

Named insured:

Insured's FEIN:

Contact:

Web address:

Phone:

Prior Payroll and Premium Information

TOTAL ANNUAL PAYROLL

PREMIUM \$

Curent year:

Prior year:

Prior year:

Prior year:

Prior year:

Operations and Benefits

Broker controlled account? Yes No Years in business: Hours of operation: to

Detailed description of operations:

of employees: Full time Part-time Seasonal Volunteers
 # of employees per location: #1 #2 #3 #4 #5 #6 #7 #8 #9 #10
 How are employees paid? Hourly/Piece rate Commission Flat salary Other:
 Any day laborers or temporary/employee leasing? Yes No *If yes, please provide details on separate page.*

Transportation

Is there a driving/delivery exposure? Yes No Radius of operations/travel: <10 miles 11-50 50-100 100+
 If yes, what is frequency: Daily Weekly Other:
 Is a PUC/DMV filing required? PUC DMV N/A Vehicle/fleet maintenance program? Yes No
 If yes, who does the servicing?
 Are vehicles company owned? Yes No Outside vendor In-house mechanics
 Other:
 If yes, types of vehicles:
 If yes, are vehicles taken home? Yes No Any group transportation of employees? Yes No
 # Of vehicles? # Of drivers? If yes, how provided? Car Truck Van Bus
 # of employees transported per vehicle
 # of vehicles used to transport
 Do any employees work from home? Yes No
 Do employees use personal vehicles for company business? Yes No Frequency: Daily Weekly Monthly
 List the # of employees who live or work out of state:
 Any out of state, international or overnight (within state) travel? Yes No Live Work
 If yes, please provide details:
 Why/purpose?
 Who will travel?
 Where?
 Duration?
 Frequency?

Benefits

% of union employees	% of non-union		Do you use a specific medical provider to treat injured employees?	Yes	No
Paid Sick Leave?	Yes	No	Are you currently participating in a MPN (Medical Provider Network)?	Yes	No
Paid Vacation?	Yes	No	If yes, please provide the name of current MPN:		
Actual average hourly wage for employees in governing class:	\$	/hour			
Group medical provided?	Yes	No			
If yes, name of healthcare provider:					
% of employees enrolled	% paid by employer				

Hiring Practices – Employee Selection - Claims

Written Application?	Yes	No	Pre-hire drug testing?	Yes	No
Reference Checks?	Yes	No	Post Accident drug testing?	Yes	No
Pre/post employment Physicals?	Yes	No	MVR Checks?	Yes	No
Orthopedic back testing?	Yes	No	Audio hearing tests?	Yes	No
Formal job descriptions on file?	Yes	No	Do you have a formal written accident report?	Yes	No
Are personnel files documented for pre-existing injuries?	Yes	No	Are there set procedures for reporting claims?	Yes	No
Subcontractors used?	Yes	No	Average claim reporting time frame:		
If yes, for what purpose?			Is job specific training provided?	Yes	No
If yes, are certificates of insurance obtained and kept on file?			Employee Orientation Program?	Yes	No
			If yes, is the orientation		
			Verbal only? Verbal and Documented?		
Independent contractors used?	Yes	No	Any Interchange of labor?	Yes	No
If yes, for what purpose?			If yes, please explain:		
If yes, how are they paid? 1099's? Other?			Another business Subsidiary between departments		
Please explain:			Other:		
			Employee to Supervisor ratio:		
			Better than 4-1 5-1 6-1 7-1 >7-1		

Safety Program and Organization – Work premises and Environment

Are owners active in daily operations?	Yes	No	Has loss control services been performed in the last year?	Yes	No
If yes, are they excluded from coverage?	Yes	No	Has Cal/OSHA visited or cited your business in the last year?	Yes	No
Active injury & illness prevention program?	Yes	No	If yes, please provide explanation on separate page.		
Active safety incentive program?	Yes	No			
If yes, does it encompass all employees?					
What type of incentive?					

Do employees receive safety training/orientation?	Yes	No	Are safety meetings conducted?	Yes	No
If yes, is the training	Formal / Documented	Informal	If yes, how often?		
			Daily	Weekly	Monthly
			Quarterly		
			Other:		
Do you have a safety director or risk manager?	Yes	No	MSDS (Material Safety Data Sheets) available for all chemicals and products used?	Yes	No
Name and title:					N/A
If yes, is the position:					
Full Time or					
an additional responsibility of another employee?					

Premises & Environment

Any material handling exposures?	Yes	No	Forklift training provided?	Yes	No	N/A
If yes, please explain:			If yes, annual certification?	Yes	No	N/A
Any lifting exposures?	Yes	No	Is all machinery/equipment properly guarded?	Yes	No	N/A
If yes, <25 lbs.	25-40	40+				
If 40+, manual lifting or	with assistance?		Written Lock out / tag out / block out procedures in place?	Yes	No	N/A
Please explain:						
			Condition of equipment?	New	Good	Average
			Age of equipment?	0-5 years	5-10	10-20
				20+		
Respiratory program in place?	Yes	No	N/A	Are all equipment operators trained/certified?	Yes	No
What is the maximum height at which you will work?						N/A
What is used?				Personal protection equipment provided?	Yes	No
Ladder	Scaffolding	Scissor lifts	N/A			N/A
If scaffolding used, does the insured build their own?	Yes	No		If yes, strict enforcement of utilization?	Yes	No
Written Fall Protection Program?	Yes	No		What types of PPE?		
Is the building / premises	Owned or	Leased?				
# Of years at current location?						
Condition of premises?	Excellent	Very good	Average			
Age of building occupied?	year(s)					

Apartment Ops / Building Ops / Hotel/Motel

Is housing provided?	Yes	No	Security Guards employed?	Yes	No
Any furnished apartments available? If yes, # of employees housed and describe their responsibilities:	Yes	No	Security cameras or other security devices on premises? If yes, provide details: (i.e. armed or unarmed, hours on premises)	Yes	No
If yes, % of units furnished? %					
Are employees involved in property maintenance? If yes, provide details:	Yes	No	Does management collect payment from resident and/or is banking controlled by employee(s)?	Yes	No
			Are employees responsible for eviction notification and/or enforcement?	Yes	No
			Any Restaurant exposures?	Yes	No
Number of guest rooms? Room rates: <\$50 \$50-\$100 \$100+ Rent rooms: Daily Weekly Monthly			Does it include 24 hour room service?	Yes	No
Any shuttle, limo or similar service? If yes, please explain:	Yes	No	Bar or Lounge Area?	Yes	No
			Any entertainment provided? If yes, please explain:	Yes	No
Housekeeping exposures: Moving of furniture?	Yes	No			
Mattress flipping or rotating? If yes, how often and # of employees involved in process?	Yes	No			

Automotive Services

Any towing services provided? If yes, any contract towing?	Yes	No	Any road repair assistance? If yes, 24 hour exposure?	Yes	No
Is there a mini-market on premises? If yes, any sales of Alcoholic beverages? Open 24 hours?	Yes	No	Any fueling operations?	Yes	No
	Yes	No	Any security/surveillance cameras on premises?	Yes	No
Is cashier's booth bullet proof?	Yes	No	Any test driving of customers' vehicles?	Yes	No
Access to Freeway? 0-1 mile 1-2 miles 2+ miles			Any transportation of customers?	Yes	No
Any off-premises or mobile services? If yes, percentage of payroll dedicated: Please provide details :	Yes	No	Any vehicle crushing operations?	Yes	No
			Any work performed on vehicles greater than 2.5 ton capacity?	Yes	No
			Are employees ASE trained and certified? If yes, how many employees?	Yes	No
Do you have a ventilated/filtered spray booth for painting operations?	Yes	No	N/A		
Do you have a written respiratory protection program? If yes, do employees complete a medical evaluation questionnaire? If medical evaluation questionnaire completed, is it reviewed by a physician?	Yes	No	N/A	Are employees properly trained in the use and care of respiratory protection equipment?	Yes No N/A
			Has proper fit testing been provided to each employee and their assigned respirator?	Yes	No

Contractors

Contractors license number? _____

Years experience in trade? _____

Estimated # of jobs per year? _____

Percentage of work sub-contracted out? _____ %
 What type? _____
 If subs used, does insured:
 Check annually? _____ Directly supervise subs? _____

Average # of certificates collected annually? _____

Average # of Waivers of Subrogation needed? _____

Any confined spaces exposures? Yes No
 If yes, please provide details on separate page and include copy of written procedures and details of Confined Spaces Training.

Is the applicant involved in "Wrap Up" or "OCIP" projects Yes No
 If yes, please provide percentage of total payroll dedicated to these projects: % Wrap up % OCIP
 Please advise detailed procedures on how applicant determines employee split between these projects and other contracts/projects (not involving "wrap up" or "OCIP".

Indicate % of work conducted in each of the following operations (must equal 100% for each):

1) New Construction Remodeling Service/Repair

2) Commercial Apts/Condos/Tract Homes Single Custom Home

3) Interior Exterior
 If exterior work done, what is the maximum height exposure? _____

Any work below grade? Yes No
 Max Depth in feet: _____ % of total work %

Any use of cranes, booms or similar heavy construction equipment? Yes No

Any work involving asbestos, hazardous product abatement, chemical/petroleum products, USL&H, underground tank or pipe replacement? Yes No
 If yes, please explain: _____

Does this risk conduct work for the government or city municipality? Yes No

Indicate % of work conducted in each of the following operations or Mark not applicable - N/A

Blasting	Drilling	Light Pole Work	Demolition	Tunneling
Grading	Wrecking	Multi Story Buildings	Gas Mains	Crane Work
Asbestos	Highway Work	Scaffold set-up	Roofing	Concrete Tilt-up
Sewer	Exterior Framing	Structural Steel	Bridge Work	Excavation
Supervisory only	Street/road work	Spray painting	Dock/Sea Walls	

Landscaping

Any tree trimming performed that is off the ground? Yes No

Any use of tractors, loaders or similar equipment? Yes No

Any boulder or tree removal performed? Yes No

Any highway or median work conducted? Yes No

Any use of chippers, mulchers, cherry pickers, booms or other similar equipment? Yes No
 If yes, please explain: _____

Any use of pesticides or fertilizers? Yes No
 If yes, is the application completed by:
 Employee Outside Vendor

Any debris removal or land clearing activities? Yes No
 If yes, please explain: _____

Janitorial Contractors

Check appropriate exposures in the following areas:

Education Facilities	Hospitals	Stores	Museums	Hotels
Nursing Homes	Airports	Fire/Flood/Restoration	Medical Offices	Manufacturing Plants
Apartment houses	Office Buildings	Government		

Indicate % of services provided (must equal 100%):

General cleaning*	Landscaping	Fire/flood restoration	Servicing/cleaning of hoods/ filters/grease traps/etc
Chimney cleaning	Carpet Cleaning	Maid/housekeeping services	Pressure or steam washing operations
Debris Clearing	Ceiling Tile cleaning	Floor waxing and refinishing service	Exterior window cleaning above 1st floor
Industrial cleaning	Parking lot cleaning	Aircraft service and maintenance	
Snow removal	Crime scene clean-up		
Pest control	Elevator maintenance		

*General Cleaning includes operations such as vacuuming, dusting, wastebasket trash pick up, floor and rug cleaning, restroom clean-up.

Do employees work in pairs or more? Yes No Employees supervised? Yes No Direct or Roving supervision?

Pest Control

Type of operations:

Commercial	Industrial	Dry Rot Wood Repair	Fumigation
Agricultural	Structural	Shower Pan Replacement	Foam
Residential	Structural repairs or replacements	Chemical Treatment Services	Other

Provide Details:

Percentage of tenting: % N/A

Lawn treatment or care? Yes No Other Service? Yes No
If yes, provide details: If yes, provide details:

Services available:

Ants	Ticks	Killer Bees	Rats	Skunks	Bird/Pigeon Control
Spiders	Wasps	Bee Removal	Snakes	Bats	Animal Trapping
Roaches	Mosquitoes	Mice	Raccoons	Rodents	Animal Removal
Fleas	Bees	Termites	Opossum	Gopher Control	Bird/Rodent Proofing
Other - provide details:					

Personal protective equipment required:

Written Injury & Illness Prevention Program?	Yes	No	Special Written Procedures for working in Confined Spaces (Attics & Under Residences / Buildings)?	Yes	No
Written Haz-Com Program?	Yes	No	Documented New Employee Orientation including Documented Training?	Yes	No
Written Heat Stress Program?	Yes	No			
Written Respiratory Protection Program?	Yes	No			

Health and Human Services

Is applicant a licensed facility? If yes, please explain:	Yes	No	Is group transportation provided? If yes, number of company vehicles: Number of personal vehicles: Percentage of group transportation subcontracted? % N/A	Yes	No
Are certificates of insurance obtained from all subcontracted operations? Average # of certificates collected annually?	Yes	No	Is operation accredited by CARF (Commission on Accreditation Rehabilitation Facility)?	Yes	No N/A
Does risk have a written Blood Borne Pathogen Program?	Yes	No	N/A	Any off-site activities? If yes, provide details:	Yes No
Does this risk treat for HIV and/or AIDS?	Yes	No	N/A		
Does risk have patient/resident handling/lifting equipment?	Yes	No		Does risk provide ongoing In-Service Training? If yes, how often?	Yes No
Does risk have written Patient/Resident Handling Protocols?	Yes	No		Provide percentage of residents/patients: Ambulatory Non-Ambulatory N/A	
Does risk have volunteers? If yes, provide details (number of volunteers, duties performed, etc.):	Yes	No	N/A	Does risk provide food service? If yes, please provide details:	Yes No

Indicate % of operations in each of the following categories or mark not applicable - N/A

Abortion Clinic	Acupuncture/Acupressure	Med Lab/Testing	Specialist:
Family Practice	Industrial Clinic	Walk-In Clinic	Weight Control Clinic
Mobile Operation	Urgent Care Clinic	Drug/Alcohol Rehab	
Other:	Blood Banks/Donor Clinic	Treatment Clinic	

Health Clubs

Does the operation offer any of the following amenities or services:

Spa Treatments	Tanning Beds	Racquetball	Cosmetology/Esthetician Services
Jacuzzi	Climbing Walls	Basketball	Dry Cleaning or Laundry Service
Swimming Pool	Massage Therapy	Yoga	Aerobics/Pilates or Similar
Showers	Martial Arts	Cycling	Personal Trainer Sessions
Sauna	Boxing	Boot Camp Conditioning	Any Home Trainer Sessions
Towel Services	Kick Boxing		

Any off-site operations? If yes, provide details:	Yes	No	Do employees assist customers as a "Spotter"?	Yes	No
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Are employees involved in facilities maintenance and/or janitorial operations? If yes, provide details:	Yes	No	Does the facility provide Valet Parking Services? If yes, provide details:	Yes	No
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Any services provided by Independent Contractors and/or Sub-Contractors? If yes, provide details:	Yes	No	Does the facility have any Food Services, Juice Bar, etc? If yes, provide details:	Yes	No
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If the facility has a Jacuzzi or Swimming Pool, is it maintained by Employees or Outside Services?

Public Entities

Municipality

County

Check each applicable operational department / category:

Electricians	Building Inspector	Housing Authority	Garbage/Refuse/Recycling
Painters	Code Enforcement	Day Care/Child Care	Landscape Maintenance
Mechanic	Parks/Recreation	Public Housing Nurse	Water Department
Truck Driver	Fire Department	Street/Road Department	Power Department
Tree Trimming	Police Department	Street Sweeping/Cleaning	Sewer Department
Animal Control	Waste Treatment		

# F/T Staff	# P/T Staff		Do employees work shifts? If yes, explain:	Yes	No
Any Volunteers or Intern Staff? If yes, explain:	Yes	No			
			Any on-call employees? If yes, explain:	Yes	No
City Council Positions?	Yes #	No			
County Supervisors Positions?	Yes #	No			
Does the hiring process include: Drug Screening? Pre Employment Physicals? If yes, explain:	Yes	No	Do any employees have take home vehicles? If yes, explain:	Yes	No
	Yes	No			
			Any underground work? If yes, explain:	Yes	No
Any Post Accident Drug Testing?	Yes	No			
Is there a probationary period upon hire? If yes, explain:	Yes	No	Any work above 12' in height? If yes, explain:	Yes	No
Are employees provided with any New Employee Orientation?	Yes	No	Any confined space exposures? If yes, explain:	Yes	No
Does each job have a written job description?	Yes	No			
Do employees receive initial job training?	Yes	No			
Is training on-going and documented?	Yes	No	If yes, is there a Written Confined Space Entry Program?	Yes	No
Any sub-contracted operations? If yes, explain:	Yes	No	Number of vehicles? Driving Radius?		
			Do employees use personal vehicle for business purposes? If yes, explain:	Yes	No
Are W/C Certificates of Insurance obtained on all sub-contractors?	Yes	No			
Any use of independent contractors? If yes, explain:	Yes	No			

Manufacturing – Machine Shops

Any punch press or press brake machinery/equipment?	Yes	No	Machine Guarded: Point of operation	Drive Mechanism	
Age of machinery: <2 yrs	2-5 yrs	5-10 yrs	10+ yrs	Accessible moving parts guarded on machinery/equipment?	Yes No
Types of machines (must equal 100%)			Is building properly ventilated?	Yes	No
Heavy	%	Mid	%	Light	%
% of off-premise operations:			Is proper dust collection system in place?	Yes	No
If yes, where/what for?			Any Computer Network Controlled (CNC) machinery?	Yes	No

Trucking

Type of Authority: a) Common Carrier Contract Carrier Private Brokerage Exempt
 b) Regular Route Irregular Route

Carrier Operations: California Only Interstate **Filings:** DOT# PUC# DMV/MCP# N/A
 Length of Haul with Total = 100%:
 Under 50 Miles % | 50 – 200 % | 201 – 300 % | 301 – 500 % | 501 – 1,000 % | Over 1,000 %

Please check the questions and attach the applicable data:

Motor Carrier Identification Report, MCS-150: Attached or Not Applicable

Cargo Classification: See attached MCS-150 or See below (check all that apply):

General Freight	Building Materials	Mobile Homes	Coal, Coke	Machinery, Large Objects
Liquids/Gases	Intermodal Containers	Refrigerated Food	Meat	Commodities Dry Bullion
Grain, Feed, Hay	Livestock	Motor Vehicles	Passengers	Garbage, Refuse, Trash
Chemicals	Fresh Produce	Driveway/Towaway	Beverages	Logs, Poles Beams, Lumber
Household Goods	Paper Products	Oilfield Equipment	U.S. Mail	Metal Sheets, Coils, Rolls
Other				

Drivers: a) Number of Drivers b) Number of Owner/Operators used

Percentage where the Motor Carrier will provide workers' compensation for the Owner/Operators %	Is the applicant enrolled in CHP BIT Program?	Yes	No
Percentage where the Motor Carrier will agree with the Owner/Operator that the Owner/Operator assumes the responsibilities of an Employer for the performance of work: %	Total # of Trucks	# of Trucks with Sleeper Cabs	
	Single Trailers	Double Trailers	Triple Trailers
c) If Owner/Operators used, please attach copy of contract: Attached or Not Applicable	Any trucks / trailers with ramps?	Yes	No
	If yes, please provide #		
	Any trucks / trailers with lift-gates?	Yes	No
	If yes, please provide #		
d) Number of company drivers with Motor Carrier at least 12 months:	Any team driver operations?	Yes	No
Number of Owner/Operator with Motor Carrier at least 12 months: or Not Applicable	If yes, please provide details:		
e) Number of Non-Union: Union:	Is the applicant enrolled in DMV Pull Program?	Yes	No
	If so, how often?		
f) Do the drivers load and unload their trucks? (please provide detail of the types of materials loaded/unloaded and any equipment used: Yes No	If union operations, provide Month / Year of contract renewal:		

Restaurants

Entertainment provided?	Yes	No	Any catering?	Yes	No	
Bar or separate lounge area?	Yes	No	If yes, radius of operations:	miles	% of exposure	
Fast Food?	Yes	No	Any delivery?	Yes	No	
Number of: Hosts	Waitpersons	Bartenders	Delivery hours:	to		
Valet	Busboys	Cooks	If yes, radius of operations:	miles	% of exposure	
Servicing, cleaning of hoods/filters/grease traps or related systems provided by: Outside vendor			Average price of entrée?	<\$5	\$5-\$15	\$15+
						Employees

Retail / Wholesale

Type of Merchandise?			Any repacking or repackaging operations?	Yes	No
			If yes, please explain operations:		
Gross Receipts: Wholesale	% Retail	%	Assembly exposure?	Yes	No
Warehousing?			If yes, please explain exposure:		
Any distribution exposure?	Yes	No			
If yes, by common carrier or does insured have a trucking exposure? Please explain on separate page.					

Note: All information provided is subject to verification by way of an underwriting survey or inspection. Arrowhead Wholesale Insurance Services must be notified of any significant change in operations or payroll. Terms of insurance coverage may be cancelled for misrepresentation if information provided is inaccurate.

Signature of Applicant: _____ Date: _____