

# 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

If yes, provide details (i.e. armed or unarmed, hours on premises): \_\_\_\_\_

Security cameras or other security devices on premises?    Yes    No

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?    Yes    No

Any housing provided for the following groups? If yes, provide percentage of total occupancies for each:								
HUD (Housing & Urban Development)		%	EAH (Employer Assisted Housing)		%	Low Income or Section 8		%
Homeless		%	Immigrant		%			

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

Is room service available to guests?    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 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

Roadside repair operations? Yes No

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

Do drivers carry firearms? Yes No

Any vehicle repossession operations? Yes No

Are tow trucks equipped with scanners? Yes No

Are tow trucks equipped with GPS tracking? Yes No

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

Any accident scene recovery 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 it UL certified? Yes No

Formal written respiratory program in place? 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 devices for lifting: \_\_\_\_\_



## 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](https://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: \_\_\_\_\_

Indicate percentage of work conducted in each of the following operations: (must equal 100% for each line)

1) Residential: \_\_\_\_\_% Commercial: \_\_\_\_\_% Industrial: \_\_\_\_\_% Municipal: \_\_\_\_\_%  
2) Maintenance: \_\_\_\_\_% New Installation: \_\_\_\_\_% Hardscape: \_\_\_\_\_%

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

If yes, what percentage of annual payroll is dedicated to a wrap up/OCIP project? \_\_\_\_\_

If yes, who provides the coverage for the wrap up project? \_\_\_\_\_

Does operation include any off-ground trimming of trees or hedges? 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? Yes No

If yes, please explain: \_\_\_\_\_

Any fire prevention services including weed abatement, brush management, debris removal? Yes No

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

Any work related to wildland fire activities (e.g., fire prevention, work on fire line, work after fire, etc.)? Yes No

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

Any Reforestation work? Yes No

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

Any work on hillsides or cliffs? Yes No

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

Any use of uncontrolled pesticides? Yes No

If yes, do you have the proper certification? Yes No

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

Any land clearing activities including debris removal conducted? 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 group transportation of more than 5 employees per vehicle > 10 miles? Yes No

If yes, provide # of employees and type of vehicles used for transportation: \_\_\_\_\_

Any group transportation of more than 8 employees per vehicle > 10 miles? Yes No

If yes, provide # of employees and type of vehicles used for transportation: \_\_\_\_\_

Any work along highways or freeways, including on-ramps, off-ramps, or medians? Yes No

If yes, percentage of payroll: \_\_\_\_\_

If yes, do applicant's employees perform traffic diversion for these operations? Yes No Subbed to third-party

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

## 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: \_\_\_\_\_

Percentage of tenting: \_\_\_\_% N/A

Lawn treatment care: Yes No If yes, provide details: \_\_\_\_\_

Other services? Provide details below:

Check each of the applicable services available:							
Ants	Spiders	Roaches	Fleas	Ticks	Wasps	Mosquitoes	Bees
Killer Bees	Bee removal	Mice	Termites	Rats	Snakes	Raccoons	Opossums
Bird/pigeon control		Animal removal		Animal trapping		Bird/rodent proofing	
Rodents	Gophers	Skunks	Bats	Other:			

Personal protective equipment required: \_\_\_\_\_

Written injury 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	Other: _____	

Number of F/T staff: \_\_\_\_\_ Number of P/T staff: \_\_\_\_\_

Any volunteers or interns? Yes No If yes, please explain: \_\_\_\_\_

City Council positions? Yes No How many? \_\_\_\_\_

County Supervisor positions? Yes No How many? \_\_\_\_\_

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 any employees work overnight shifts? Yes No If yes, explain: \_\_\_\_\_

Any on-call employees? Yes No If yes, explain: \_\_\_\_\_

Do any employees take company vehicles home? 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, is there a written confined space entry program? Yes No

## 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, is it performed by insured's employees? Yes No By common carrier? Yes No

If distribution is performed by insured's employees, how many company trucks are used for distribution? \_\_\_\_\_

What types of equipment aides are used for heavier material handling? Dollies Carts Pallet Jacks Forklifts Team Lifting

Other \_\_\_\_\_

Describe safety training conducted on material handling protocols and proper lifting techniques:

## RESTAURANTS

Type of food service provided:

Family Style Full Service      Fine Dining Full Service      Fast Food or Fast Casual  
Bar or Tavern      Donut Shop      Hot food dept. within grocery stores  
Mobile food vending with use of trucks, trailers, carts or booth  
Concessionaires located at ballparks, racetracks, concerts, theaters, amusement parks  
Caterers – for weddings, conferences, parties, meetings, or similar events

Number of:

Hosts: \_\_\_\_\_ Waitstaff: \_\_\_\_\_ Bartenders: \_\_\_\_\_  
Valet: \_\_\_\_\_ Busboys: \_\_\_\_\_ Cooks: \_\_\_\_\_  
Bouncers: \_\_\_\_\_

Liquor sales as percentage of total receipts: \_\_\_\_\_%

Does the applicant have an established protocol practiced by employees regarding no over-serving of liquor?    Yes    No

If yes, provide brief description: \_\_\_\_\_

Entertainment provided?    Yes    No

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

Bar or separate lounge area?    Yes    No

If any catering provided, what is the max driving radius? \_\_\_\_\_ miles

Percent of total receipts that involves catering operations: \_\_\_\_\_%

Any delivery?    Yes    No      Delivery hours: \_\_\_\_\_ to \_\_\_\_\_

If yes, radius of radius of operations: \_\_\_\_\_ miles      Percent of exposure: \_\_\_\_\_%

Average price of entree?    <\$10    \$10-\$20    \$20+

Any two-wheeled delivery exposure?    Yes    No

If yes, provide detail: \_\_\_\_\_

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: \_\_\_\_\_

## 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 / TRANSPORTATION

Type of authority: Common carrier Contract carrier Private Brokerage Exempt

Carrier Operations: California Only Interstate

List applicant's top three largest clients/contracts: \_\_\_\_\_

Filings: \_\_\_\_\_ DOT#: \_\_\_\_\_ PUC#: \_\_\_\_\_ DMV/MCP#: \_\_\_\_\_ 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? Yes 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? Yes No Are trucks/vehicles equipped with cameras? Yes No

Any vehicles required to display HazMat placard? Yes No

Description of cargo transported (must equal 100%)			
General Freight _____%	Household Goods _____%	Paper Products _____%	Metal Sheets, Coils, Rolls _____%
Building Materials _____%	Aggregate (grave/stones/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 _____%

Any back hauling operations? Yes No If yes, percentage of total trips where back hauling is performed \_\_\_\_\_%

If yes, provide details on type of products back hauled: \_\_\_\_\_

### Drivers:

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): \_\_\_\_\_

Number of company drivers with motor carrier <12 months \_\_\_\_\_

Number of company drivers with motor carrier 12 to 24 months \_\_\_\_\_

Number of company drivers with motor carrier >24 months \_\_\_\_\_

Are drivers with 3 or more moving violations or accidents (or combination) within current 3-year period prohibited from driving? Yes No

Are drivers with any 2-point violation, reckless driving or DUI in the past 4 years prohibited from driving? Yes No

Is applicant enrolled in DMV PULL Program? Is applicant enrolled in CHP BIT Program? Yes No

Do drivers load and/or unload their trucks? Yes No If yes, provide details on material handling aids used: \_\_\_\_\_

Percentage of loads that lumpers are used: \_\_\_\_\_% Are certificates obtained for lumpers? Yes No

Do drivers tarp freight without tarping mechanical system? Yes No

Do drivers secure freight using load-locks, bars, straps or chains? Yes No

Any height exposure on any device more than 12 ft? Yes No If yes, how is height accessed? \_\_\_\_\_

Any of applicant's employees conduct traffic control or drive a flag truck for over-sized loads? Yes No

Is there a formal driver training program in place? Yes No If yes, provide details: \_\_\_\_\_

Does applicant's hiring practices include a road test for all drivers? Yes No

Any team driver operations? Yes No If yes, provide details: \_\_\_\_\_

Number of owner/operators used: \_\_\_\_\_ Are owner/operators to be included on workers' comp policy? Yes No

If no, are certificates of insurance obtained? Yes No

### Delivery:

Any rooftop delivery conducted by applicant's employees? Yes No

Do applicant's employees access rooftops? Yes No

Any drop-off or pick-up of material on or along a freeway/highway (i.e. sand/gravel/k-rails/etc.) Yes No

Any two-wheel delivery operations? Yes No Any pedestrian deliveries? Yes No