

Insured: _____ Effective Date: _____
 Address: _____ Website: _____
 Completed by: _____ Date: _____ Do you control this account? Yes No N/A

OPERATIONS/EXPOSURES

1. Detailed description of the operation:
2. Number of employees is: Increasing Decreasing Stable
3. # of W-2's issued last year: _____ Future layoffs foreseen? Yes No N/A
4. Number of employees: Full time: _____ Part-time: _____ Seasonal: _____ Volunteers: _____
5. Employees are paid? Hourly Piece Rate Commission Flat Salary Other: _____
 • Average hourly wage: _____
6. Do any employees work from home? Yes No N/A
 • If yes, how many?
 • What are their duties?
7. Average length of employment: _____ Average number of years of experience: _____
 Ratio of supervisors to employees: _____ Average supervisor length of employment: _____
 Average supervisor years of experience: _____
8. Hours of operation: 24 hours a day Daily from _____ to _____
 • Number of shifts: _____
 • Any weekend, night-shift, or graveyard shifts? Yes No N/A
 • If yes, please provide details: _____
 • Any day-laborers or temporary/employee leasing used? Yes No N/A
 • If yes, please provide details: _____
9. Any off-premises operations? Yes No N/A
 • If yes, what percentage _____ %
 • Please describe these operations: _____
10. Are you currently participating in a MPN (Medical Provider Network)?
 • If yes above, please provide the name of current MPN: _____
11. Has the ownership of the applicable entity changed within the past 5 years? Yes No N/A
 • If yes, please provide details: _____
12. Does the Insured belong to any trade associations? Yes No N/A
 • If yes, please list them: _____
13. Any group transportation of employees? Yes No N/A
 • If yes, how are employees transported? Car Truck Van Bus Other: _____
 • Number of employees in a vehicle: _____ Number of vehicles: _____ Frequency: _____

SAFETY PROGRAM

1. Does the Insured have a full-time Safety Director on staff (no additional job duties)? Yes No N/A
 • If yes, how long has there been a designated safety person?
 • Name: _____ Yes No N/A
 • Title: _____
2. Formal safety incentive program? Yes No N/A
 • If yes, what type of incentive(s)?
 • If yes, does it encompass all employees? Yes No N/A
3. Do you have an accident investigation program? Yes No N/A
 • If yes, do you have a formal written accident report? Yes No N/A
4. Do you have an early return to work program? Yes No N/A
 • If yes, is it: Formal Informal
 • If yes, does it include salary continuation? Yes No N/A

SAFETY PROGRAM (CONTINUED)

5. Formal Drug Testing? Yes No Pre-hire Post Accident
6. Are MVR's checked Pre-hire and Annually? Yes No N/A
7. Are owners active in daily operations? Yes No N/A
- If yes, are they excluded from coverage? Yes No N/A
8. Are safety meetings conducted? Yes No N/A
- If yes, are they: Formal/documented Informal
9. Is CPR training provided? Yes No N/A
- If yes, number of employees certified:
10. Any material handling exposures? Yes No N/A
- If yes, please explain:
 - How much is lifted by hand: <25 lbs. 25-40 40+
 - List any mechanical lifting devices used:
 - Forklifts used? Yes No N/A
 - If yes, is forklift training provided? Yes No N/A
 - Is there annual Certification for forklift drivers? Yes No N/A
 - Number of Forklift Drivers: Number of forklifts:
11. Has loss control services been performed in the last year? Yes No N/A
- Has Cal/OSHA visited or cited your business in the last year? Yes No N/A
 - If yes to either of the above, please provide explanation:
12. Is PPE mandatory? Yes No N/A
- Personal protection equipment (PPE) provided? Yes No N/A
 - What PPE is used?

Back Belts	Face Guard	Goggles	Gloves	Masks
Respirators	Hearing protection devices	Other:		
13. What is used? Ladder Scaffolding Scissor lifts N/A
- If scaffolding is used, does the Insured construct their own? Yes No N/A
 - Is there strict enforcement of utilization? Yes No N/A
 - What is the maximum height at which you will work?
14. The building/premises: Owned Leased
- What is the condition of the premises? Excellent Very good Average
15. Please answer the following questions by marking the applicable box:
- Is a respiratory program in place? Yes No N/A
 - Is all machinery/equipment properly guarded? Yes No N/A
 - Are all equipment operators trained/certified? Yes No N/A
 - What is the condition of equipment? New Good Average N/A
 - Material Safety Data Sheets available for all chemicals and products used? Yes No N/A
 - Written Lock out/tag out/block out procedures in place? Yes No N/A

PREMIUM/PAYROLL

1. Please use estimated premium and payroll for the current policy and audited premium and payroll for all prior periods. Please provide payroll and premium going back at least 4 full years.

	Premium	Payroll
Current policy period	\$	\$
1 st Prior policy period	\$	\$
2 nd Prior policy period	\$	\$
3 rd Prior policy period	\$	\$

- Please explain reason(s) for breaks in coverage or policies greater than or less than a full year:

BENEFITS

1. Group medical provided?	Yes	No	N/A
• If yes, name of Healthcare Provider:			
• % of employees enrolled: % % paid by employer: %			
• If yes, who is eligible: FT PT Seasonal Management/Supervisors only			
2. Paid Sick Leave?	Yes	No	N/A
• Paid Vacation?	Yes	No	N/A
3. What is the average weekly wage of the employees in the governing class? \$			
4. Retirement/Pension plan?	Yes	No	N/A
• If yes, does employer contribute?	Yes	No	N/A
5. Do you use a specific medical provider to treat injured employees?	Yes	No	N/A

HIRING PRACTICES

1. Are personnel files documented for pre-existing injuries?	Yes	No	N/A
2. Employee Orientation Program?			
Yes Verbal only Verbal and Documented None			
3. Please answer the following questions by marking the applicable box			
• Written Application?	Yes	No	N/A
• Is a background checking service used?	Yes	No	N/A
• Reference Checks?	Yes	No	N/A
• Formal job descriptions on file?	Yes	No	N/A
• Orthopedic back testing?	Yes	No	N/A
• Is job specific training provided?	Yes	No	N/A
• Audio hearing tests?	Yes	No	N/A
• Pathogenic test (i.e. lead)?	Yes	No	N/A

DRIVING EXPOSURES

1. Does the Insured have employees who perform pick-up or delivery?	Yes	No	N/A
• If yes, how frequently: Daily Week Other			
• Are motorcycles used for any driving pick-up or delivery operations?	Yes	No	N/A
• Does the Insured participate in the CHP Pull Program?	Yes	No	N/A
• Travel Radius: 50 Miles or Less 51-100 Miles Greater than 100 Miles			
• # of Vehicles: # of drivers:			
2. Vehicle/Fleet maintenance program?	Yes	No	N/A
• If yes, who performs the service? Outside Vendor In-house employees			
3. Vehicle Inspection program?	Yes	No	N/A
4. Are company vehicles owned?	Yes	No	N/A
• If yes, are vehicles taken home?	Yes	No	N/A
5. Has a driver acceptability standard been established?	Yes	No	N/A
6. Do employees use company vehicles for personal business?	Yes	No	N/A
• Do employees use personal vehicles for errands or deliveries?	Yes	No	N/A
7. Is a PUC/DMV filing program required? PUC DMV N/A			
• If a PUC/DMV filing is required what is the number?			

TRAVEL EXPOSURES

- | | | | |
|--|-------------------------|--------|-----|
| 1. Any out of state, international or overnight (within state) travel? | Yes | No | N/A |
| • If yes, please provide details and purpose: | | | |
| • Who will travel? | | | |
| • # of employees who travel: | Mode of transportation: | | |
| • Frequency? | Duration? | Where? | |

CATASTROPHIC EXPOSURES

- | | | | | |
|---|------------------|---------|-------|-------------------|
| 1. Does the Insured work within 2 miles of the following: Government or military base, financial institutions, sports stadiums, arenas, theme parks, major bridges, tunnels, dams, utilities/power plants, transportation hubs, railroads, airports, shipping, historic/symbolic buildings, monuments or parks: | Yes | No | N/A | |
| • If yes, please explain: | | | | |
| 2. Do they have employees in a 4 story building or greater: | Yes | No | N/A | |
| • If yes above, structure of buildings is: | Tilt up Concrete | Masonry | Steel | Wood Frame/Stucco |

CLAIMS

- | | | | |
|--|-----|----|-----|
| 1. For claims over \$25,000 please advise us of the following on a separate sheet: | | | |
| • Was it an accepted claim? | Yes | No | N/A |
| • Is the employee still working for the Insured? | Yes | No | N/A |
| • How did it occur? | | | |
| • What was the injury? | | | |
| • What corrective action has the Insured taken to prevent reoccurrences? | | | |

AGRICULTURE/FARMING

- | | | | |
|--|---|--------|-----|
| 1. Insureds operations (check all that apply): | | | |
| Farm Labor Contractor | FLC #: | | |
| Field Crops | Crops/Acres: | | |
| Truck Farm | Crops/Acres: | | |
| Orchard | Crops/Acres: | | |
| Vineyard | % of Insured's acreage devoted to growing table grapes: | % | |
| Livestock | Types of livestock: | | |
| Dairy | Dude Ranch | Other: | |
| • If Strawberry farm, are berries grown in raised beds (2 or more feet)? | Yes | No | N/A |
| • Does Insured grow mushrooms? | Yes | No | N/A |
| 2. Do any family members work in operation? | Yes | No | N/A |
| 3. Harvesting process: Mechanized Manual | | | |
| • If manual, are employees paid by piece (piecework)? | Yes | No | N/A |
| 4. Are pruning operations performed by employees? | Yes | No | N/A |
| 5. Any crops/orchards located on hillsides or slopes? | Yes | No | N/A |
| 6. Does Insured use an outside vendor for chemical/pesticide application? | Yes | No | N/A |
| • Does Insured perform any aerial crop dusting operations? | | | |
| 7. Does the Insured perform any packing operations of fruits/vegetables in the field? | Yes | No | N/A |
| • Does the Insured perform any packing operations of fruits/vegetables away from field? | Yes | No | N/A |
| 8. Does the Insured perform delivery? | Yes | No | N/A |
| • If yes, number of delivery vehicles: | Delivery distance: | | |
| • Does Insured employees perform tarping or climb on trucks/trailers? | Yes | No | N/A |

AGRICULTURE/FARMING (CONTINUED)

- | | | | |
|--|-----|----|-----|
| 9. Are operations seasonal? | Yes | No | N/A |
| • If yes, season begins: _____ ends: _____ | | | |
| • # of seasonal employees hired: | | | |
| • % of Insured's seasonal employees that return each year: _____ % None | | | |
| • Is housing provided? | Yes | No | N/A |
| • If yes, # of employees housed? | | | |
| 10. Does the Insured provide group transportation (4 or more people in one vehicle)? | Yes | No | N/A |
| • If yes, how many employees at one time in one vehicle? | | | |
| One parcel to another parcel, within farm | | | |
| One farm to another farm, less than 10 miles | | | |
| One farm to another farm, more than 10 miles. Average distance: _____ miles | | | |
| 11. Does the Insured own or operate any ATV's? | | | |
| • If yes, what type? | | | |
| 3-Wheeler <input type="checkbox"/> 4-Wheeler <input type="checkbox"/> Gator <input type="checkbox"/> Side-by-Side <input type="checkbox"/> Other | | | |
| • How many ATV's, including employee owned, are used? | | | |
| 12. Any confined spaces exposures? | Yes | No | N/A |
| • If yes, please provide details: | | | |
| 13. Is there an extreme temperature program that meets Cal OSHA requirements? | Yes | No | N/A |

AUTOMOTIVE SERVICES

- | | | | |
|---|-----|----|-----|
| 1. Does the Insured have towing, roadside services or mobile operations? | Yes | No | N/A |
| • If yes, any contract towing? | Yes | No | N/A |
| • If yes, is there 24 hour exposure? | Yes | No | N/A |
| 2. Is there a Mini-market on premises? | Yes | No | N/A |
| • If yes, any sales of alcoholic beverages? | Yes | No | N/A |
| 3. Please answer the following questions by marking the applicable box: | | | |
| • Open 24 hours? | Yes | No | N/A |
| • Any fueling operations? | Yes | No | N/A |
| • Security cameras used? | Yes | No | N/A |
| • Any transportation of customers? | Yes | No | N/A |
| • Is cashier's booth bullet proof? | Yes | No | N/A |
| • Any fueling operations? | Yes | No | N/A |
| 4. Access to Freeway? 0-1 mile 1-2 miles 2+ miles | | | |
| 5. How many employees are ASE trained and certified? | | | |
| 6. Does the Insured have employees participate in/on racing teams or racing events? | Yes | No | N/A |

CONTRACTORS

- | | | | |
|--|-----|----|-----|
| 1. Please attach a project list for the last 12 months and a bid list for the next 12 months | | | |
| 2. Has the Insured been in business with Workers' Comp Insurance for 3 years or more? | Yes | No | N/A |
| 3. Does the Insured have a current and active Contractor's License? | Yes | No | N/A |
| • Contractor's license number: _____ Years of experience in trade: _____ | | | |
| • Estimated # of jobs per year: _____ | | | |
| 4. Indicate % of work conducted in each of the following operations (must equal 100% for each line): | | | |
| • New Construction % Remodeling/Service/Repair % = 100% | | | |
| • Commercial % Residential % = 100% | | | |
| • Interior % Exterior % = 100% | | | |
| • If exterior work is done, what is the maximum height exposure? | | | |
| 5. Does the Insured hire "Day Laborers"? | Yes | No | N/A |

CONTRACTORS (CONTINUED)

6. Is the Insured a Union Contractor? Yes No N/A
7. Any use of cranes, booms or similar heavy construction equipment? Yes No N/A
8. Any work below grade? Yes No N/A
- Max Depth in feet: _____ Percent of total work: _____ %
9. Any confined spaces exposures? Yes No N/A
- If yes, please provide details (use separate page if needed):
10. Any work involving asbestos, hazardous product abatement, chemical/petroleum products, USL&H, underground tank or pipe replacement: Yes No N/A
- If yes, please explain:
11. Does this risk conduct work for the government or city municipalities? Yes No N/A
12. Is the applicant involved in "Wrap Up" or "OCIP" projects? Yes No N/A
- If yes, please provide percentage of total payroll dedicated to these projects: _____ %
 - Advise details on how applicant determines employee split between these projects and other contracts or projects (not Involving "wrap up" or "OCIP"):
13. Indicate % of work conducted in each of the following operations (if any):
- | | | | | | | | |
|------------------|---|------------------|---|-----------------------|---|------------------|---|
| Asbestos | % | Blasting | % | Bridge Work | % | Concrete Tilt-up | % |
| Crane Work | % | Demolition | % | Drilling | % | Dock/Sea Walls | % |
| Excavation | % | Exterior Framing | % | Gas Mains | % | Grading | % |
| Highway Work | % | Light Pole Work | % | Multi-Story Buildings | % | Roofing | % |
| Scaffold set-up | % | Sewer | % | Spray painting | % | Street/road work | % |
| Structural Steel | % | Supervisory only | % | Tunneling | % | Wrecking | % |
14. Does the Insured have an extreme temperature program meeting Cal OSHA requirements? Yes No N/A

JANITORIAL CONTRACTORS

1. Which one of the following best describes the Insured's operations (Please select only one option):
- Commercial office cleaning – no waxing/polishing of floors or walls
 - Commercial office cleaning – including waxing/polishing of floors or walls
 - Residential cleaning
 - Pool cleaning
 - Sweeping of parking lots
 - Other:
2. Does the Insured perform any of the following operations:
- | | |
|--|--|
| Exterior window cleaning | Cleaning of health care or industrial facilities |
| Carpet cleaning | Crime scene or bio-hazard clean-up |
| Mobile power/pressure washing services | Graffiti removal |
| Water or fire damage restoration | Chimney cleaning from the roof |
| Pest control | Aluminum nitrate handling |
| Fire extinguisher refilling, service or repair | |
3. Do they have on-site cleaning equipment and supplies? Yes No N/A
4. What is the number of building the majority of your crew(s) service per shift:
- 1 Building 2-3 Buildings 3 or more buildings
5. Does the Insured have Independent Contractors or 1099 Employees? Yes No N/A

JANITORIAL CONTRACTORS (CONTINUED)

- | | | | |
|---|-----|----|-----|
| 6. Employees supervised? | Yes | No | N/A |
| • If yes, supervision is: Direct Roving | | | |
| • Do employees work in pairs or more? | Yes | No | N/A |
| 7. Any group transportation of employees? | Yes | No | N/A |

LANDSCAPING

- | | | | |
|--|---|---|-----|
| 1. Does the Insured perform any of the following operations: | | | |
| Weed abatement | Above ground level tree trimming | More than incidental excavation work | |
| Clearing of land and/or debris | Habitat restoration | Set-up of holiday decorations | |
| Erosion control | Removal of parasitic vines like mistletoe | Tree planting greater than 15 gallons | |
| Tree removal | Sprinkler installation | Any work that required excavation or trenching below 6' | |
| Work along non-residential medians or major roads/highways | | | |
| 2. Does the Insured hire "Day Laborers"? Yes No | Yes | No | N/A |
| 3. Percentage of operations that apply to Insured: | | | |
| Mow and Bow: % Landscape Design: % Hydro Mulch: % | | | |
| 4. Do the Insured's operations include snow removal? Yes Less than 10% More than 10% No | | | |
| • If yes, does the Insured perform any snow removal from rooftops? | Yes | No | N/A |
| 5. Does the Insured install artificial turf? | Yes | No | N/A |
| 6. What percentage of the risk's operations are: | | | |
| Residential % New % Remodel % | | | |
| Commercial % New % Remodel % | | | |
| 7. Does the Insured do hardscape work? Yes No | | | |
| • If yes, % of the following operations: | | | |
| Concrete or Masonry Work % Retaining walls % Fences % | | | |
| Swimming pools/spas % Waterfalls/ponds % Decks % | | | |
| 8. Any use of chippers, mulchers, cherry pickers, booms or other similar equipment? Yes No | Yes | No | N/A |
| • If yes above, please explain: | | | |
| 9. What % of operations involves landscape work on green buildings (rooftops, sides of buildings)? % | | | |

MANUFACTURING

- | | | | |
|---|-----|----|-----|
| 1. Provide a brief description of the product manufactured: | | | |
| 2. What is the weight of the Insured's finished product (Please select only one option)? | | | |
| Less than 5 lbs. 6 lbs. to 25 lbs. 26 lbs. to 50 lbs. Greater than 50 lbs. | | | |
| 3. Is 51% or more of the Insured's product produced via a Computer Pneumatic Controlled machine or a CAD/CAM machine? | Yes | No | N/A |
| 4. Does the Insured have assembly operations? | Yes | No | N/A |
| • If yes, does the Insured have job rotation? | Yes | No | N/A |
| 5. What types and percentage of raw materials does the Insured use? | | | |
| Plastics % Aluminum % Titanium % Zinc % Magnesium % | | | |
| Lead % Nickel % Chromium % Tin % Cadmium % | | | |
| Brass % Copper % Other: % | | | |
| 6. How many of each type of machine shown below are used? | | | |
| CNC # Planer # Milling # Boring # | | | |
| Stamping # Drilling # Power Presses # Grinders # | | | |
| Cutters # Saws # Welding # Sandblasting # | | | |
| Die Casting # Press Brakes # Jig Borer # Lathes # | | | |
| Punch Press # Other (type and number): # | | | |

MANUFACTURING (CONTINUED)

- | | | | | | | |
|---|-----------|------------|-----------|-----|----|-----|
| 7. Who is responsible for maintaining machinery? | Insured | Contractor | Other: | | | |
| 8. Does the Insured do any installation? | | | | Yes | No | N/A |
| • If yes, please explain: | | | | | | |
| 9. Is there any off premises work? | | | | Yes | No | N/A |
| • If Yes, what percentage: % | | | | | | |
| • If yes, what are these operations & where? | | | | | | |
| 10. Any interchange of labor? | | | | Yes | No | N/A |
| • If yes, please explain: | | | | | | |
| 11. Age of machinery: <2 years | 2-5 years | 5-10 years | 10+ years | | | |
| 12. Accessible moving parts guarded on machinery/equipment? | | | | Yes | No | N/A |
| 13. Is building properly ventilated? | | | | Yes | No | N/A |
| • Is proper dust collection system in place? | | | | Yes | No | N/A |

HOTEL/MOTEL

- | | | | | | | |
|--|----------------|------------|--------|---------|----|-----|
| 1. Which of the following best describes the risk's operations? | | | | | | |
| Hotel | Rating: | | | | | |
| Hotel/Casino | Rating: | | | | | |
| Motel | Rating: | | | | | |
| Bed & Breakfast | Rating: | | | | | |
| Timeshare | Brand Name: | | | | | |
| Fraternity/Sorority House | Boarding House | Dude Ranch | Hostel | Brothel | | |
| 2. Does the Insured rent their rooms by the hour? | | | | Yes | No | N/A |
| 3. Does the Insured use sub-contractors for their major repairs? | | | | Yes | No | N/A |
| 4. Does the Insured provide shuttle service? | | | | Yes | No | N/A |
| 5. Do they have the ability to store their cleaning equipment on each floor? | | | | Yes | No | N/A |
| • If yes, do they have access to an elevator? | | | | Yes | No | N/A |

RESTAURANTS

- | | | | | | | |
|--|----------------------------|----------------------------|----------------|-----|----|-----|
| 1. What type of restaurant best describes the Insured's operations? (Check all that apply) | | | | | | |
| Fine Dining (Entrée Price \$20 or >) | Casual Dining/Family Style | Diner (IHOP/Denny's, etc.) | Banquet Hall | | | |
| Cafeteria/Buffer | Hotel/Resort Restaurant | Fast Food | Pizza Delivery | | | |
| Mobile Catering Truck | Tavern/Sports Bar | Gentleman's Club | Night Club | | | |
| 2. Does the Insured do any off-site catering (delivery and set-up of food)? | | | | Yes | No | N/A |
| 3. Does the Insured have entertainment? | | | | Yes | No | N/A |
| 4. Does the Insured have security guards or bouncers? | | | | Yes | No | N/A |
| 5. Are any of the Insured's locations open after 11 pm? | | | | Yes | No | N/A |
| 6. Does the Insured require non-slip shoes? | | | | Yes | No | N/A |
| • If yes, is this a "Shoes for Crews" program? | | | | Yes | No | N/A |
| 7. What is the percentage of liquor sales? % | | | | | | |

RETAIL/WHOLESALE

- | | | | | | | |
|--|-----------|---|--------|---|-----|----|
| 1. Type of Merchandise? | | | | | | |
| 2. Gross Receipts: \$ | Wholesale | % | Retail | % | | |
| • Warehousing? | | | | | Yes | No |
| 3. Does the Insured have repackaging or assembly operations? | | | | | Yes | No |
| • If yes, please explain operations: | | | | | | |