

SUPPLEMENTAL APPLICATION 2006

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: 2005 _____
2004 _____
2003 _____
2002 _____

Premium: 2005 _____
2004 _____
2003 _____
2002 _____

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
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
- Confined 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 No

Any 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 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: _____%

Is 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: Yes No Subcontracted? Yes No
- De-horning: Yes No Subcontracted? Yes No
- Does insured harvest for others? Yes No *If yes, own equipment used?* Yes No