
Filings:	DOT#:	PUC#:	DMV/MCP#: <input type="checkbox"/> Not Applicable:
City and State of each terminal:			
Radius of Operation (must equal 100%):			
Under 50 miles: _____%	51-100 miles: _____%	101-200 miles: _____%	201-300 miles: _____%
301-500 miles: _____%	501-1,000 miles: _____%	More than 1,000 miles: _____%	
Do any employees or applicant's vehicles ever travel into Mexico or Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Percentage of hauls that are regular routes: _____%		Percentage of hauls that are irregular routes: _____%	
Total # of vehicles: _____ Single trailers: _____ Double trailers: _____ Triple trailers: _____ Trucks with sleeper cabs: _____			
Total # with ramps: _____ Total # with lift gates: _____ Tow Trucks: _____ Vans: _____ Limousines: _____ Buses: _____			
Are trucks/vehicles equipped with GPS monitoring? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are trucks/vehicles equipped with cameras? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any vehicles required to display HazMat placard? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Description of cargo transported (must equal 100%)</i>			
General Freight _____%	Household Goods _____%	Paper Products _____%	Metal Sheets, Coils, Rolls _____%
Building Materials _____%	Aggregate (gravel/stone/etc.) _____%	Machinery, Large Objects _____%	Logs, Beams, Lumber _____%
Motor Vehicles _____%	Mobile/Modular Homes _____%	Oversized Loads _____%	Intermodal Containers _____%
Refrigerated/Frozen Foods _____%	Meat or Produce _____%	Beverages _____%	Bulk Liquids _____%
Hazardous Material _____%	Chemicals _____%	Gases _____%	Explosives _____%
Garbage, Refuse, Trash _____%	Grain, Feed, Hay _____%	Coal/Coke _____%	Medical Waste _____%
Passengers/People _____%	Livestock _____%	U.S. Mail _____%	Other _____%
<b>Drivers:</b>			
Number of drivers:		Minimum years driving experience required for new drivers:	
Minimum years experience required with Class A/B license (indicate if Not Applicable - N/A):			
Are drivers with 3 or more moving violations or accidents (or combination) within current 3-year period prohibited from driving? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are drivers with any 2-point violation, reckless driving or DUI in the past 4 years prohibited from driving? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is applicant enrolled in DMV PULL Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is applicant enrolled in CHP BIT Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Do drivers load and/or unload their trucks? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details on material handling aids used:	
Percentage of loads that lumpers are used: _____%	Are certificates obtained for lumpers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do drivers tarp freight without tarping mechanical system? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do drivers secure freight using load-locks, bars, straps or chains? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any height exposure on any device more than 12 ft? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how is height accessed?
Any of applicant's employees conduct traffic control or drive a flag truck for over-sized loads? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a formal driver training program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:	
Does applicant's hiring practices include a road test for all drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any team driver operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:	
Number of owner/operators used:	Are owner/operators to be included on workers' comp policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, are certificates of insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Delivery:</b>	
Any rooftop delivery conducted by applicant's employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do applicant's employees access rooftops? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any drop-off or pick-up of material on or along a freeway/highway (i.e. sand/gravel/k-rails/etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any two-wheel delivery operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any pedestrian deliveries? <input type="checkbox"/> Yes <input type="checkbox"/> No