ALEXANDER EDDY INSURANCE
AND FINANCIAL SERVICES
CA License Nº 0E16970

Workers' Compensation Supplemental Application

Insured: ____________________ Eff Date: ____________________

DBA: ____________________

Market Selection: ☐ State Fund of CA ☐ AmTrust ☐ Everest National ☐ ICW ☐ Zenith ☐ BerkleyNet ☐ Guard* ☐ Markel/FirstComp ☐ Employers ☐ Hartford* ☐ Travelers*

** additional credits on package and BOP policies provided when work comp placed with same carrier*

Billing Plan Preference: ☐ Stipulated installments ☐ Monthly payroll reporting - *availability varies by carrier premium requirements*

Section 1: No Prior Insurance and New Ventures

1. Reason for no prior insurance - select one answer:
   - ☐ Commencing to do business for the first time.
   - ☐ Operating without employees and now hiring for the first time.
   - ☐ Operating with employees without WC coverage.
   - ☐ Other: ____________________
2. Date employees began working or will begin working for applicant: ____________________
3. Years of industry experience: ____________________

Section 2: Payroll and Premium History - *all policies held within the last 4 years*

Payroll :		Premium:	
	Expiring Yr. ____________		Expiring Yr. ____________
	1st Prior Yr. ____________		1st Prior Yr. ____________
	2nd Prior Yr. ____________		2nd Prior Yr. ____________
	3rd Prior Yr. ____________		3rd Prior Yr. ____________

Section 3: Bankruptcy

1. Business or any principal of the business declared bankruptcy in the last seven years: ☐ Yes ☐ No

   If Yes, please provide:

   Name of Principal: ____________________ Chapter of Bankruptcy: _______

   Date Filed: ______________ Case Number: ____________________ Status: _____________

   Court Where Case Was Filed: ____________________

Section 4: Licenses

1. Contractors State License Board

   CSLB Number: ____________________ or CSLB App Number: ____________________
2. Farm Labor Contractor License

   Farm Labor Contractor? ☐ Yes ☐ No

   If yes, please provide Farm Labor Contractor License Number: ____________________
3. Transportation Licenses - *complete sections 10 & 11*

   USDOT Number: ____________________ DMV/MCP Number: ____________________

   PUC Number: ____________________ Permit Type: ____________________
4. Other License Information

   Other License Information: ____________________

Section 5: Additional General Questions

1. Offer the majority of your eligible employees Health Insurance: ☐ Yes ☐ No

   If no, who is eligible: ____________________

   If yes, Health Insurance Carrier: ____________________

		% paid by employer	% of participation
Group Health	☐ Yes ☐ No	_______	_______

2. Obtain workers from a professional employer organization (PEO), employee leasing firm, labor contractor, or any third-party entity: ☐ Yes ☐ No
3. Obtain temporary workers from other employers: ☐ Yes ☐ No
4. Assign temporary laborers to your current or potential clients: ☐ Yes ☐ No
5. Assign leased or long-term workers to your current or potential clients: ☐ Yes ☐ No

Section 6: Additional Questions

1. Use any equipment that bends, forms, shapes, or cuts materials (e.g., power press): ☐ Yes ☐ No
2. Employ any relatives: ☐ Yes ☐ No
3. Employ any minors (under age 18): ☐ Yes ☐ No
4. Make any cash payments to employees or subcontractors: ☐ Yes ☐ No
5. Provide meals or lodging in lieu of wages: ☐ Yes ☐ No
6. Pay any employees by the piece: ☐ Yes ☐ No
7. Have any work at a maritime or offshore facility: ☐ Yes ☐ No
8. Have any locations/operations for which coverage is not required: ☐ Yes ☐ No
9. Have any operations outside of California: ☐ Yes ☐ No
10. Perform any asbestos removal: ☐ Yes ☐ No
11. Member of any trade or business association: ☐ Yes ☐ No

Please explain any answers marked yes:____

Section 7: Management Practices Questions

1. Employee assistance program: ☐ Yes ☐ No
2. Paid vacations: ☐ Yes ☐ No
3. Paid sick leave: ☐ Yes ☐ No
4. Injury and illness prevention program in place: ☐ Yes ☐ No
5. Written return to work program for employees injured on the job: ☐ Yes ☐ No
6. Document employee training: ☐ Yes ☐ No
7. Document facility inspections: ☐ Yes ☐ No
8. OSHA citations within the past year: ☐ Yes ☐ No

   If yes, please explain:____
9. Provide temporary workers to other employers: ☐ Yes ☐ No

   If yes, please explain:____
10. Check off the hiring practices implemented by your company:
    - ☐ Job descriptions
    - ☐ Pre-placement medical screening
    - ☐ Pre-placement drug screening
    - ☐ Drug-free workplace
    - ☐ Pre-employment reference checks
    - ☐ Union employees
    - ☐ Employment application
    - ☐ Motor Vehicle Record check
    - ☐ Audiometric testing
    - ☐ Pathogenic test (i.e. lead)
    - ☐ Orthopedic back test
11. Indicate the safety activities currently established and practiced regularly:
    - ☐ Return to light duty plan — Includes full wages: ☐ Yes ☐ No
    - ☐ Return to Full-time modified work plan
    - ☐ Designated Full-time safety director — Name: ______________________________
    - ☐ Safety meetings held for all employees — Frequency of meetings: _______________
    - ☐ Safety training held for all employees
    - ☐ Personal protective safety equipment provided for all employees

      If yes, what equipment is provided: ______________________________
    - ☐ Supervisors are held accountable for injuries / accidents
    - ☐ Accident investigation program in place

Section 8: Prior State Fund Policies

1. Has the business been insured by State Fund: ☐ Yes ☐ No If yes, please answer the following:

   Name of entity and/or individual that is or was insured with State Fund:_____________________________________

   Most recent policy number:___________________ Coverage Dates: From:___________ To:_____________

Section 9: Purchase Acquisition

1. Was this operation all or part of an existing business that was purchased or acquired: ☐ Yes ☐ No

If yes, please answer the following:

Percentage of business acquired:__________% Date ownership changed:_______________

Prior business owner's name:____

Prior business address:____

Prior name of business:____

Is prior owner related to the new owner: ☐ Yes ☐ No If yes, list relationship below

Have operations changed since business acquired: ☐ Yes ☐ No

Percentage of employees kept from previous owner:_______%

Are those employees earning more than 50% of the payroll: ☐ Yes ☐ No

Additional comments:____

Section 10: Automobiles and Travel

Business operations include driving by employees for the following purpose(s):

1. Delivery: ☐ Yes ☐ No Frequency of delivery: ☐ Daily ☐ Weekly ☐ Other:__________________
   Delivery radius: ☐ <50 Miles ☐ 50-100 Miles ☐ 101-200 Miles ☐ >200 Miles ☐ Over-night trips
2. Travel to or between jobsites/facility locations: ☐ Yes ☐ No If yes, Frequency: _________ Radius: __________
3. Group transportation of employees: ☐ Yes ☐ No If yes, indicate max # employees per vehicle: ______
4. Sales/Service Calls: ☐ Yes ☐ No If yes, Frequency: ____________ Radius: ___________
5. # of authorized drivers: ______ # of company vehicles: ______ # of employee-owned vehicles used in business: ______
6. Frequency of MVR checks: ___________________________ Participation in CHP Pull program: ☐ Yes ☐ No
7. Driver acceptability standards have been established: ☐ Yes ☐ No
8. Vehicles inspection / maintenance program: ☐ Yes ☐ No Frequency: _______________________
9. Vehicle maintenance is performed by employees: ☐ Yes ☐ No
10. Employees take company vehicles home at night: ☐ Yes ☐ No

Section 11: Industry Specific Questions

Apartment Owner or Operator

Total # of Units: _______ Units Per Each Location: ____

Total # of maintenance employees: _______ Typical duties: ____

Swimming Pool: ☐ Yes ☐ No If Yes, does pool have: ☐ Fence ☐ Self-latching Gate ☐ Rules Posted ☐ Accessible Life-Safety Equipment

Do employees perform any of the following types of work?

At heights over 12 feet: ☐ Yes ☐ No If yes, explain: ____

Extermination or fumigation: ☐ Yes ☐ No If yes, explain: ____

Furnace cleaning: ☐ Yes ☐ No If yes, explain: ____

Any work subcontracted: ☐ Yes ☐ No If yes, complete “Sub-Contracted Work” Section of this app

Attorneys

What type of law: ____________________________________

Any criminal law: ☐ Yes ☐ No Any insurance law: ☐ Yes ☐ No

Contractors (Complete this section for any risk performing contracting, service/repair or installation work)

Annual Gross Receipts: ____

General description of work done: ____

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

New Construction:	Residential ____%	Commercial ____%	Industrial ____%
Remodeling:	Residential ____%	Commercial ____%	Industrial ____%
Service/Repair:	Residential ____%	Commercial ____%	Industrial ____%
Installation:	Residential ____%	Commercial ____%	Industrial ____%
	Interior work _____%	Exterior Work _____%	Max height of work: ________

Equipment Used: ☐ Cranes/Booms ☐ Heavy Equipment ☐ Excavation Equipment ☐ Scaffolds ☐ Ladders ☐ Other

If any of the above used, describe: ____

Any work subcontracted: ☐ Yes ☐ No If yes, complete “Sub-Contracted Work” section below

Sub-Contracted Work

List each operation sub-contracted to others: ____

Annual Subcontracted Cost (labor & materials): ____

The following items are maintained and kept current for all sub-contractors:

Certificate of workers' compensation insurance ☐ Yes ☐ No

Certificate of general liability insurance with like limits and additional insured status: ☐ Yes ☐ No

Copy of each sub-contractor's license number ☐ Yes ☐ No

List below current sub-contractors, including contractor's license numbers: (If more than 3 provide a separate list)

_________________________________ _________________________________ _________________________________

_________________________________ _________________________________ _________________________________

Landscaping or Lawn Service

Annual Gross Receipts: ____

Any use of pesticides/herbicides: ☐ Yes ☐ No If yes, explain: ____

Tree Trimming: ☐ Yes ☐ No If yes, % of total operations: ______ Work performed: ☐ from heights ☐ from ground

If tree trimming work from heights, describe: ____

Work along highways or freeways (including on/off ramps) or conducting traffic diversion: ☐ Yes ☐ No

If yes, explain: ____

Trenching operations and/or work below depth of 4 feet: ☐ Yes ☐ No

If yes, explain: ____

Hotel/Motel

Annual Gross Receipts: ____

Food service: Operate own: ☐ Yes ☐ No Subcontract: ☐ Restaurant ☐ Bar ☐ Both

Gross receipts: Food __________% Alcohol __________%

Entertainment: ☐ Yes ☐ No ☐ Lounge ☐ Armed Security

Operations: ☐ Year Round ☐ Seasonal ☐ Conference Center

Shuttle service: ☐ Yes ☐ No How many vans: ____

How are maids compensated: ☐ Salary ☐ Hourly Wage ☐ Flat Rate Per Room

Who flips the mattresses and how are they turned: ____

Restaurants/Bars

Annual Gross Receipts: ____ Catering: ☐ Yes ☐ No % of Revenue: __________

Alcohol Receipts (% of gross receipts): _____________________ Delivery: ☐ Yes ☐ No % of Revenue:__________

Average Entrée Price: ___________________________________ If yes, radius of delivery area: ________________

Hours of operation: ___________ to ___________ Number of Daily Shifts: ___________

Number of: Hosts _____ Wait-staff ____ Cooks _____Bartenders _____ Valet Parkers _____ Security _____

Entertainment: ☐ Yes ☐ No Dance floor: ☐ Yes ☐ No Square Ft:______

If yes, describe? ____ Food truck: ☐ Yes ☐ No

Manufacturing

Annual Gross Receipts: ____

Product Description: ____

Hours of operation: ___________ to ___________ Number of Daily Shifts: ___________

Lock-out/Tag-out program in place: ☐ Yes ☐ No

Machine guarding: Point of operation: ☐ Yes ☐ No Drive mechanism: ☐ Yes ☐ No Moving Parts: ☐ Yes ☐ No

Type of Machines Used?___________________________

Material handling exposure: ☐ Yes ☐ No Lifting: ☐ Below 50 lbs. ☐ Above 50 lbs. _____________

Off premises operations: ☐ Yes ☐ No Percentage: _______ Where / What: ______________________

Retail/Wholesale

Annual Gross Receipts: ____ Wholesale: _______% Retail: _______%

Type of merchandise: ________________________________ ☐ Import ☐ Domestic

Hours of operation: ___________ to ___________ Number of Daily Shifts: ___________

Employee Compensation: ☐ Flat Salary ☐ Hourly Wage ☐ Commission

Outside sales employees: ☐ Yes ☐ No Is there assembly: ☐ Yes ☐ No

Lifting exposure or repackaging: ☐ Yes ☐ No Lbs.: _______ Installation of product at customer premises: ☐ Yes ☐ No

Service Stations/Auto Repair Shops/Transmission Shops

Annual Gross Receipts: ____

Hours of operation: ___________ to ___________ Mini-Market: ☐ Yes ☐ No Alcohol sold: ☐ Yes ☐ No

Gas operation: ☐ Full Service ☐ Self Service Bullet proof cashier booth: ☐ Yes ☐ No

Repair operation: ☐ Yes ☐ No Drop safe or registers: ☐ Yes ☐ No

☐ Tire Repair/Installation ☐ Over 1-Ton Truck Car Wash: ☐ Yes ☐ No If yes, ☐ Self Serve ☐ Full Serve

Towing: ☐ Yes ☐ No Contract tow: ☐ Yes ☐ No Access to freeway: ☐ 0-1 mile ☐ 1-2 mile ☐ 2+ mile

Trucking & Couriers/Parcel Delivery

Annual Gross Receipts: ____

Does business have any 1099 workers: ☐ Yes ☐ No

If yes, Number of 1099s: ______ and Payroll: ______ Is this pay included in Acord payroll: ☐ Yes ☐ No

Please indicate the operations of the business: ☐ Interstate ☐ Intrastate

Type of goods delivered:____

SIGNATURE

TO BE COMPLETED BY BROKER, OWNER, OR AN OFFICER/PARTNER OF THE BUSINESS OF THE BUSINESS SEEKING COVERAGE

Insurance Code Article 6, Sec.11880 prohibits the willful misrepresentation of any fact in order to obtain lower insurance rates. All insurance carriers reserve the right to verify the accuracy of information provided to them by insurance applicants. I confirm that the information on the ACORD and Supplemental Application is true and correct to the best of my knowledge.

Completed by: ____ Title: ____

Signature: ____ Date: ____