

ASPEN INSURANCE BROKERS, INC.

Workers' Compensation Renewal Questionnaire

Recently many insurance companies have started to write Worker's Compensation in California. Because a standard questionnaire doesn't exist, we've revised our Renewal Questionnaire to include some of the common questions. Although this questionnaire may appear lengthy, some of the questions may not apply to you.

GENERAL INFORMATION

1. Business Name: _____ Cell No.: _____
 State Employers ID No.(EDD): _____ Federal Tax ID No. (FEIN): _____
 E-Mail address: _____
 Web-Site Address: _____

2. Any changes in your business operations? No or Yes If Yes, please describe: _____

Operation Hours: _____ # of Daily Shifts: _____

How many years have you been at your current location? _____

3. Are you a member of any trade or business association? No Yes
 If yes, please list: _____

4. Have you any bankruptcies, tax or credit liens? No Yes If yes, when? _____

5. Do you have knowledge of any pre-existing act, omission, event, condition or damages to any person or property including any undisclosed claims that may potentially give rise to any future claim or legal action against you?
 No Yes If Yes, please describe (include a separate sheet if needed): _____

6. Please list the Names, titles, and percentage of ownership per owner, partner, officer or stockholder below:

Owner / Officer Name	Title	% of Ownership	Incl.	Excl.	Salary
		%	<input type="checkbox"/>	<input type="checkbox"/>	\$
		%	<input type="checkbox"/>	<input type="checkbox"/>	\$
		%	<input type="checkbox"/>	<input type="checkbox"/>	\$
		%	<input type="checkbox"/>	<input type="checkbox"/>	\$

PAYROLL / EMPLOYEE INFORMATION

7. Please estimate the following per workers compensation classification code for the 12 months following your expiration date, **excluding all OCIP (wrap) work**:

Class Code/Description	# of employees		Total Estimated Payroll
	Full Time	Part Time	

ASPEN INSURANCE BROKERS, INC.
Workers' Compensation Renewal Questionnaire

8. How many employees did you have on payroll: 24 months ago _____ 12 months ago _____
9. Percentage of employee turnover in last 12 months: *Full Time* _____ *Part Time* _____
10. Number of staff increase over the next 12 months: *Full Time* _____ *Part Time* _____
11. Number of layoffs expected in the next 12 months? *Full Time* _____ *Part Time* _____
12. What is the average hourly wage? *Full Time* _____ *Part Time* _____
13. Do you ever compensate workers on a piecework basis? No Yes
14. How many W2's did you file for your last reporting period? _____
15. Employee to supervisor ratio? **Better than:** 4 to 1 5 to 1 6 to 1 7 to 1 Over 7 to 1
16. Do you train new employees? No Yes
17. Are any employees members of a labor union? No Yes
18. Do you employ any relatives? No Yes
19. Is there any interchange of labor? No Yes If yes, is it between Another business Subsidiary
 Between departments Other (explain) _____
20. Is there any volunteer or donated labor used? No Yes
21. Do you lease, contract, or temporarily hire employees/laborers? No Yes
22. Do you have any outside sales employees? No Yes If yes, how many? _____
23. Do any employees work from home? No Yes If yes, describe: _____
24. Do any employees travel out of state? No Yes If yes how often: _____
25. Do you use subcontractors? No Yes If yes, do you obtain a Work Comp certificate from them? No Yes

HIRING PRACTICES

Do you conduct any of the following:

26. Collect written Employment application? No Yes
27. Are references checked? No Yes
28. Pre-employment physicals? No Yes
29. Post-employment physicals? No Yes
30. Are personnel records documented for pre-existing injuries? No Yes
30. Orthopedic back testing? No Yes
31. Drug screening? No Yes
32. Audiometric testing? No Yes
33. Pathogenic test? (ie. lead) No Yes

BENEFITS AND OPERATIONS:

31. Do you provide Health insurance? No Yes If yes, please answer the following:
- A. How long are they employed before they are included to your health insurance plan? _____
- B. What is the percentage of employees on health insurance? _____
- C. What percentage of premium does the employer pay? _____
- D. Who is your Health Insurance Provider? _____
- E. Name or clinic, physician, or emergency room used for work related injuries: _____
-
32. Do you provide Sick time? No Yes
33. Do you provide paid vacation? No Yes
34. Do you provide a retirement plan for your employees? No Yes

ASPEN INSURANCE BROKERS, INC.
Workers' Compensation Renewal Questionnaire

35. Are there any **company owned vehicles**? No Yes If yes please answer the following:
 A. How many drivers are there? _____ # of vehicles? _____
 B. Do operations include delivery? No Yes If yes, the frequency of delivery is:
 Daily Weekly Other _____
 Radius of delivery is: less than 50 miles 51 to 100 miles 101 to 250 miles or more than 250 miles
 C. Are driver acceptability standards established? No Yes
 D. Are Motor Vehicle Reports checked? No Yes How often? _____
 E. Do you inspection/maintain the vehicles? No Yes How often? _____
 F. Do employees take vehicles home? No Yes
 36. Do you maintain an equipment yard? No Yes If yes, # emp. that work there? _____
 37. **Retail / Wholesale** - What are your annual Gross Sales? Wholesale \$ _____ Retail \$ _____

LOSS CONTROL & SAFETY PRACTICES

38. Do you have an Injury and Illness Prevention Program? No Yes
 39. Do you have a written early return-to-work program for employees injured on the job? No Yes
 40. Do you have a written safety program in compliance with SB198 in place? No Yes
 41. Do you hold Safety meetings & training for all employees? No Yes
 If yes, how often? Daily Weekly Monthly Are they documented? No Yes
 42. Do you have a designated safety director? No Yes If yes, are they: Full time Part time
 Name of safety director: _____
 43. Have you received any OSHA citations within the past year?..... No Yes
 If yes, please explain: _____
 44. Are Supervisors held accountable for injuries / accident? No Yes
 45. Is there an Accident Investigation program in place? No Yes
 46. Do you perform work over 15 Feet? No Yes If yes, maximum # of stories: _____
 47. Is there a Fall Safety System used? No Yes If yes, what type? _____
 48. Do you provide a safety incentive program for your employees? No Yes
 49. Do you provide protective gear? No Yes If yes, please describe gear: _____

 50. Do any of your employees do any lifting? No Yes If yes, how many pounds max? _____
 51. Are Machine guards in place? No Yes
 52. Do any employees operate Forklifts? No Yes If yes, do you provide training? No Yes

ASPEN INSURANCE BROKERS, INC.
Workers' Compensation Renewal Questionnaire

If you are a contractor, please complete the following:

53. What is the percentage of residential versus commercial work? _____ vs _____
54. What is the percentage of new construction versus remodel and repair? _____ vs _____
55. Describe the type of Interior and/or Exterior work performed? _____
56. Do you use any: *Cranes* No Yes *Scaffolds* No Yes *Scissor Lifts* No Yes
57. Do you do any excavation? No Yes If yes, max depth: _____
58. Do you/will you participate in any OCIP, CCIP or Wrap-Up programs? No Yes
59. If you are a **roofer**, what methods of construction are used?
Built-Up _____% Steep _____% Single-Ply _____% Spray-In-Place _____%
60. What roofing materials are used (e.g.: asphalt & gravel, thermoplastic, tar, etc.)? _____

Comments: _____

The purpose of this Questionnaire is to assist the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his/her knowledge, information and belief.

Signature of applicant: _____ Date: _____

Print Name: _____ Title: _____

Please visit us at our web site, www.aspeninsbrokers.com