

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: _____

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.

APARTMENT OPS - BUILDING OPS - HOTEL - MOTEL

Is housing provided? Yes No

If yes, how many employees are housed and describe their responsibilities: _____

Any furnished apartments available? Yes No If yes, percentage of units furnished? _____

Are employees involved in property maintenance? Yes No If yes, provide details: _____

Security guards employed? Yes No Security cameras or other security devices on premises? Yes 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)? Yes No

Are employees responsible for eviction notification and/or enforcement? _____

Number of guest rooms? _____

Room rates: <\$50 \$50-\$100 \$100+ Rent rooms: Daily Weekly Monthly

Any shuttle, limo or similar service? Yes No

Any restaurant exposures? Yes No Does it include 24-hour room service? Yes No

Bar or lounge area? Yes No

Any entertainment provided? Yes No If yes, please explain: _____

Housekeeping exposures: Moving of furniture? Yes No Mattress flipping or rotating? Yes No

If yes, how often and how many employees are involved in process? _____

AUTOMOTIVE SERVICES

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

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 your employees will work above ground level? _____

Percentage of work/exposure:

<12':	%	12' to 24':	%	24' to 40':	%	>40':	%
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What is used? Ladder Scaffolding Scissor lifts N/A
 If insured builds own scaffolding, provide % of annual operations involving scaffold setup and teardown compared to total operations: _____ %
 Any use of swing scaffolding? Yes No If yes, what percentage of total scaffolding use is swing? _____ %
 Any rooftop exposure? Yes No
 If yes, what percentage of total work is on commercial flat roof? _____ % What percentage is on pitched rooftop? _____ %
 Any work performed on skylights? Yes No If yes, provide details: _____
 Any solar work? Yes No If yes, provide details: _____
 If yes to solar work, do employees also perform any roof repair work? Yes No

Do applicant's employees perform any exterior framing? Yes No If yes, provide percentage of total construction operations:

<5%:	5%-10%:	10%-15%:	If greater than 15% exterior framing exposure, provide total percentage:
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Fall Protection Program in place? Yes No If yes, please select type below:
 Guardrails Safety Belt of Full Body Harness Safety Net Ladder Tie Offs Training in Ladder/Scaffold Placement
 Other, please describe: _____

Any concrete tilt-up work? Yes No Self performed? Yes No Subbed to others? Yes No
 Does applicant own their cranes or rent them? Own Rent
 Use their own crane operators or rent? Own Rent
 Crane operators CAL OSHA certified? Yes No Employees certified by Tilt-Up Concrete Assoc. (TSA)? Yes No
 Are riggers trained and certified? Yes No Provide details: _____
 Are Pre-Lift Safety Meetings held? Yes No
 Any other use of cranes, booms or similar heavy construction equipment? Yes No
 Any work below grade? Yes No Max. depth in feet: _____ ft. % of total work: _____ %
 Are applicant's employees working in trenches greater than 4ft in depth? Yes No
 If yes, does applicant self-perform Shoring/Sloping/Benching/Shielding? Yes No Subbed to third party
 If yes, are CalOsha regulations followed? Yes No

Is there a Competent Person employed and on site? 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.*

Any work related to wildland fire activities? E.g. - Fire prevention, work on fire line, work after fire, ect. Yes No
 If yes, provide details: _____

Any work involving asbestos, hazardous product abatement, chemical/petroleum products, USL&H, underground tank or pipe replacement? Yes No
 If yes, please explain: _____

Does any welding exposure exist? Yes No
If yes, you must complete the Welding Exposure Supplemental App and include it with your submission. Visit ArrowheadExchange.com for the form.

Does this risk conduct work for the government or city municipality? Yes No

Is the applicant involved in "Wrap Up" or "OCIP" projects? Yes No
 If yes, please use the lines below to 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:	%	Solar:	%		%

HEALTH AND HUMAN SERVICES

Is applicant a licensed facility? Yes No If yes, please explain: _____

Is operation accredited by CARF (Commission on Accreditation Rehabilitation Facility)? Yes No N/A

Total Number of Beds: _____ Number of Beds Currently Occupied: _____

Percentage of private paying patients: _____ % Percentage of Medicare/Medicaid patients: _____ %

Percentage of residents/patients that are Ambulatory _____ % *(move about facility on their own with use of cane, walker or motorized scooter)*

Percentage of residents/patients that are Non-Ambulatory _____ % *(bed or wheelchair-ridden; require assistance to get in/out of bed/wheelchair)*

Is group transportation of clients/patients provided? Yes No
 If yes, number of company vehicles used for group transport? _____
 If yes, number of personal vehicles used for group transport? _____

Is group transportation sub-contracted to third party? Yes No

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

Does applicant conduct home safety inspections prior to contracting with client for in-home patient services? Yes No
If yes, are acceptability standards established? Yes No

Does applicant offer "live-in" employees at client's residence/premises? Yes No
If yes, what percentage? _____

Does applicant employ relatives of their clients? Yes 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? Yes No
 Are remuneration/compensation packages the same for "relative employees" as for "non-relative employees"? Yes No
 If no, provide details: _____

Does applicant have formal protocols in place that comply with CDC/OSHA regulations on pandemic control and prevention - including Coronavirus? Yes No

Does risk have a written Blood borne Pathogen Program? Yes No

Does applicant treat for communicable diseases (i.e. HIV, AIDS, etc.)? Yes No N/A

Does risk have patient/resident handling/lifting equipment? Yes No

Does risk have written patient/resident handling protocols? Yes No

Are employees required to wear slip-resistant shoes? Yes No

Does risk provide ongoing In-Service Training? Yes No If yes, how often? _____

Does risk provide food service? Yes No If yes, please provide details: _____

Does risk have volunteers? Yes No If yes, is separate policy in place to cover volunteers? Yes No
 If yes, provide details (# of volunteers, duties performed, etc.): _____

Indicate percentage of operations in each of the following categories or mark not applicable - N/A											
Abortion Clinic:		%	Acupuncture/Acupressure:		%	Blood Banks/Donor Clinic:		%	Drug/Alcohol Treatment Clinic:		%
Family Practice:		%	Hospice:		%	Industrial Clinic:		%	Med Lab/Testing:		%
Mobile Operation:		%	Specialist:		%	Urgent Care Clinic:		%	Walk-in Clinic:		%
Weight Control Clinic:		%	Other:								%
Indicate percentage of operations in each of the following categories or mark not applicable - 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? Yes 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 percentage below:

Children age up to 1yr: _____ % **1-3yrs** _____ % **3-5yrs** _____ %

Maximum enrollment: _____ **Number of currently enrolled children:** _____

Is organization an adult day care? Yes No **Maximum enrollment:** _____

If facility is a day care center for children or adults, provide ratio of staff member to child/adult: 1 to 2 1 to 3 1 to 4 Other

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

If operation provides veterinary services please provide percentage below:
 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:			
Boot Camp Conditioning	Home Trainer Sessions	Dry Cleaning or Laundry Service	Spa Treatments
Jacuzzi	Swimming Pool	Personal Trainer Sessions	Aerobics/Pilates
Tanning Beds	Showers	Towel Services	Sauna
Martial Arts	Boxing	Climbing Walls	Massage Therapy
Kick Boxing	Yoga	Racquetball	Cycling
Basketball	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: _____

Does the facility have any food services or juice bar, etc? Yes No
 If yes, provide details: _____

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

JANITORIAL SERVICES

General cleaning includes operations such as vacuuming, dusting, wastebasket trash pick-up, floor and rug cleaning, restroom clean-up.

What percentage of overall operations involves general cleaning? _____ %

What percentage of general cleaning operations are performed in the following buildings/facilities:											
Office Buildings		%	Industrial Buildings		%	Manufacturing Plants		%	Educational Facilities		%
Apartments/Condos		%	Residential/Homes		%	Stores-Retail		%	Stores-Wholesale		%
Government Bldgs		%	Hotels		%	Hospitals		%	Medical Offices		%
Museums		%	Airports		%	Railroad Stations/Cars		%	Other		%

When completing the section below, include overall general cleaning percentage as noted in top section.
 The following percentages must total 100% of overall operations:

General Cleaning		%	Carpet Cleaning		%	Floor Waxing & Refinishing		%	Exterior Window Washing Above 1st Floor		%
Fire/Flood Restoration		%	Asbestos/Mold/Lead Abatement		%	Pressure/Steam Cleaning Ground Level		%	Pressure/Steam Cleaning Above Ground		%
Servicing/Cleaning of Hoods/Filters/Grease Traps, etc.		%	Heating/AC Service		%	Elevator Maintenance/Cleaning		%	Pest Control		%
Ceiling Tile Cleaning		%	Cleaning of Aircraft		%	Construction Site Clean-up		%	Chimney Cleaning		%
Snow Removal		%	Landscaping		%	Parking Lot and/or Driveway (only) Sweeping		%	Street/Road/Highway Sweeping		%
Crime Scene Clean-up		%	Other								%

Do employees work in pairs or more? Yes No

Are Employees Supervised? Yes No Direct or roving supervision? _____

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?

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? Yes No

If yes, please explain: _____

Any highway or median work conducted? Yes 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? Yes No

Max depth in feet: _____ Percent of total work: _____%

Is the applicant involved in "Wrap up" or "OCIP" projects? Yes No

MANUFACTURING - MACHINE SHOPS

Any punch press or press brake machinery/equipment? Yes No

Machine Guarded: Point of operation Drive Mechanism

Age of machinery: <2 years 2-5 years 5-10 years 10+ years

Accessible moving parts guarded on machinery/equipment? Yes No

Types of machines (must equal 100%):

Heavy _____%

Mid _____%

Light: _____%

Any Computer Network Controlled (CNC) machinery? Yes No

Does any welding exposure exist? Yes No

If yes, you must complete the Welding Exposure Supplemental App and include it with your submission. Visit ArrowheadExchange.com for the form.

Percent of off-premise operations: _____%

If yes, where/what for? _____

Is building properly ventilated? Yes No

Is proper dust collection system in place? Yes No

NEWSPAPER/PUBLISHING

Any home delivery services? Yes No
 If yes, independent Contractors and/or Employees?
 Provide details: _____

Any delivery operations? Yes No If yes, number of Vehicles: _____ Driving radius: _____
 Any telemarketing operations? Yes No If yes, independent Contractors and/or Employees?
 Provide details: _____

Any security operations? Yes No If yes, independent Contractors and/or Employees?
 Armed or Unarmed Provide details: _____

Do employees or independent contractors use personal vehicle for company business? Yes No
 If yes, are certificates of insurance in file? Yes No

Are MVR's (Motor Vehicle Reports) obtained on all drivers? Yes No
 Is the company enrolled in the DMV "Pull" Program? Yes 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.? Yes No
 If yes, provide details: _____

Any excessive noise levels within the operations? Yes No
 If yes, provide details: _____

Have noise levels been evaluated within the press/bindery areas and/or areas with noise producing machinery and equipment? Yes No
 If yes, provide details: _____
 If noise level testing has been completed, are copies of the results available for review? Yes No

Does the company have a written hearing conservation program? Yes No

Do employees use/wear and PPE (Personal Protective Equipment)? Yes No
 If yes, provide details: _____

Does the company have a written ergonomics program? Yes No

Does the company have a written material handling program with identified weight limits? Yes No

Does the company have a written lock out/tag out program? Yes No

Is maintenance of equipment/machinery completed by employees and/or outside vendors? Yes No
 If yes, provide details: _____

Are all forklift/material handling equipment operations certified? Yes No

PEST CONTROL

Types of operations: Commercial Agricultural Residential Industrial Structural

Structural repairs or replacements Dry rot wood repair Shower pan replacement
 Chemical treatment services Fumigation Foam
 Other: _____

Provide details: _____

Percent of tenting? _____ % N/A

Lawn treatment/care? Yes No
 If yes, provide details: _____

Other service: _____
 Provide details: _____

Check each of the applicable services available:							
Ants	Spiders	Roaches	Fleas	Ticks	Wasps	Mosquitoes	Bees
Killer Bees	Bee Removal	Mice	Termite	Rats	Snakes	Raccoons	Opossum
Skunks	Bats	Rodents	Gopher	Bird/Pigeon Control		Animal Removal	
Animal Trapping		Bird/Rodent Proofing		Other			

Personal protective equipment required: _____

Written injury and illness prevention program? Yes No Written haz-com program? Yes No
 Written heat stress program? Yes No Written respiratory protection program? Yes No
 Special written procedures for working in confined spaces (attics, under residences or buildings)? Yes No
 Documented new employee orientation including documented training? Yes No

PUBLIC ENTITIES

Municipality: _____ County: _____

Check each applicable operational department/category:			
Water department	Power department	Sewer department	Street/road department
Street sweeping/cleaning	Building Inspector	Code Enforcement	Garbage/Refuse/Recycling
Parks / Recreation	Landscape Maintenance	Tree Trimming	Waste Treatment
Housing Authority	Day Care / Child Care	Public Housing Nurse	Electricians
Painters	Mechanic	Truck Driver	Fire Department
Police department	Animal control		

Number of Full-Time staff: _____ Number of Part-Time staff: _____
 Any volunteers or interns staff? Yes No If yes, please explain: _____
 City Council positions? Yes No How many? _____ County Supervisors positions? Yes No How many? _____
 Does the hiring process include: Drug screening? Yes No
 Pre-employment physicals? Yes No If yes, explain: _____
 Any post-accident drug testing? Yes No
 Is there a probationary period upon hire? Yes No If yes, explain: _____
 Are employees provided with any new employee orientation? Yes No
 Does each job have a written job description? Yes No
 Do employees receive initial job training? Yes No
 Is training ongoing and documented? Yes No
 Do employees work shifts? Yes No If yes, explain: _____
 Any on-call employees? Yes No If yes, explain: _____
 Do any employees have take home vehicles? Yes No If yes, explain: _____
 Any underground work? Yes No If yes, explain: _____
 Any work above 12' in height? Yes No If yes, explain: _____
 Any confined space exposures? Yes No If yes, explain: _____
 If yes, is there a written confined space entry program? Yes No
 Any sub-contracted operations? Yes No If yes, explain: _____
 Are W/C Certificates of Insurance obtained on all sub-contractors? Yes No
 Any use of independent contractors? Yes No If yes, explain: _____
 Number of vehicles? _____
 Driving radius? _____
 Do employees use personal vehicle for business purposes? Yes No
 If yes, explain: _____

RESTAURANTS

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

RETAIL - WHOLESALE

Type of merchandise? _____

Gross receipts: Wholesale: _____ % Retail: _____ % Warehousing? Yes No

Any 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.*

SECURITY GUARD SERVICES

Portable tracking device provided? Yes No If yes, please provide description of device/equipment: _____

How often are guards required to check in with supervisor or other tracking agency during each shift? _____

Are guards required to carry a cell phone or portable radio? Yes No

What procedures are in place if guard is confronted or threatened? _____

How many guards work alone? _____ How many guards work with a partner(s)? _____

Are any guards required to work more than 12-hour shifts? Yes No Number of hours of annual training required for guards: _____

Check appropriate Employment Screening(s):

- Psychological Testing Criminal Background Check Fingerprints Honesty Testing Credit Check Firearm License Check

Indicate number of guards with the following certifications:			
Valid Guard Card Issued By Bureau of Security and Investigative Services (BSIS)		Certified to carry firearm	
Certified to carry taser gun or baton		Certified to carry chemical agent	

Indicate number of guards:			
Unarmed		Carrying firearm	
Carrying taser gun or baton		Retired police/sheriff	
Off-duty police/sheriff		Carrying chemical or related agents/spray	
Patrol with dog or there is a dog on site			

Number of years' experience for all guards:				
Less than 1 year		Between 1-5 years		Between 5-10 years
Between 10-25 years		Between 25-40 years		Greater than 40 years

Indicate % of guard services provided (total must equal 100%):											
Airport Security or related		%	Amusement Parks		%	Armored Transport		%	ATM Machines		%
Baggage Inspection		%	Banks		%	Bars/Lounge/Nightclubs		%	Bodyguard		%
Casinos		%	Concerts		%	City/State/Federal Bldgs		%	Construction Sites		%
Courier Escort		%	Dog/K-9 Patrol		%	Elevated Platform/Ladder/Scaffold		%	Gated Community		%
Hazardous Material Site		%	Hospital/Institution		%	Hotel/Motel		%	Housing - Government		%
Housing - Low Income		%	Housing - High Income		%	Industrial Sites/Warehouse		%	Jewelry Store		%
Jewelry/Fine Arts Transport		%	Liquor Store		%	Mall Security - Inside		%	Mall Security - Outside/Parking Lots		%
Money Transport		%	Museums		%	Office Bldg		%	Public Transportation Station (non transit patrol)		%
Rail Yard		%	Remote Locations		%	Repossession Services		%	Restaurant - Fast Food		%
Restaurant - Full Service		%	Retail - Inside		%	Retail - Outside/Parking Lots		%	Schools - Inside/Halls		%
Schools - Outside/Parking Lots		%	Shipyard/Pier		%	Sporting Events		%	Traffic Control		%
Undercover Operations		%	Public Transport (guard in-transit on airplane/boat or ship/bus/subway/train/trolley, etc.					%			
Other		%	Please Describe:								

Mode of transportation utilized by guards - indicate % (must equal 100%):											
ATV		%	Automobile		%	Bicycle		%	Foot Patrol		%
Golf Cart		%	Horse		%	Motorcycle		%	Segway or Similar 2-Wheeled		%

Are all vehicles equipped with GPS? Yes No

TRUCKING

Type of authority: A. Common carrier Contract carrier Private Brokerage Exempt

B. Regular route Irregular route

Carrier Operations: California only Interstate

Length of haul (percentages must total 100%):											
Under 50 miles:		%	51-100:		%	101-200:		%	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 Applicable

Cargo 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	Oil field equipment	Garbage, refuse, trash	Beverages
Driveway/tow away	Fresh produce	Livestock	U.S. mail
Paper products	Other:		

Any backhauling operations? Yes No

If yes, percentage of total trips where backhauling is performed: _____ %

If yes, provide details on type of products backhauled: _____

Drivers

Number of drivers: _____

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: _____ %

If owner/operators used, please attach copy of contract: Attached or Not Applicable

Number of company drivers with motor carrier at least 12 months: _____

Number of owner/operator with motor carrier at least 12 months: _____ or Not Applicable

Number of Non-Union: _____

Union: _____

Any drivers under age 25? Yes No

If yes, how many? _____

Any drivers over age 65? Yes No

If yes, how many? _____

Do the drivers load and unload their trucks? Yes No

Do drivers complete a daily checklist on vehicles? Yes No

Provide detail of the materials loaded/unloaded and any equipment used: _____

Is the applicant enrolled in the DMV Pull Program? Yes No

If so, how often? _____

Is the applicant enrolled in the CHP BIT Program? Yes No

Are trucks equipped with GPS monitoring? Yes No

Total # of trucks: _____

Trucks with sleeper cabs: _____

Single trailers: _____ Double trailers: _____ Triple trailers: _____

Any trucks/trailers with ramps? Yes No

If yes, provide number: _____

Any trucks/trailers with lift-gates? Yes No

If yes, provide number: _____

Any team driver operations? Yes No

If yes, provide details: _____