



Horizon E & S Insurance Brokerage
 875 S. Westlake Blvd., Suite 218
 Westlake Village, CA 91361
 Tel: (805) 494-6553 Fax: (805) 494-6778

**Workers Compensation Supplemental Application
 (To be Completed with Acord 130 application)**

Named Insured: _____		Web Address: _____	
Insured's FEIN: _____			
Contact Name and Phone Number			
Inspections: _____	_____	()	-
Premium Audit: _____	_____	()	-
Claims: _____	_____	()	-
Prior Payroll and Premium Information			
	<u>Total Annual Payroll</u>		<u>Premium \$</u>
Current Year: _____	_____	_____	_____
Prior Year: _____	_____	_____	_____
Prior Year: _____	_____	_____	_____
Prior Year: _____	_____	_____	_____
Operations and Benefits			
Broker controlled account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please provide a detailed description of the operation: _____			

Years in business? _____	Hours of operation- _____ to _____	# of Shifts - _____	
Is there a driving/delivery exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Radius of operations/travel: <input type="checkbox"/> <50 miles <input type="checkbox"/> 50-100 <input type="checkbox"/> 100+		
If yes, what is 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			
Are vehicles company owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how provided? <input type="checkbox"/> car <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Bus		
If yes, are vehicles taken home? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of employees transported per vehicle _____		
# Of vehicles? _____ # Of drivers? _____	# of vehicles used to transport _____		
Vehicle/fleet maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		
If yes, who does the servicing? <input type="checkbox"/> Outside vendor <input type="checkbox"/> In-house mechanics <input type="checkbox"/> Other: _____			
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		
Any out of state, international or overnight (within state) travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	List the # of employees who live or work out of state:		
If yes, please provide details -	_____ Live		_____ Work
Why/purpose? _____			
Who will travel? _____			
Where? _____			
Duration? _____			
Frequency? _____			
# of employees: Full time _____ Part-time _____ Seasonal _____ Volunteers _____	(Verify number is consistent with the number on Acord App)		
# of W-2's issued - Last year _____ Previous year _____	How are employees paid? <input type="checkbox"/> Hourly		
Any day laborers or temporary/employee leasing? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Piece rate <input type="checkbox"/> Commission <input type="checkbox"/> Flat salary		
If yes, please provide details on separate page.	<input type="checkbox"/> Other: _____		
% of union employees _____ % of non-union _____	Paid Sick Leave? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Actual average hourly wage for employees in governing class \$ ____/hour	Paid Vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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	% of employees enrolled _____		
If yes, name of healthcare provider - _____	% paid by employer _____		
Do you use a specific medical provider to treat injured employees? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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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
# 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 5 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
Employee Orientation Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> between departments <input type="checkbox"/> Other: _____
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"/> 1099's? <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 or 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
If yes, is the training - <input type="checkbox"/> Formal / Documented <input type="checkbox"/> Informal	<input type="checkbox"/> Other: _____
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 Lock out / tag out / block out procedures in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Condition of equipment? <input type="checkbox"/> New <input checked="" type="checkbox"/> Good <input type="checkbox"/> Average
Respiratory program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are all equipment operators trained/ certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
What is the maximum height at which you will work? _____	Personal protection equipment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
What is used? <input type="checkbox"/> Ladder <input type="checkbox"/> Scaffolding <input type="checkbox"/> Scissor lifts <input type="checkbox"/> N/A	If yes, strict enforcement of utilization? <input type="checkbox"/> Yes <input type="checkbox"/> No
If scaffolding used, does the insured build their own? <input type="checkbox"/> Yes <input type="checkbox"/> No	What types of PPE? _____
Is the building / premises - <input type="checkbox"/> Owned or <input type="checkbox"/> Leased?	# Of years at current location? _____
Condition of premises? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Average	Age of building occupied? _____ year(s)

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Agriculture - Farming

Is harvesting mechanized or manual? _____	
Do you use contracted labor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, % of use? _____	Is housing provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # of employees housed - _____
Any seasonal workers used for operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details of when season begins and ends, # of seasonal employees hired, and if same employees used each season	Does all farm machinery have safety guards intact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees transported by any vehicles on or off the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on separate page.	
Any use of pesticides or fertilizers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, applications by <input type="checkbox"/> Employees? <input type="checkbox"/> Outside Vendor?	Any crop dusting operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, services provided by <input type="checkbox"/> Employees? <input type="checkbox"/> Outside Vendor?
Do any family members work in operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any work off premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on separate page.
Dairy Farms:	
What is the size of dairy herd? _____	Number of Bulls over 3 years old? _____
Does risk grow their own feed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does risk deliver any of their own milk products? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is milking barn - <input type="checkbox"/> Flat? <input type="checkbox"/> Elevated?	Protective Barriers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Average number of milkings per day? _____	Do any employees conduct or complete work on sump pumps? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees allowed to enter stem pipes around lagoon? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are proper safety procedures in place for working near stem pipes, lagoons or sump pumps? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.	

Automotive Services

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

Janitorial Contractors

Check appropriate exposures in the following areas:			
<input type="checkbox"/> Hospitals	<input type="checkbox"/> Airports	<input type="checkbox"/> Education Facilities	<input type="checkbox"/> Nursing Homes
<input type="checkbox"/> Government	<input type="checkbox"/> Museums	<input type="checkbox"/> Office Buildings	<input type="checkbox"/> Stores
		<input type="checkbox"/> Medical Offices	<input type="checkbox"/> Hotels
			<input type="checkbox"/> Apartment houses
			<input type="checkbox"/> Fire/Flood/Restoration
			<input type="checkbox"/> Manufacturing Plants

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

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

* 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?

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	
% 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	

Restaurants

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

Retail / Wholesale

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

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Trucking

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

Carrier Operations: California Only Interstate

Length of Haul with Total % = 100%:

Under 50 Miles _____ %	50 – 200 _____ %	201 – 300 _____ %
301 – 500 _____ %	501 – 1,000 _____ %	Over 1,000 _____ %

Filings: DOT# _____ PUC# _____ DMV/MCP# _____ Not Applicable

Please Check the Questions and Attached 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):

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

- 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: _____ %

c) If Owner/Operators used, please attach copy of contract: Attached or Not Applicable

d) Number of company drivers with Motor Carrier at least 12 months: _____

Number of Owner/Operator with Motor Carrier at least 12 months: _____ or Not Applicable

e) Number of Non-Union: _____ Union: _____

f) Do the drivers load and unload their trucks? No Yes (please provide detail of the types of materials loaded/unloaded and any equipment used: _____)

Is the applicant enrolled in the DMV Pull Program? Yes No If so, how often? _____

Is the applicant enrolled in the CHP BIT Program? Yes No

Total # of Trucks _____ # of Trucks with Sleeper Cabs _____ Single Trailers _____ Double Trailers _____ Triple Trailers _____

Any trucks / trailers with ramps? Yes No If yes, please provide # _____

Any trucks / trailers with lift-gates? Yes No If yes, please provide # _____

Any team driver operations? Yes No If yes, please provide details- _____

If union operations, provide Month / Year of contract renewal: _____

Public Entities

Municipality _____ County _____

Check each applicable operational department / category:

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

F/T Staff _____ # P/T Staff _____

Any Volunteers or Intern Staff? Yes No If yes, explain _____

City Council Positions? Yes No # _____

County Supervisors Positions? Yes No # _____

Does the hiring process include: Drug Screening? Yes No Pre Employment Physicals? Yes No If yes, explain _____

Any Post Accident Drug Testing? Yes No

Is there a probationary period upon hire? Yes No If yes, explain _____

Are employees provided with any New Employee Orientation? 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

Do employees work shifts? Yes No If yes, explain _____

Any on-call employees? Yes No If yes, explain _____

Do any employees have take home vehicles? Yes No If yes, explain _____

Any underground work? Yes No If yes, explain _____

Any work above 12' in height? Yes No If yes, explain _____

Any confined space exposures? Yes No If yes, explain _____

If yes, is there a Written Confined Space Entry Program? Yes No

Any sub-contracted operations? Yes No If yes, explain _____

Are W / C Certificates of Insurance obtained on all sub-contractors? Yes No

Any use of independent contractors? Yes No If yes, explain _____

Number of vehicles? _____ Driving Radius? _____

Do employees use personal vehicle for business purposes? Yes No If yes, explain _____

Newspaper / Publishing

Any home delivery services? Yes No If yes, independent contractors and/or employees? _____

Provide details: _____

Any delivery operations? Yes No If yes, # of vehicles _____ Driving radius _____

Any telemarketing operations? Yes No If yes, independent contractors and/or employees? _____

Provide details: _____

Any security operations? Yes No If yes, independent contractors and/or employees? _____ Armed or Unarmed? _____

Provide details: _____

Do employees or independent contractors use personal vehicle for company business? Yes No

If yes, are certificates of insurance in file? Yes No

Are MVR's (Motor Vehicle Reports) obtained on all drivers? Yes No Is the Company enrolled in the DMV "Pull" Program? Yes No

Any employee or independent contractor travel: Out of State, Out of Country, On Navigable Waters, within War Zones or Exposure to Civil Disturbances, Etc.? Yes No If yes, provide details: _____

Any excessive noise levels within the operations? Yes No If yes, provide details: _____

Have noise levels been evaluated within the Press / Bindery Areas and/r areas with noise producing machinery and equipment? Yes No

If yes, provide details: _____

If noise level testing has been completed, are copies of the results available for review? Yes No

Does the company have a written Hearing Conservation Program? Yes No

Do employees use/wear and PPE (Personal Protective Equipment)? Yes No If yes, provide details: _____

Does the company have a written Ergonomics Program? Yes No

Does the company have a written Material Handling Program, with identified weight limits? Yes No

Does the company have a written Lock Out / Tag Out Program? Yes No

Is maintenance of equipment / machinery completed by employees and/or outside vendors? Yes No If yes, provide details: _____

Are all forklift / material handling equipment operations certified? Yes No

Note: All information provided is subject to verification by way of an underwriting survey or inspection. Cypress Point 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: _____