

Description of Operations, Hiring, Employment & Safety Characteristics

Applicant Name _____ Proposed Effective Date _____
 FEIN _____ Company Website _____

Description of Operations

Misc. (Explain any gaps in coverage, cancellations, significant fluctuations in payroll, etc.)

Employee Breakdown (Top Classes by Payroll Excluding 8810/8742)						
Class Code	# FT	# PT	# Seasonal	# Other	Union?	Avg. Wage Per Hour
					[] Yes [] No	
					[] Yes [] No	
					[] Yes [] No	
					[] Yes [] No	

Hiring Practices Check Yes ONLY if Applicable to 75%+ of Labor	
[] Yes [] No	Written Application
[] Yes [] No	Written Job Description
[] Yes [] No	Background/Reference Check
[] Yes [] No	Pre-Hire Drug Testing
[] Yes [] No	Pre-Hire Physical Fitness Test

Safety Practices Check Yes ONLY if Applicable to 75%+ of Labor	
[] Yes [] No	Formal Injury & Illness Prevent. Plan
[] Yes [] No	Formal Return to Work Plan
[] Yes [] No	Quarterly (or More) Safety Meetings
[] Yes [] No	Quarterly (or More) Safety Training
[] Yes [] No	Safety Incentive Plan

Management Practices, Loss Control, Claims Handling & Benefits	
[] Yes [] No	Is the ownership active in the day-to-day operations of the company?
[] Yes [] No	Is there a full-time risk/safety manager employed whose job is 50%+ safety related?
[] Yes [] No	Is there a formal and random drug testing program for all employees?
[] Yes [] No	Is there a formal post-accident drug testing program for all workplace injuries?
[] Yes [] No	Upon termination are personnel files documented for any potential workplace injuries?
[] Yes [] No	Is there a formal accident investigation and claims reporting process?
[] Yes [] No	Do more than 50% of employees receive group health through you that is 50%+ employer paid?

Details / Descriptions / Notes

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Operations by Trip																																																												
%	What % of your trips involve handling ANY luggage, baggage, golf clubs, etc.?																																																											
%	What % of your trips involve helping to lift / lower passengers into / out of the vehicle?																																																											
%	What % of your trips involve multiple employees per vehicle at any time?																																																											
%	What % of your trips include a tour guide / narrator / etc?																																																											
%	What % of your trips require an employee to be away from home for one or more nights?																																																											
Maintenance Operations (Check all that apply)																																																												
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	There are no employee mechanics (all vehicle/trailer service/repair is done by others)																																																						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	One or more employees perform preventative maintenance ONLY (e.g., brakes, etc.)																																																						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	One or more employees repairs and/or mounts tires																																																						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	One or more employees perform roadside repairs																																																						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	One or more employees perform MOST service/repair on company-owned vehicles																																																						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	One or more employees perform MOST service/repair on company-owned trailers																																																						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	One or more employees perform service/repair on non-owned equipment																																																						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	One or more employees perform work that requires tank entry																																																						
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Subcontracting Exposure	
Subcontracting & Independent Contracting	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you subcontract any work? If so, what % _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you keep certificates of Workers Comp. Insurance for all subcontractors?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is payroll for <u>uninsured</u> (no Workers Comp.) subcontractors included in your payroll estimate?
Details / Descriptions / Notes	
<i>Note, any payment made to subcontractors who cannot evidence their own currently-valid workers compensation coverage is subject to inclusion in your audit premium. Auditors will request to see all subcontractor certificates.</i>	

Signature & Affirmation	
<p>By signing this application the client is acknowledging that all information provided on all pages of this supplemental application are complete and accurate representations of work and processes as of the date this application is signed. Additionally, by requesting insurance products through our company you and the client agree to notify us immediately regarding any change in operations that would result in a change in any of the answers provided on this application. All information is subject to verification. Any insurance policy issued may be cancelled, subject to applicable local law, for misrepresentation if the information provided here is not accurate.</p>	
_____ Signature of Applicant	_____ Date Signed
_____ Signature of Agent	_____ Date Signed