

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
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Hiring Practices Check Yes ONLY if Applicable to 75%+ of Labor	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Written Application
<input type="checkbox"/> Yes <input type="checkbox"/> No	Written Job Description
<input type="checkbox"/> Yes <input type="checkbox"/> No	Background/Reference Check
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Hire Drug Testing
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Hire Physical Fitness Test

Safety Practices Check Yes ONLY if Applicable to 75%+ of Labor	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Formal Injury & Illness Prevent. Plan
<input type="checkbox"/> Yes <input type="checkbox"/> No	Formal Return to Work Plan
<input type="checkbox"/> Yes <input type="checkbox"/> No	Quarterly (or More) Safety Meetings
<input type="checkbox"/> Yes <input type="checkbox"/> No	Quarterly (or More) Safety Training
<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Incentive Plan

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

Details / Descriptions / Notes

Description of Operations

Operations Performed by Type [Must add up to 100%]

<i>Maintenance Operations</i>	
%	Debris (e.g., grass, leaves, etc.) haul-away
%	Irrigation/Sprinkler Repair (Not New Installation)
%	Mowing, Edging, Weeding, Pruning, Thinning
%	Planting (Shrubs, Flowers) [Not Sod, Trees]
%	Planting (Sod)
%	Planting (Trees)
%	Stump Removal
%	Tree Transplanting
%	Tree Trimming (from Ground Level)

<i>Construction Operations</i>	
%	Carpentry (e.g., deck, gazebo, etc.)
%	Concrete (e.g., sidewalk, walkway)
%	Electrical (e.g., conduit, wiring, outlets)
%	Excavation (e.g., trenching, land clearing, etc.)
%	Fence Erection/Repair
%	Hardscaping (e.g., rocks, water features, etc.)
%	Masonry (e.g., retaining walls, BBQ's, fire pits, etc.)
%	Plumbing (e.g., drainage, sprinkler installation, etc.)

<i>Miscellaneous Operations</i>	
%	Florist operations
%	Herbicide/Pesticide Application
%	Nursery operations
%	Tree Trimming (above Ground Level)
%	All Other Operations

Radius of Operations [Must add up to 100%]

0 – 10	miles	%
10 – 50	miles	%
50 – 100	miles	%
100 +	miles	%

Lifting Exposures [Must add up to 100%]

0 – 10	pounds	%
10 – 25	pounds	%
25 – 50	pounds	%
50 +	pounds	%

Customer Type [Must add up to 100%]

Single Family Homes	%
Apartments, etc.	%
Commercial	%
Municipal	%
Other	%

Work Type [Must add up to 100%]

New Construction	%
Maintain / Remodel	%
Other	%

Work Premises and Environment (If yes, please explain in section below)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Any tree trimming that is off the ground?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any snow / ice removal and/or setup / tear-down of holiday decorations?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are employees present when vendors apply/use any herbicides/pesticides?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is group transportation of employees (3 or more persons per vehicle) provided?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any highway or median work conducted?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any day laborers or temporary/employee leasing?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any debris removal or land clearing activities?

Details / Descriptions / Notes

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Height & Depth Exposures		
Height [Must add up to 100%]	% of Ops	How Are Heights Accessed? (Check All that Apply)
20+ Feet Below Grade		N/A
8-20 Feet Below Grade		N/A
0-8 Feet Below Grade		N/A
0 Feet At Grade		N/A
0-12 Feet Above Grade		<input type="checkbox"/> Ladder <input type="checkbox"/> Scaffold <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Other
12-24 Feet Above Grade		<input type="checkbox"/> Ladder <input type="checkbox"/> Scaffold <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Other
24-40 Feet Above Grade		<input type="checkbox"/> Ladder <input type="checkbox"/> Scaffold <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Other
40+ Feet Above Grade		<input type="checkbox"/> Ladder <input type="checkbox"/> Scaffold <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Other
Details / Descriptions / Notes (Please Also Note the Maximum Height & Depth Worked At)		

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	
<p><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></p>	

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