

INDUSTRY SUPPLEMENTAL APPLICATION

Insured: _____ Effective Date: _____

Agent: **InsuranceGuys Insurance Services** Phone.:800-585-8887 Quote No.: _____

INSURED HISTORY:

Group Medical Provided: Yes No % paid by employer _____ Name of provider: _____
Number of: Full time employees _____ Part time _____ Seasonal _____ Volunteers _____
Percent of full time employees on payroll for: last 24 months _____ last 12 months _____
Do you have a return to light duty plan: Yes No With full pay: Yes No
Do you have a return to full time modified work plan: Yes No
Average hourly wage: _____ Sick Leave Yes No Vacation Yes No 401k/Profit Sharing Yes No

HIRING PRACTICES:

Complete application	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Drug/substance abuse test	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reference checks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Audio Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pre/post employment physical	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Orthopedic back test	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Motor Vehicle Record check	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pathogenic test (i.e. lead)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OPERATIONS:

Hours of operation: _____ to _____ How many shifts: _____
Does insured deliver: Yes No Frequency: Daily Weekly Other _____ No. of drivers _____
No. and type of Vehicles _____ Vehicle schedule attached? Yes No
Delivery radius: Less than 50 miles 51-100 miles 101-250 miles 250 + miles
Vehicles owned: Yes No Taken home: Yes No Inspected: How often _____
Vehicle maintenance program: Yes No Driver MVR "Pull" program: Yes No
Written SB198 program: Yes No Incentive program: Yes No
Safety director full time: Yes No Are supervisors held accountable for injuries/accidents? Yes No
Safety meetings conducted for all employees: Yes No How often: _____
Safety training program for employees: Yes No CPR training: Yes No
Violence intervention training: Yes No Drug alcohol awareness program: Yes No
Owners active in management? Yes No
Out of state travel? Yes No Frequency? _____ No. Of Employees _____ Purpose? _____
Condition of premises? _____ Excellent _____ Good _____ Poor
Equipments? _____ Excellent _____ Good _____ Poor

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 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

RETAIL / WHOLESALE:

Gross receipts: Wholesale _____% Retail _____%
Type of merchandise: _____
Palletized: Yes No
Compensation: Flat salary _____ Hourly wage _____
Commission _____
Is there assembly: Yes No *If yes, what?* _____
Any out of state exposures, if so, explain: _____
Outside sales employees: Yes No
Lifting exposure or repackaging: Yes No Lbs: _____

MANUFACTURING:

Machine guarding: Point of operation: Yes No
 Drive mechanism: Yes No
 Moving Parts: Yes No Lock out/tagout: Yes No
 % of – Point of operation guarding: _____
 Moving parts _____ Drive Mechanism: _____
 Material handling exposure? Yes No
 Machinery Equipment Used: _____

Lifting: Below 50 lbs. Above 50 lbs. _____
 Off premises operations: Yes No Percentage _____
 Where / What: _____
 Personal Protection equipment provided? Yes No
 Use enforced? Yes No

SERVICE STATIONS / AUTO REPAIR SHOPS / TRANSMISSION SHOPS:

Hours of Operation _____
 Gas operation: Full Service Self service
 Repair operation: Full Service Self service
 Tire repair/installation Over 1-ton truck (yes/no)
 Towing: Yes No Contract tow: Yes No
 Road Repair? Yes No

Mini-Market: Yes No Liquor sold? Yes No
 Bullet proof cashier booth: Yes No
 Drop safe or registers: Yes No
 Car Wash: Yes No *If yes, self serve full serve*
 Access to freeway: 0-1 mile 1-2 miles 2+ miles

CONTRACTORS:

Contractor's license number: _____
 Average hourly wage for Governing classe: _____
 Type of contractor: _____
 Brief description of operations: _____
 % of work: Residential _____ % Industrial _____ %
 Commercial _____ % Service repair _____ %
 New construction _____ % Remodel _____ %
 Radius of operations: Miles? _____
 Demolition _____ %
 Is work subcontracted: Yes No *If yes, are W/C
 certificates of insurance obtained? Yes No*

Out of state work? Yes No Where? _____
 Excavation: Yes No Depth? _____
 Height exposure: Yes No Height? _____
 Leased equipment: if yes, types of equipment _____ No
 Equipment operator leased? Yes No
 Transportation of employees: Yes No
 How? Van Bus Airplane Other _____
 Frequency: Daily _____ Weekly _____ Monthly _____
 Saw guarding: Yes No

FARMS:

Type of crops: _____
 Harvesting mechanized: Yes No
 How many acres? _____
 Operations outside California? Yes No
 Use labor contractors: Yes No *Is yes, please describe:*

 Housing provided? Yes No *If yes, please describe
 and give the number of employees: _____*

How paid: Piece rate Hourly Combination
 Other _____
 Transportation of employees: Yes No Radius? _____
 How? Van Bus Airplane Other _____
 Frequency: Daily _____ Weekly _____ Monthly _____

RESTAURANT:

Average Entrée Price: _____
 Liquor Receipts (% of gross receipts) _____
 Separate Lounge? Yes No
 Number of: Hosts _____ Valet Parkers _____
 Waitpersons _____ Bartenders _____
 Cooks _____ Security/Crowd Control ? Yes No

Entertainment: Yes No *If yes, please provide details:*

 Catering? Yes No % of revenues: _____
 Radius: _____
 Delivery? Yes No % of revenues: _____
 Radius: _____

PAYROLL AND PREMIUM:

WE MUST HAVE IF BASE PREMIUM IS OVER \$100,000.

Payroll 2000: \$ _____	Premium \$ _____
1999: \$ _____	\$ _____
1998: \$ _____	\$ _____
1997: \$ _____	\$ _____