



WORKERS' COMPENSATION SECTION

INSURANCE INFORMATION

1. Please list five years of insurance company names, policy periods, policy numbers, and annual premiums:

	Insurance Company	Policy Period	Policy Number	Annual Premium
Current Policy	_____	_____	_____	\$ _____
1 st Year Prior	_____	_____	_____	\$ _____
2 nd Year Prior	_____	_____	_____	\$ _____
3 rd Year Prior	_____	_____	_____	\$ _____
4 th Year Prior	_____	_____	_____	\$ _____

***PROVIDE 5 YEARS CURRENTLY VALUED HARD COPIES OF LOSS RUNS.**

2. Give details of any insurance claims in the last 5 years including type of claim and amount paid.

3. 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 or Yes If Yes, please describe (include a separate sheet if needed): _____

PAYROLL AND EMPLOYEE INFORMATION

* * * * OCIP = "wrap": Owner Controlled Insurance Program; usually provided by large developers * * * *

4. Please provide payroll information/history as follows per workers compensation classification code **excluding all OCIP (wrap) work**:

Class Code	Current Policy Year	1 st Year Prior	2 nd Year Prior	3 rd Year Prior	4 th Year Prior
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

HIRING PRACTICES

Do you conduct any of the following:

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

BENEFITS AND OPERATIONS

- 29. 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:

- 30. Do you provide Sick time? [] No [] Yes
31. Do you provide paid vacation? [] No [] Yes
32. Do you provide a retirement plan for your employees? [] No [] Yes
33. 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
34. Do you maintain an equipment yard? [] No [] Yes If yes, # emp. that work there?
35. Retail / Wholesale - What are your annual Gross Sales? Wholesale \$ Retail \$

LOSS CONTROL & SAFETY PRACTICES

- 36. Do you have an Injury and Illness Prevention Program? [] No [] Yes
37. Do you have a written early return-to-work program for employees injured on the job? [] No [] Yes
38. Do you have a written safety program in compliance with SB198 in place? [] No [] Yes
39. Do you hold Safety meetings & training for all employees? [] No [] Yes
If yes, how often? [] Daily [] Weekly [] Monthly Are they documented? [] No [] Yes
40. Do you have a designated safety director? [] No [] Yes If yes, are they: [] Full time [] Part time
Name of safety director:
41. Have you received any OSHA citations within the past year? [] No [] Yes
If yes, please explain:

- 42. Are Supervisors held accountable for injuries / accident? No Yes
 - 43. Is there an Accident Investigation program in place? No Yes
 - 44. Do you perform work over 15 Feet? No Yes If yes, maximum # of stories: _____
 - 45. Is there a Fall Safety System used? No Yes If yes, what type? _____
 - 46. Do you provide a safety incentive program for your employees? No Yes
 - 47. Do you provide protective gear? No Yes If yes, please describe gear: _____
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- 48. Do any of your employees do any lifting? No Yes If yes, how many pounds max? _____
 - 49. Are Machine guards in place? No Yes
 - 50. Do any employees operate Forklifts? No Yes If yes, do you provide training? No Yes



Please complete this section if you are a contractor



What are your annual gross sales? _____

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

Please complete the following if you use sub-contractors:

- 59. What percentage of your work is sub-contracted out? _____
- 60. What type of work is sub-contracted out? _____
- 61. Are Worker's Compensation certificates collected? No Yes
- 62. Are sub-contractors directly supervised? No Yes
- 63. When is your General Liability insurance policy renewal date? _____
- 63. When is your Business Auto insurance policy renewal date? _____

Check if Worker's Compensation Supplemental is attached.

Comments: _____