

WC Supplemental Application

To be completed with ACORD 130 Application

Named Insured:		Web Address:	
Insured's FEIN:			
CONTACT NAME		PHONE NUMBER	
Inspections:			
Premium Audit:			
Claims:			
Prior Payroll and Premium Information			
	Total Annual Payroll	Premium \$	
Current Year:			
Prior Year:			
Prior Year:			
Prior Year:			
Prior Year:			
OPERATIONS AND BENEFITS			
Broker controlled account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a member of the Chamber of Commerce? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide county and membership number:	
Please provide a detailed description of the operation:			
Years in business?		Hours of operation:	
No. of shifts:_____ Does the applicant allow employees to work more than three consecutive 12-hour shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there a driving or delivery exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		Radius of operations/travel: <input type="checkbox"/> <10 miles <input type="checkbox"/> 11-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100+	
If yes, what is the frequency? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other:		Any group transportation of employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a PUC/DMV filing required? <input type="checkbox"/> PUC <input type="checkbox"/> DMV <input type="checkbox"/> N/A		If yes, how provided? <input type="checkbox"/> Car <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Bus	
Are vehicles company owned? <input type="checkbox"/> Yes <input type="checkbox"/> No		No. of employees transported per vehicle:	
If yes, types of vehicles:		No. of vehicles used to transport:	
If yes, are vehicles taken home: <input type="checkbox"/> Yes <input type="checkbox"/> No		Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
No. of vehicles:	No. of drivers:	Is insured enrolled in DMV Pull program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle/fleet maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are driver acceptability standards in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who does the servicing?		If yes, provide details:	
Outside vendor: <input type="checkbox"/>			
In-house mechanics: <input type="checkbox"/>			
Other: <input type="checkbox"/>			
Does insured have and enforce the following policies for drivers:			
Alcohol/drug use: <input type="checkbox"/> Yes <input type="checkbox"/> No		Seat belt use: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Distracted driving: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any work-related injuries as a result of a prior motor vehicle accident within the past four years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide details, including fault of accident and if subrogation was pursued:			
Do employees use personal vehicles for company business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do any employees work from home? <input type="checkbox"/> Yes <input type="checkbox"/> No		No. of employees who live/work out of state: _____Live _____Work	
Any out-of-state, international or overnight (within state) travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details:	
Why/purpose?			
Who will travel?	Where?	Duration?	Frequency?
No. of employees: (verify no. is consistent w/ no. on ACORD application)	Full	Part	Seasonal
			Volunteers
No. of employees per location:	1.	2.	3.
			4.
			Use a separate page if needed.
No. of W-2s issued: Last Year: _____ Previous Year: _____		Paid sick leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Paid vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How are employees paid:	Hourly: <input type="checkbox"/>	Piece rate: <input type="checkbox"/>	Commission: <input type="checkbox"/> Flat Salary: <input type="checkbox"/> Other: <input type="checkbox"/>
Any day laborers or temporary/employee leasing? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide details on separate page.	

% of union employees:	% of non-union:	Actual avg. hourly wage for employees in governing class: \$_____
Retirement/pension plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does employer contribute? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Group medical provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	If group medical is provided, who is the healthcare provider?	
% of employees enrolled:	% paid by employer:	
Do you use a specific medical provider to treat injured employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently participating in a MPN (Medical Provider Network)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide the name of current MPN:		
CPR training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	RTW program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
No. of employees certified?	Does it include salary continuation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the ownership of the applicable entity changed within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide details:		
HIRING PRACTICES - EMPLOYEE SELECTION - CLAIMS		
Written application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-hire drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reference checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Post-accident drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pre/post employment physicals? <input type="checkbox"/> Yes <input type="checkbox"/> No	MVR checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Orthopedic back testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Audio hearing tests? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Formal job descriptions on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a formal written accident report? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are personnel files documented for pre-existing injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there set procedures for reporting claims? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Average claim reporting time frame:	Any interchange of labor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is job specific training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: <input type="checkbox"/> Another business <input type="checkbox"/> Subsidiary <input type="checkbox"/> Between departments <input type="checkbox"/> Other:	
Employee Orientation Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is the orientation: <input type="checkbox"/> Verbal only? <input type="checkbox"/> Verbal and Documented?	
Employee to Supervisor ratio: <input type="checkbox"/> Better than 4-1 <input type="checkbox"/> 5-1 <input type="checkbox"/> 6-1 <input type="checkbox"/> 7-1 <input type="checkbox"/> >7-1		
Subcontractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for what purpose?	
If yes, are certificates of insurance obtained and kept on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Independent contractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for what purpose?	
If yes, how are they paid? <input type="checkbox"/> 1099s? <input type="checkbox"/> Other? Please explain.		
SAFETY PROGRAM AND ORGANIZATION - WORK PREMISES AND ENVIRONMENT		
Are owners active in daily operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are they excluded from coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Active injury & illness prevention program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has loss control services been performed in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Active safety incentive program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Cal/OSHA visited/cited your business in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, does it encompass all employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide explanation on separate page.	
What type of incentive?	Are safety meetings conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do employees receive safety training/orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how often? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other	
If yes, is the training: <input type="checkbox"/> Formal / Documented <input type="checkbox"/> Informal		
Do you have a safety director or risk manager? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and title:	
If yes, is the position full time or an additional responsibility of another employee?		
MSDS (Material Safety Data Sheets) available for all chemicals and products used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Any material handling exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	
Any lifting exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No	Forklift training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, <input type="checkbox"/> <25 lbs. <input type="checkbox"/> 25-40 <input type="checkbox"/> 40+	If yes, annual certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 40+, manual lifting or with assistance? Please explain:		
Is all machinery/equipment properly guarded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Any use of Baler equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Written lockout/tagout/blockout procedures in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Condition of equipment? <input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Average	
Respiratory program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	Age of equipment? <input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 20+	
What is the maximum height at which you will work? _____ feet	Please see Contractors Section for further elaboration.	
What is used? <input type="checkbox"/> Ladder <input type="checkbox"/> Scaffolding <input type="checkbox"/> Scissor lifts <input type="checkbox"/> N/A	If scaffolding used, does the insured build their own? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If insured builds own scaffolding, provide % of annual operations involving scaffold setup and teardown compared to total operations. _____ %		
Written Fall Protection Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please see Contractors Section for further elaboration.	
Are all equipment operators trained/ certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Personal protection equipment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is the building/premises: <input type="checkbox"/> Owned <input type="checkbox"/> Leased?	If yes, strict enforcement of utilization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Condition of premises? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Average	What types of PPE?	
No. of years at current location?	Age of building occupied? _____ years	

CONTRACTORS						
Contractors license number?			Years experience in trade?			
Estimated annual gross sales?			Estimated number of jobs per year?			
Percentage of work sub-contracted out? _____%			What type?			
If subs used, does insured: <input type="checkbox"/> Check annually? <input type="checkbox"/> Directly supervise subs?						
Average no. of certificated collected annually?			Average no. of Waivers of Subrogation needed?			
Indicate percentage 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 Homes:	
3.)	Interior:		Exterior _____ If exterior work done, what is the max. height exposure? _____			
Percentage of work/exposure:		<12':	12' to 24':	24' to 40':	>40':	
What is used? <input type="checkbox"/> Ladder <input type="checkbox"/> Scaffolding <input type="checkbox"/> Scissor lifts <input type="checkbox"/> N/A						
If insured builds own scaffolding, provide % of annual operations involving scaffold setup and teardown compared to total operations. _____ %						
Fall Protection Program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please select type below:						
<input type="checkbox"/> Guardrails <input type="checkbox"/> Safety Belt of Full Body Harness <input type="checkbox"/> Safety Net <input type="checkbox"/> Ladder Tie Offs <input type="checkbox"/> Training in Ladder/Scaffold Placement						
<input type="checkbox"/> Other, please describe:						
Any use of cranes, booms or similar heavy construction equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Any work below grade? <input type="checkbox"/> Yes <input type="checkbox"/> No			Max. depth in feet:		% of total work:	
Any confined spaces exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details on separate page – include copy of written procedures and details of Confined Spaces Training.						
Any work involving asbestos, hazardous product abatement, chemical/petroleum products, USL&H, underground tank or pipe replacement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:						
Does this risk conduct work for the government or city municipality?						
Is the applicant involved in "Wrap Up" or "OCIP" projects? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide percentage of total payroll dedicated to these projects, and advise detailed procedures on how applicant determines employee split between these projects and other contracts/projects (not involving "wrap up" or "OCIP").						
Indicate percentage of work conducted in each of the following operations or mark not applicable - <input type="checkbox"/> N/A						
Blasting _____%	Drilling _____%	Light Pole Work _____%	Demolition _____%	Tunneling _____%	Grading _____%	Wrecking _____%
Multi-story Buildings _____%	Gas Mains _____%	Crane Work _____%	Asbestos _____%	Highway Work _____%	Scaffold setup _____%	
Roofing _____%	Excavation _____%	Concrete Tilt-up _____%	Sewer _____%	Ext. Framing _____%	Structural Steel _____%	
Bridge Work _____%	Supervisory Only _____%	Street/road Work _____%	Spray Painting _____%	Dock/sea walls _____%		
LANDSCAPING						
Any tree trimming performed that is off the ground? <input type="checkbox"/> Yes <input type="checkbox"/> No			Any boulder or tree removal performed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any use of tractors, loaders or similar equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			Any highway or median work conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any use of chippers, mulchers, cherry pickers, booms or other similar equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please explain.						
Any use of pesticides or fertilizers? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, is the application completed by: <input type="checkbox"/> Employee <input type="checkbox"/> Outside vendor			
Any debris removal or land clearing activities? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please explain:			
MANUFACTURING - MACHINE SHOPS						
Any punch press or press brake machinery/equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			Machine Guarded: <input type="checkbox"/> Point of operation <input type="checkbox"/> Drive Mechanism			
Age of machinery: <input type="checkbox"/> <2 yrs <input type="checkbox"/> 2-5 yrs <input type="checkbox"/> 5-10 yrs <input type="checkbox"/> 10+ yrs			Accessible moving parts guarded on machinery/equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Types of machines (must equal 100%): _____ Heavy _____ Mid _____ Light			Any Computer Network Controlled (CNC) machinery? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Percent of off-premise operations: _____%			If yes, where/what for?			
Is building properly ventilated? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is proper dust collection system in place? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Applicant's Signature: _____

Date: _____