

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

Construction & Contracting Exposures	
Client Type (by %) [Must add up to 100%]	
Single Family Home	
Apartment/Condo/Multi-Unit	
Warehouse/Similar	
Manufacturing/Industrial	
Other Commercial Facility	
Land/Road Space	
Other (Please Detail Below)	
Job Type (by %) [Must add up to 100%]	
New Construction	
Demolition/Tear Out	
Repair/Remodel (No Demolition)	
Other (Please Detail Below)	
Job Location (by %) [Must add up to 100%]	
Interior	
Exterior (on Roof Surface)	
Exterior (not on Roof Surface)	
Other (Please Detail Below)	
Details / Descriptions / Notes	

Check All Applicable Job Types		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Asbestos/Lead Remediation
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Blasting
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Confined Space Exposures
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Crane Operations/Crane Rental
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fire/Flood/Mold Restoration
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Highway/Roadway Work
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Iron/Steel Erection
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Piers/Docks/Caissons/Seawall
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pollution/Spill Remediation
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Prevailing Wage/Union
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Scaffolding Setup/Teardown
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ship Breaking
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Solar Panel Installation
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Structural Framing
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tank Entry
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Utility/Light Pole Work
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Welding
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Wildfire Work (Pre or Post Fire)

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	
[] Yes [] No	Do you subcontract any work? If so, what % _____
[] Yes [] No	Do you keep certificates of Workers Comp. Insurance for all subcontractors?
[] Yes [] 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>	

Recent & Upcoming (Likely) Jobs			
	Name	Begin/End (Mo/Yr)	Description (e.g., Trades, Unique Features, etc.)
1			
2			
3			
4			
5			

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