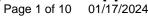
Singlepoint Insurance Services Workers' Compensation Supplemental Application



Page 1 of 10 01/17/2024

All applicants must complete all of page 1 through 4, then must complete the page specific to their industry, and sign this form.

Applicant Name: Effective Date:					
Federal ID No.:		Web Ad	dress:		
Producer currently writes applicant's work comp coverage?			☐ Yes ☐	No	Current lapse in coverage? ☐ Yes ☐ No
Producer currently writes applicant's prop/liability coverage?					
Member of Trade Association?				No	Assoc:
Medical Insurance provided?			☐ Yes ☐	No	Carrier:
Additional Coverages:	☐ Waiver of Subrogation	n – Blanket	☐ Volunta	ry Co	mpensation USL&H
3	☐ Waiver of Subrogation		Repatri	-	Other:
Preferred Pay Plan	☐ Monthly Report of Pa				ulated Installments
	ng required? Yes		DPUC#		
			☐ DOT #		
A. PRIOR PAYRO	LL, PREMIUM, AND	CARRIER I	NFO		
T	otal Annual Payroll	Prem	ium		Carrier
2023	\$	\$			
2022	\$	\$			
2021	\$	\$			
2020	\$	\$			
2019	\$	\$			
B. OPERATIONS					
		□со	Othorou		
States of operations: Owners active in deil			Others:		oroge? □ Vee □ Ne
	y operations? Yes	No If yes, e			-
3. Hours of operations:5. 24-hour exposure? [hat is expecur	4. Numb	er or s	snitts:
6. Year business establ	•	riat is exposur	<u> </u>		
	isition of an existing busir	20002	☐ Yes		lo.
	perience in this industry:	1622 :	□ 162	□ '\	10
•	a pre-existing business?		☐ Yes	\square N	lo
	Date of acquisition:		□ 163		
11 yes.	Prior loss runs available	2	□Yes	ПΝ	lo
			☐ Yes		
Current management being retained?					
Current employees being retained?					
Hiring employees for the first time?					
8. Driving / delivery exposure? Yes No					
If yes: Purpose of driving / delivery operations:					
☐ Sales / Consulting ☐ Delivery ☐ Test Drive ☐ To / From Job Sites					
Other:					
Frequency: Daily Weekly Other:					
Radius of driving/delivery:					
0 - 25 Miles% 101 - 200 Miles% 1,001 – 1,500 Miles%					
26 - 50 Miles% 201 - 500 Miles% Over 1,500 Miles%					
51 - 100 Miles% 501 – 1,000 Miles%					
Maximum radius: miles					
	s used: Cars Tru	cks Va	ans	Buse	es Other:
# of authorized drivers:					
Group transportation of employees (2 or more employees in same vehicle)? Yes No					
If yes:	# of employees in same v	vehicle: 2	% 3_		% over 3%
Frequency of trips involving group transportation: Daily Weekly Other:					

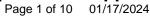




Company vehicles taken home?	☐ Yes ☐ No			
Employees use personal vehicles for company use?	☐ Yes ☐ No			
Vehicle/fleet maintenance program?	☐ Yes ☐ No ☐ By Employees ☐ By Outside Vendors			
Fleet safety program?	☐ Yes ☐ No			
Driver acceptability standards program?	☐ Yes ☐ No			
MVRs checked before or after hire?	☐ Yes ☐ No			
MVRs checked annually?	☐ Yes ☐ No			
9. Heights of operations: (must equal 100%)				
% of Operations Accessed Via				
	☐ Cherry Picker / Boom ☐ Scissor Lift ☐ Other:			
	☐ Cherry Picker / Boom ☐ Scissor Lift ☐ Other:			
16 to 25 feet%	☐ Cherry Picker / Boom ☐ Scissor Lift ☐ Other:			
26 to 35 feet%	☐ Cherry Picker / Boom ☐ Scissor Lift ☐ Other:			
Over 35 feet%	☐ Cherry Picker / Boom ☐ Scissor Lift ☐ Other:			
If scaffolding is used is it erected by employees? Yes	☐ No If yes, are employees certified annually? ☐ Yes ☐ No			
Maximum height of operations: feet				
Formal/documented fall protection program?	•			
10. Depths of operations: (must equal 100%)	11. Manual lifting exposure? Yes No			
% of Operations	If yes, Under 20 lbs%			
0 feet%	21 to 40 lbs%			
1 to 3 feet%	41 to 50 lbs%			
4 to 6 feet%	Over 50 lbs%			
More than 6 feet%	(must equal 100%)			
Maximum depth of operations: feet	Formal lifting policy? Yes No			
Trench box or shoring required? ☐ Yes ☐ No	Supplemental lifting devices used? ☐ Yes ☐ No			
12. Employees work from home? Yes No If yes, type of				
13, Out of state, international, or overnight (within state) travel? Yes No				
If yes: Why / Purpose:				
Who will travel:	Where:			
Duration:	Frequency:			
14. # employees live or work out of state: Live: Work:				
15. Number of employees: Full Time: Part Time:	Seasonal: Volunteers:			
If volunteers: Duties of volunteers:				
Work comp coverage requested for volunteers? ☐ Yes ☐ No				
Accident, Health, or Disability Insurance provided to volunteers by applicant? Yes No				
16. Maximum # of employees at any one location:				
17. # W-2's issued last year: Previous year:				
18. Employees paid: Hourly Flat Salary Commission Piece rate Other:				
19. Employee to supervisor ratio:				
20. % of union employees: % of non-union employees?				
21. Day laborers or temporary / employee leasing? Yes No				
If yes, please provide details: 22. Average hourly wage for employees in governing class: \$ /hour				
1 22 Average nourly wade for employees in doverning class. \$	/nour			

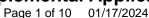


23. Average employee tenure with the company:years	00 A	-	
		years	
25. Subcontractors used? Yes No If yes, why? If yes, certificates of insurance kept on tile? Yes No If yes, why: If yes, tow paid: 1099 Other:		Retween Departments Other:	
If yes, certificates of insurance kept on file? yes No			
1. Active injury & liness prevention program? Yes No If yes, why:			
If yes, how paid: 1099's Other:			
1. Group medical plan provided?			
1. Group medical plan provided?	C. EMPLOYEE BENEFITS		
If yes: Provider name?		☐ Yes ☐ No	
2. Paid sick leave?			
3. Paid vacation? Yes No No Employer contribute? Yes No Specific medical provider used to treat injured Yes No Clinic Physician Other: Distance to provider? miles MPN name? T. CPR training provided? Yes No Number of certified employees? T. CPR training provided? Yes No Number of certified employees? T. CPR training provided? Yes No Number of certified employees? T. CPR training provided? Yes No Number of certified employees? T. CPR training provided? Yes No Number of certified employees? T. CPR training provided? Yes No Number of certified employees? T. CPR training provided? Yes No Orthopedic back testing? Yes No Pre-hire drug / substance abuse testing? Yes No Formal job descriptions on file; Yes No Pre-post hire employment physicals? Yes No Now Pre-post hire employment physicals? Yes No Now Now Now Yes No Now Now Yes No Now No	-		
4. Retirement or pension plan?			
5. Specific medical provider used to treat injured			
employees? 6. Medical Provider Network (MPN)?			
S. Medical Provider Network (MPN)?			
D. HIRING AND EMPLOYEE PRACTICES 1. Written applications?			
Written applications?	7. CPR training provided?	Yes No Number of certified employees?	
Written applications?	D. HIRING AND EMPLOYEE PRACTICES	S	
Reference checks?			
Criminal background checks?	1	· · · · · · · · · · · · · · · · · · ·	
Pre-hire drug / substance abuse testing? Post-accident drug/substance abuse testing? Pre or post hire employment physicals? 2. Personnel files documented for pre-existing injuries? Yes		*	
Post-accident drug/substance abuse testing? Pre or post hire employment physicals? 2. Personnel files documented for pre-existing injuries? Yes	I		
Pre or post hire employment physicals?			
2. Personnel files documented for pre-existing injuries?			
E. LOSS CONTROL AND SAFETY 1. Active injury & illness prevention program?			
1. Active injury & illness prevention program? Yes			
Written safety program?			
Safety training / orientation?	1	_	
Safety meetings?	1		
Active safety incentive program?			
Safety director or risk manager?	_		
Written accident reporting policy?	1 7	· · · · · · · · · · · · · · · · · · ·	
Written accident investigation procedure?	,		
Supervisors accountable for injuries / accidents?			
Return to work program?		_	
Specific job training?	1		
Forklift training?			
Machinery/equipment property guarded?			
Written lockout / tagout / blockout procedures?	I		
Respiratory program?			
Office ergonomic safety program?			
Personal protective safety equipment?	1 7 7 7		
If yes: Back Belts Boots Safety glasses Hearing Protection Respiratory Equipment Gloves Guard Rails Safety belts Ladder Tie Offs Full Body Harnesses Safety Nets Other: 2. OSHA citation in last year? Yes No If yes, please explain: 3. Loss control services performed in last year? Yes No			
☐ Gloves ☐ Guard Rails ☐ Safety belts ☐ Ladder Tie Offs ☐ Full Body Harnesses ☐ Safety Nets ☐ Other: 2. OSHA citation in last year? ☐ Yes ☐ No If yes, please explain: 3. Loss control services performed in last year? ☐ Yes ☐ No			
Safety Nets Other: 2. OSHA citation in last year? ☐ Yes ☐ No If yes, please explain: 3. Loss control services performed in last year? ☐ Yes ☐ No	1		
2. OSHA citation in last year? Yes No If yes, please explain: 3. Loss control services performed in last year? Yes No		☐ Safety belts ☐ Ladder Tie Offs ☐ Full Body Harnesses	
3. Loss control services performed in last year? ☐ Yes ☐ No			
r in vest reconceu recommendanous completeur III Test III TNO	If yes, required recommendations completed?		





F. 0	THER CONSIDERATION	NS			
1. Ba	inkruptcy (ever)? Yes	No If yes, in la	ast five years?	☐ Yes ☐ No	
2. Last 12 months employee turnover:					
3. Next 12 months employee count forecast: ☐ Stable ☐ Increasing ☐ Decreasing					
4. Ye	4. Years at current location: 5. Age of occupied building: years				
6. Bu	6. Building / Premises: Owned Leased 7. Condition of premises: Excellent Very Good Good Average				
8. Eq	8. Equipment condition: New Good Average N/A				
	uipment operators trained and	•	ed? 🗌 Yes 🗀	No □ N/A	
	verage claim reporting timefra				
11. A	ny claim over \$50,000 in last f				ng information for each such claim:
	How did it occur?	employee still w	orking for the ap	oplicant?	
			• •	plicant taken to prevent reoccu	
12.	12. This section must be completed by all applicants who are individuals, sole proprietorships, husband and wife,or partnerships (where the general partners are husband and wife).				usband and wife).
	Please list below any relatives records show payments to su		r household who	o are employees of your busine	ess and to whom your books and
	. ,		Employ	ved Relatives*	
	Name	Relationship to	o You	Job Title or Duties	Estimated Annual Remuneration
	☐ Check here if there are no relatives residing in your household that are employed in your business.				
		grandparent, bi	rother, sister, s		on-in-law, daughter-in-law, parent, prother, half-sister, brother-in-law,
	Note: Per California Labor Co	ode, as an empl	oyer you are rec	quired to include in your Worke	
				. Any policy issued based on ir	formation provided in this
	application will exclude covers	age for residing	relatives if none	e are listed above.	nspection. Arrowhead General
					erms of insurance coverage may be
	cancelled for misrepresentation				
					r inspection. Underwriter must
	tified of any significant chan presentation if information p			erms of insurance coverage	may be cancelled for
IIIISIE	presentation il illiorniation p	Tovided is illac	curate.		
				<u> </u>	
Applic	ant Name			Date	
Signat	ure of Applicant				

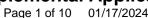




G. CONTRACTORS	
1. Applicant type: Prime Contractor General Contractor Subcontractor Other:	
2. Applicant licensed? Yes No If yes, license number:	
3. Estimated annual gross sales: \$ 4. Estimated number of jobs per year:	
5. % of work conducted in each of the following operations:	
Residential % Commercial % Industrial % (must equal 100%)	
New Construction % Remodeling % Service/Repair % (must equal 100%)	
Interior % Exterior % (must equal 100%)	
6. % of work is sub-contracted out: % Types of work subcontracted:	
7. # of Waivers of Subrogation are needed annually:	
8. Certificates of insurance obtained from subcontractors?	
9. 1099s received from independent contractors?	
10. Use of cranes, booms, or similar heavy equipment?	
11. Exposure to confined spaces?	
12. "Wrap Up" or "OCIP" projects?	
13. Indicate % of work conducted in each of the following operations. If none apply, \(\superatorname{\text{N/A}}\)	
Supervisory only Concrete Tilt-ups Wrecking/Demolition Boilers	
Roofing Streets / Roads Debris Removal Waterways	
Exterior Framing Highways Scaffold Set-up Marinas	
Grading Tanks Crane Work USL&H	
Excavation Utility Poles Blasting Over Passes	
Water Mains Structural Steel Tunneling Bridge Work	
Sewers Welding Drilling Asbestos	
Gas Mains Other:	
H. JANITORIAL CONTRACTORS	
Check appropriate exposures in the following areas:	
☐ Office Buildings ☐ Industrial Plants ☐ Apartment houses ☐ Airports ☐ Stores	
☐ Medical Offices ☐ Education Facilities ☐ Nursing Homes ☐ Museums ☐ Fire/Flood/Restoratio	n
☐ Hospitals ☐ Government ☐ Hotels Other:	
2. Indicate % of services provided (must equal 100%):	
General cleaning* Chimney cleaning Debris clearing	
Industrial cleaning Ceiling tile cleaning Landscaping	
Carpet cleaning Elevator maintenance Parking lot cleaning	
Snow removal Maid/housekeeping services Fire / Flood restoration	
Exterior window cleaning above 1st floor Heating, A/C ventilation service Aircraft service and maintenance	
Pest control Floor waxing and refinishing Crime scene or bio-hazard clean-	qı
Pressure or steam washing operations Servicing/cleaning of hoods/filters/grease traps/etc	
Other:	
* General cleaning includes operations such as vacuuming, dusting, wastebasket trash pick up, floor and rug cleaning, restroom clean-up	
3. Employees work in pairs or more? ☐ Yes ☐ No ☐ 4. Employees supervised? ☐ Yes ☐ No ☐ If yes, ☐ Direct ☐ Rovi	ng

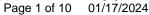


I. LANDSCAPING					
1. Indicate % of work conducted in each of the following operation	ations (must equal 100% for each):				
Residential: % Commercial: % Municip					
2. Indicate % of operations. If none apply, N/A					
Off the ground tree trimming?	Debris removal or clear cutting				
Boulder or tree removal	Hardscape work				
Tree planting > 25 gallons	Snow removal				
Spraying of pesticides/fertilizers?	Installation / Removal of holiday decorations				
Trenching	Use of tractors, loaders, or similar equipment				
Sprinkler installation	Highway, roadway, or median work				
Use of chippers, mulchers, cherry pickers, booms, or o	ther similar equipment				
J. PEST CONTROL					
1. Operations: a) Commercial Agricultural	☐ Industrial ☐ Structural ☐ Other:				
b)	☐ Fumigation ☐ Foam ☐ Other:				
c) Structural Repairs / Replacements	☐ Dry Rot Wood Repair ☐ Shower Pan Replacement				
Other:					
2. Services Provided:					
Ants Spiders Roaches Fleas	☐ Ticks ☐ Bees ☐ Wasps ☐ Mosquitoes				
☐ Mice ☐ Termites ☐ Rats ☐ Snakes	☐ Raccoons ☐ Opossum ☐ Skunks ☐ Bats				
Rodents Gophers Bee Removal	☐ Bird / Pigeon Removal ☐ Animal Removal				
Animal Trapping Bird/ Rodent Proofing	Other:				
3. Tenting as % of total operations:					
4. Written haz-com program?	☐ Yes ☐ No				
5. Written respiratory program?	☐ Yes ☐ No				
· •	6. Written heat stress program? ☐ Yes ☐ No				
7. Special written procedures for working in confined spaces?					
	☐ Yes ☐ No				
K. MANUFACTURING – MACHINE SHOPS	☐ Yes ☐ No				
	☐ Yes ☐ No % Light: % (must equal 100%)				
K. MANUFACTURING – MACHINE SHOPS 1. Types of machines: Heavy:% Mid:					
K. MANUFACTURING – MACHINE SHOPS 1. Types of machines: Heavy: % Mid: 2. Age of machinery: □ <2 yrs.	% Light: % (must equal 100%)				
K. MANUFACTURING – MACHINE SHOPS 1. Types of machines: Heavy: % Mid: 2. Age of machinery: □ <2 yrs.					
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MANUFACTURING – MACHINE SHOPS 1. Types of machines: Heavy: % Mid: 2. Age of machinery:					
K. MANUFACTURING – MACHINE SHOPS 1. Types of machines: Heavy: % Mid: 2. Age of machinery:					





L. TRUCKING					
1. Operations: a) Common Ca	arrier	☐ Private	☐ Brokerage	☐ Exempt	
b) ☐ Regular Rou			_		
c) Intrastate on	_		<u> </u>		
2. Indicate % of items being transported	I (must equal 100%):				
General Freight	Liquids / Gases		s Beams, Lumber		
Commodities Dry Bullion	Grain, Feed, Hay	· · · · · · · · · · · · · · · · · · ·	ets, Coils, Rolls		
Household Goods	Livestock	Driveway /			
Building Materials	Meat		Garbage, Refuse, Trash		
Fresh Produce	Motor Vehicles	Paper Products			
U.S. Mail	Mobile Homes	Oilfield Equipment			
Beverages	Chemicals	Machinery, Large Objects Intermodal Containers			
Passengers Other:	Coal, Coke	IIIleIIIIouai	Containers		
	No				
If yes: # of Owner/Operators:	140				
	_ applicant at least 12 months:	or □ N/A			
	rovide workers' compensation for		ors:		
% where the applicant will a	gree with the Owner/Operator tha			onsibilities of an	
employer for the performance					
Copy of contract attached?					
4. # of drivers with applicant at least 12		on-union drivers:	# of union drive	ers:	
 Drivers load and unload their trucks? If yes, how: ☐ Manually ☐ Forklift 		supplemental lifting	device?		
7. Total # of Trucks:	I UWGI doolot int Osilo.	Supplemental	device:	-	
# of Trucks with: Sleeper Cabs:	Single Trailers: Do	uble Trailers:	Triple Trailers:		
8. Trucks/trailers with ramps?	Yes No If yes	, #:			
9. Trucks/trailers with lift-gates?	Yes No If yes	, #:			
10. Team driver operations?	Yes No If yes	, #:			
11. Driver shift >12 hours?		, max hours:			
12. Hazardous material handling?	•	, describe:			
13. Enrollment in DMV "Pull" Program?					
14. Enrollment in the CHP "BIT" Program?					
12. If union operations, month/year of co	ontract renewal?				
M. RETAIL / WHOLESALE					
1. Type of Merchandise:					
2. Warehousing operations?	☐ Yes ☐ No				
3. Repacking or repackaging operations	-	explain:			
4. Assembly operations?	☐ Yes ☐ No If yes,	explain:			
5. Distribution operations?	☐ Yes ☐ No If yes,	distribution by: 🔲 (Own Vehicles 🔲 Co	mmon Carrier	
6. Robbery occurrence in the last 4 year	rs? 🗌 Yes 🗌 No				
7. Firearms on premises?	☐ Yes ☐ No				

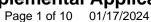




N. AUTOMOTIVE SERVICES
1. Operations:
☐ Towing† ☐ Mobile Repair ☐ Fueling ☐ Tire Repair/Installation
☐ Dismantling or Crushing†† ☐ Mechanical Repair ☐ Car Washing ☐ Welding
☐ Emergency Roadside Repair ☐ Body/Fender Repair ☐ Mini-Market ☐ Painting
☐ Other:
†Attach Tow Truck Questionnaire ††Attach Auto Dismantler Questionnaire
2. ASE trained and certified employees?
3. Work performed on vehicles > 2.5 ton capacity? ☐ Yes ☐ No ☐ N/A
4. Test driving of customers' vehicles?
5. Transportation of customers?
6. Sale of alcoholic beverages?
7. Robbery occurrence in the last 4 years?
8. Cashier's booth bullet proof?
9. Security/surveillance cameras?
10. Firearms on premises?
11. Dog on premises?
12. Access to freeway: 0-1 mile 1-2 miles 2+ miles
13. Employee participation in racing teams/events? Yes No If yes, details:
O. RESTAURANTS
1. Operations:
☐ Fine Dining ☐ Tavern/Sports Bar ☐ Hotel/Resort / Casino ☐ Mobile Catering Truck
☐ Family Dining ☐ Night Club ☐ Cafeteria / Buffet ☐ Pizza Delivery
☐ Fast Food ☐ Gentlemen's Club ☐ Banquet Hall ☐ Other:
2. Average entrée price:
4. Bar or separate lounge area?
5. Entertainment provided?
6. Take out?
If yes, % of operations:
7. Off-site catering?
If yes, how late: miles 8. Delivery?
9. Security staff?
10. Hoods, filters, grease traps, or related systems serviced by: Employees Outside Vendor N/A
P. APARTMENTS / HOTELS AND MOTELS / OTHER BUILDING OPERATONS
1. Operations:
☐ Hotel ☐ Apartments ☐ Inn ☐ Fraternity/Sorority
 ☐ Motel ☐ Condominiums ☐ Bread & Breakfast ☐ Boarding House ☐ Conference Center
☐ Resort ☐ Townhouses ☐ Dude Ranch ☐ Conference Center ☐ Restaurant (complete Restaurants section above) ☐ Other:
_ <u> </u>
2. # of rental units: 3. Units open year round? ☐ Yes ☐ No 4. Rental rates: Daily: ☐ <\$50 ☐ \$51-\$100 ☐ N/A
4. Rental rates. Daily.
Monthly:
······································



5, Property maintenance by employees? 🗌 Yes 🔲 No				
If yes: ☐ Carpentry ☐ Painting	☐ Landscaping			
☐ Electrical ☐ Roofing	☐ Bush / Tree Tri	mming If yes, off the ground trimming? ☐ Yes ☐ No		
☐ Plumbing ☐ Demolition	☐ Window Cleani	ng If yes, above 1 st floor? ☐ Yes ☐ No		
☐ Drywall ☐ Refuse Hau				
Other:	5 —			
6. Subcontractors used for major repairs?	☐ Yes ☐ No	If yes, certificates of insurance obtained? Yes No		
7. Employee housing provided?	☐ Yes ☐ No	If yes, # employees housed:		
8. Rents collected by employees?	☐ Yes ☐ No ☐ N/A			
9. Evictions performed by employees?	☐ Yes ☐ No ☐ N/A			
10. Security staff?	☐ Yes ☐ No	If yes: Employees Outside Vendor		
		☐ Armed ☐ Unarmed		
11. Security/surveillance cameras?	☐ Yes ☐ No			
12. Shuttle or limousine service?	☐ Yes ☐ No	If yes, # of drivers: # of vehicles:		
13. Furniture moving?	☐ Yes ☐ No ☐ N/A			
14. Mattress flipping or rotating?	☐ Yes ☐ No ☐ N/A	If yes: # of employees involved:		
		how often:		
15. 24-hour room service?	☐ Yes ☐ No ☐ N/A			
Q. AGRICULTURE AND FARMING				
1. Primary crops:				
2. Primary stock:				
3. Harvesting is: Mechanized Manua	al 🗌 N/A	4. Terrain characteristics: Flat Hills		
5. Family members work in operation?	☐ Yes ☐ No			
6. Farm labor contractor?	☐ Yes ☐ No			
7. Contract labor of others used?	☐ Yes ☐ No	If yes, % of use:		
8. Employee housing provided?	☐ Yes ☐ No	If yes, # of employees housed:		
9. Seasonal operations?	☐ Yes ☐ No	If yes: # of seasonal employees hired:		
		Season: begins and ends		
10. ATVs used?	☐ Yes ☐ No	If yes: # of ATVs:		
		# of employees using ATVs:		
11. Employees ride in open beds of pickup to	rucks?			
12. Employees ride on moving trailers?	☐ Yes ☐ No			
13. Proper training / precautions to avoid her				
stress?	☐ Yes ☐ No			
14. Aerial crop dusting operations?	☐ Yes ☐ No	If yes: Employees Outside Vendor		
15. Pesticide / fertilizer application by employ				
If yes: Employee certification and traini Wind conditions monitored prior				
during use of pesticides or fertili				





R. HEALTH AND HUMAN SERVICES				
1. Licensed facility? Yes No If yes, licensed as v	what type of facility:			
2. Accredited by CARF (Commission on Accreditation Reha	abilitation Facility)?			
3. % of residents / patients: Ambulatory: Non-An	mbulatory: N/A			
4. Off-site activities?	Yes No If yes, what activities:			
5. Group transportation of clients provided?	Yes No If yes, % subcontracted:			
6. "Live-in" employees at client's residence / premises?	☐ Yes ☐ No If yes, % of employees:			
7. Written Blood Born Pathogen Program?	☐ Yes ☐ No			
8. HIV and / or AIDS treatment provided?	☐ Yes ☐ No			
9. Patient / resident handling / lifting equipment used?	☐ Yes ☐ No			
10. Written patient / resident handling protocols?	☐ Yes ☐ No			
11. Ongoing In-Service Training provided?	☐ Yes ☐ No If yes, how often:			
12. Food service provided?	☐ Yes ☐ No If yes, describe:			
13. Indicate % of operations in each of the following categor	• • • •			
	ncture / Acupressure Blood Bank / Donor Clinic			
Drug / Alcohol Treatment Family I				
	Control Clinic Walk-In Clinic			
· ·	Care Clinic Specialist:			
Other:				
14. Indicate % of staff in each of the following categories.				
Physician / MD PhD	Psychiatrist			
Physicians Assistant Social V	<u> </u>			
Nurse Practitioner Registe				
Certified Nurses Assistant Counse				
, <u> </u>	ered Dental Assistant Dental Hygienist			
·	al Therapist Physiotherapist			
Occupational Therapist Administrative Other:				
15. Day child-care center? ☐ Yes ☐ No If yes: % of children: up to 1 yr: 1 – 3 yrs:	9 Euro			
Maximum enrollment:	3 – 5 yis			
# of children currently enrolled:				
Ratio of child-care staff to children: 1:2 1:3 1:4 Other:				
Operation based out of a home residence: Yes No				
16. Veterinary services? Yes No	_ 100 H.			
If yes: % of patients: Domestic / Household Pets:	Farm Animals: Exotic / Wild:			
% of services: Grooming: Kennel: _				
Field or off-site services provided? ☐ Yes				