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Insured: _____ Eff. Date: _____

Contact Name & Title: _____ Tel. #: _____ Fax #: _____ Website Address: _____

GENERAL INFORMATION:

Years in business: _____ # of locations _____

Description of operations _____

Union: ☐ Yes ☐ No If yes, name of Union _____

Current number of employees: Full time _____ Part time _____ Seasonal _____ Volunteers _____

Percent of employee turnover in the last 12 months Full time _____ Part time _____

Employee staffing expectation over the next 12 months Full time _____ Part time _____

Average hourly wage in Governing Class: Full time \$ _____ Part time \$ _____

Average hourly wage in Clerical class: Full time \$ _____ Part time \$ _____

Average hourly wage in Sales class: Full time \$ _____ Part time \$ _____

Has the insured ever been in bankruptcy? ☐ Yes ☐ No If yes, explain _____

BENEFITS:

Are ALL employees eligible Y/N; if no then who? _____

_____ % paid by employer _____ % of participation

Group Health ☐ Yes ☐ No

Paid sick leave ☐ Yes ☐ No Vacation ☐ Yes ☐ No Retirement / Pension Plan ☐ Yes ☐ No

Name of Healthcare provider: _____

Do you use a specific: Clinic _____ Physician _____ Emergency room _____

Full time nurse maintained on staff: ☐ Yes ☐ No

CPR training provided? ☐ Yes ☐ No

SAFETY PROGRAM:

Safety program / IIPP compliant with SB 198 ☐ Yes ☐ No

Return to light duty plan ☐ Yes ☐ No

Return to full time modified work plan ☐ Yes ☐ No

Designated full time safety director ☐ Yes ☐ No Name: _____

Safety meetings held for all employees ☐ Yes ☐ No Frequency of meetings _____

Safety training held for all employees ☐ Yes ☐ No Incentive program for employees ☐ Yes ☐ No

Personal protective safety equipment provided ☐ Yes ☐ No

Supervisors are held accountable for injuries / accidents ☐ Yes ☐ No

Accident investigation program in place ☐ Yes ☐ No

HIRING PRACTICES:

Employment application ☐ Yes ☐ No Drug/substance abuse ☐ Yes ☐ No

Reference checks ☐ Yes ☐ No Audiometric Testing ☐ Yes ☐ No

Motor Vehicle Record Check ☐ Yes ☐ No Pre/Post employment physical ☐ Yes ☐ No

Volunteer Labor used ☐ Yes ☐ No Pathogenic test (i.e. lead) ☐ Yes ☐ No

Temporary labor used ☐ Yes ☐ No Orthopedic back test ☐ Yes ☐ No

OPERATIONS:

Hours of operation: _____ to _____ Number of daily shifts: _____

Operation includes driving? ☐ Yes ☐ No Number of authorized drivers _____ No. of vehicles _____

Types of vehicles driven _____

Reason(s) for driving (delivery, sales calls, etc.)? _____

Frequency of driving: Daily ☐ Weekly ☐ Other ☐ _____

Driving radius: < 50 miles ☐ 51-100 miles ☐ 101-250 miles ☐ 250 miles ☐

Frequency of MVR checks _____ Participation in CHP Pull program ☐ Yes ☐ No

Driver acceptability standards have been established ☐ Yes ☐ No

Vehicles inspection / maintenance program ☐ Yes ☐ No Frequency _____

Vehicle maintenance performed is performed by employees ☐ Yes ☐ No

Employees take vehicles home ☐ Yes ☐ No

PAYROLL AND PREMIUM HISTORY:

Payroll: 2008 _____
2007 _____
2006 _____
2005 _____

Premium: 2008 _____
2007 _____
2006 _____
2005 _____

Any travel out of state? ☐ Yes ☐ No No. of employees who travel: _____

Frequency: _____

Purpose: _____

HOTEL / MOTEL:

Number of guest rooms: _____ Room rate: Under \$50 ☐ \$50-74.95 ☐ \$75-99 ☐ Over \$100 ☐
Food service: Operate own: ☐ Yes ☐ No Subcontract: Restaurant ☐ Bar ☐ Both ☐
Gross receipts: Food _____ % Liquor _____ %
Entertainment: ☐ Yes ☐ No Lounge: ☐ Yes ☐ No Armed Security: ☐ Yes ☐ No
Operation: Year round ☐ Seasonal ☐ Conference center: ☐ Yes ☐ No
Shuttle service: ☐ Yes ☐ No How many vans: _____
How are maids compensated: Salary ☐ Hourly wage ☐ Flat rate per room ☐
Who flips the mattresses and how are they turned: _____

RETAIL / WHOLESALE:

Gross receipts: Wholesale _____ % Retail _____ % Compensation: Flat salary _____ Hourly wage _____
Type of merchandise: _____ Commission _____
Palletized: ☐ Yes ☐ No Outside sales employees: ☐ Yes ☐ No
Lifting exposure or repackaging: ☐ Yes ☐ No Lbs: _____ Is there assembly: ☐ Yes ☐ No If yes, what? _____
Forklift exposures describe: _____

MANUFACTURING & ASSEMBLING:

Machine guarding: _____ Point of operation: ☐ Yes ☐ No Material handling exposure: ☐ Yes ☐ No
Drive mechanism: ☐ Yes ☐ No Lifting: ☐ Below 50 lbs. ☐ Above 50 lbs. _____
Moving Parts: ☐ Yes ☐ No Lock out/tag out: ☐ Yes ☐ No Off premises operations: ☐ Yes ☐ No Percentage _____
% of - Point of operation guarding: _____
Moving parts _____ Drive Mechanism: _____
TYPE OF MACHINES USED? _____
Where / What: _____
Personal Protection Equipment provided? ☐ Yes ☐ No
Use enforced? ☐ Yes ☐ No
Any piece-work or home-based work? ☐ Yes ☐ No
If yes, explain: _____

SERVICE STATIONS / AUTO REPAIR SHOPS / TRANSMISSION SHOPS:

Hours of Operation _____ Mini-Market: ☐ Yes ☐ No Liquor sold? ☐ Yes ☐ No
Gas operation: ☐ Full Service ☐ Self service Bullet proof cashier booth: ☐ Yes ☐ No
Repair operation: ☐ Yes ☐ No Drop safe or registers: ☐ Yes ☐ No
☐ Tire repair/installation ☐ Over 1-ton truck (yes/no) Car Wash: ☐ Yes ☐ No If yes, ☐ self serve ☐ full serve
Towing: ☐ Yes ☐ No Contract tow: ☐ Yes ☐ No Access to freeway: ☐ 0-1 mile ☐ 1-2 miles ☐ 2+ miles
Road Repair: ☐ Yes ☐ No

ATTORNEYS

What type of law: _____
Any criminal law: ☐ Yes ☐ No _____ Percentage Any insurance law: ☐ Yes ☐ No _____ Percentage

RESTAURANT:

Average Entrée Price: _____ Separate Lounge: ☐ Yes ☐ No
Liquor Receipts (% of gross receipts) _____ Twenty-four hour operation: ☐ Yes ☐ No
Entertainment: ☐ Yes ☐ No If yes, please provide details: _____ Multiple Floor levels ☐ Yes ☐ No
Number of: Hosts _____ Valet Parkers _____
Catering: ☐ Yes ☐ No % of revenues: _____ Waitpersons _____ Bartenders _____
Radius: _____ Cooks _____ Take-out: ☐ Yes ☐ No
Delivery: ☐ Yes ☐ No % of revenues: _____
Radius: _____

APARTMENT OWNER OR OPERATOR:

List of operations sub-contracted to others: _____

Current employees perform sub-contracted operations for you? ☐ Yes ☐ No If yes, please list: _____

The following items are maintained and kept current for all sub-contractors:

Certificate of workers' compensation insurance ☐ Yes ☐ NoCopy of each sub-contractor's license number ☐ Yes ☐ No**JANITORIAL:**

Percentage of revenues from: Office Buildings _____ Manufacturing Plants _____ Medical Properties _____ Other _____

Pressure cleaning? ☐ Yes ☐ No Concrete cleaning or sealing? ☐ Yes ☐ No Roof or gutter cleanup? ☐ Yes ☐ NoWindow Washing requiring ladder or other device for heights ☐ Yes ☐ No Large Debris hauling ☐ Yes ☐ NoOther work requiring ladders ☐ Yes ☐ No Multiple Locations per night ☐ Yes ☐ No Group Transportation ☐ Yes ☐ NoConfined Space (vents, etc) ☐ Yes ☐ No Buffing waxing carpet cleaning ☐ Yes ☐ No**CONSTRUCTION: (Includes Landscapers and Artisan Contractors)**Contractor's License # _____ Copy Included ☐ Yes ☐ No Classification _____

Detailed Description of Operation _____

Estimated Gross Receipts _____ Estimated Subcontractors Receipts _____

Sub-contractors Certificates sent to agent ☐ Yes ☐ No

Residential % _____ Commercial % _____ Re-model % _____ New Contract % _____

Types of machinery and hand tools used _____

Proper guarding & maintenance in place ☐ Yes ☐ NoAny work performed above 2 stories: ☐ Yes ☐ No If yes, explain _____Any Roof Exposure: ☐ Yes ☐ No If yes, explain _____

Details of Interior and/or Exterior work performed _____

Any concrete tilt-up work: ☐ Yes ☐ NoAny use of Cranes: ☐ Yes ☐ No If yes, explain _____Any use of Scaffolds: ☐ Yes ☐ No If yes, are the ee's certified? _____Safety training provided ☐ Yes ☐ No Details: _____

Level of Supervision _____ # of staff to Supervisors _____

Personal protective wear available? ☐ Yes ☐ No Examples: _____Type of vehicles _____ # of Vehicles _____ Transportation of employees? ☐ Yes ☐ No

of Drivers _____

FARMING OPERATIONS:

Row Crops: _____ % Trees/Vines: _____ % Dairy/Cattle: _____ %

Percentage of harvesting? _____ % Percentage of mechanical harvesting? _____

Does insured harvest for others? ☐ Yes ☐ No If yes, own equipment used? ☐ Yes ☐ NoIs housing provided? ☐ Yes ☐ No If yes, how many employees? _____How many acres: 160 or less ☐ 161-499 ☐ 500-999 ☐ 1000+ ☐Transportation of employees: ☐ Yes ☐ No If yes, how: Van ☐ Bus ☐ Other ☐; Frequency: Daily ☐ Weekly ☐ Monthly ☐ Radius ☐Use Labor Contractor? ☐ Yes ☐ No

How are employees paid? Hourly rate _____ Piece rate _____ Combination _____ Other _____

Dairy Barn: Elevated ☐ Carousel ☐ Flat ☐ Other _____

- Number of milking cows _____
- Number of bulls _____ Number of bulls 3 years and older _____
- Outside Veterinary Services ☐ Yes ☐ No
- Artificial Insemination: ☐ Yes ☐ No Subcontracted? ☐ Yes ☐ No
- Hoof trimming or De-horning: ☐ Yes ☐ No Subcontracted? ☐ Yes ☐ No