

GENERIC SUPPLEMENTAL APPLICATION 2007

Insured: _____ Eff Date: _____

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

GENERAL INFORMATION:

Years in business: _____ No of locations _____

Description of operations _____

Present 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 governing class hourly wage: Full time \$ _____ Part time \$ _____

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

Would you be willing to participate in the HCO program to control claim costs? Yes No

Indicate the safety activities currently established and practiced regularly:

Safety program / IIPP complaint 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 delivery Yes No Number of authorized drivers _____ No. of vehicles _____

Frequency of delivery: Daily Weekly Other _____

Delivery 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 :	2006 _____	Premium: 2006 _____
	2005 _____	2005 _____
	2004 _____	2004 _____
	2003 _____	2003 _____

Any travel out of state Yes No No. of traveling _____ 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/tagout: Yes No Off premises operations: Yes No Percentage _____
% of - Point of operation guarding: _____ Where / What: _____
Moving parts _____ Drive Mechanism: _____ Personal Protection equipment provided? Yes No
TYPE OF MACHINES USED?- Use enforced? Yes No

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
Catering: Yes No % of revenues: _____ Number of: Hosts _____ Valet Parkers _____
Radius: _____ Waitpersons _____ Bartenders _____
Delivery: Yes No % of revenues: _____ Cooks _____ Take-out: Yes No
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 No
Copy 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 No
Window Washing requiring ladder or other device for heights Yes No Large Debris hauling Yes No
Other work requiring ladders Yes No Multiple Locations per night Yes No Group Transportation Yes No
Confided Space (vents, etc) Yes No Buffing waxing carpet cleaning Yes No
If yes on any of above please explain: _____