

**Singlepoint Insurance Services
Workers' Compensation
Supplemental Application**

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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 Address: _____ | |
| Producer currently writes applicant's work comp coverage? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Current lapse in coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Producer currently writes applicant's prop/liability coverage? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Member of Trade Association? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Assoc: _____ |
| Medical Insurance provided? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Carrier: _____ |
| Additional Coverages: | <input type="checkbox"/> Waiver of Subrogation – Blanket <input type="checkbox"/> Voluntary Compensation <input type="checkbox"/> USL&H <input type="checkbox"/> Waiver of Subrogation - Specific <input type="checkbox"/> Repatriation <input type="checkbox"/> Other: _____ | |
| Preferred Pay Plan | <input type="checkbox"/> Monthly Report of Payroll | <input type="checkbox"/> Monthly Stipulated Installments <input type="checkbox"/> Other: _____ |
| Regulatory authority filing required? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> PUC # _____ <input type="checkbox"/> DMV # _____ <input type="checkbox"/> DOT # _____ |

A. PRIOR PAYROLL, PREMIUM, AND CARRIER INFO

| | Total Annual Payroll | Premium | Carrier |
|------|----------------------|----------|---------|
| 2023 | \$ _____ | \$ _____ | |
| 2022 | \$ _____ | \$ _____ | |
| 2021 | \$ _____ | \$ _____ | |
| 2020 | \$ _____ | \$ _____ | |
| 2019 | \$ _____ | \$ _____ | |

B. OPERATIONS

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| 1. States of operations: <input type="checkbox"/> CA <input type="checkbox"/> NV <input type="checkbox"/> AZ <input type="checkbox"/> CO Others: _____ | |
| 2. Owners active in daily operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, excluded from coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Hours of operations: From: _____ To: _____ | 4. Number of shifts: _____ |
| 5. 24-hour exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is exposure? _____ | |
| 6. Year business established: _____ | |
| 7. New venture or acquisition of an existing business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Years of experience in this industry: _____ Purchasing a pre-existing business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Date of acquisition: _____ Prior loss runs available? <input type="checkbox"/> Yes <input type="checkbox"/> No Current management being retained? <input type="checkbox"/> Yes <input type="checkbox"/> No Current employees being retained? <input type="checkbox"/> Yes <input type="checkbox"/> No Commencing to do business for the first time? <input type="checkbox"/> Yes <input type="checkbox"/> No Hiring employees for the first time? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. Driving / delivery exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Purpose of driving / delivery operations: <input type="checkbox"/> Sales / Consulting <input type="checkbox"/> Delivery <input type="checkbox"/> Test Drive <input type="checkbox"/> To / From Job Sites <input type="checkbox"/> Other: _____ Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> 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 # of vehicles used: Cars _____ Trucks _____ Vans _____ Buses _____ Other: _____ # of authorized drivers: _____ Group transportation of employees (2 or more employees in same vehicle)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: # of employees in same vehicle: 2 _____% 3 _____% over 3 _____% Frequency of trips involving group transportation: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____ | |

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| <p>Company vehicles taken home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Employees use personal vehicles for company use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Vehicle/fleet maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> By Employees <input type="checkbox"/> By Outside Vendors</p> <p>Fleet safety program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Driver acceptability standards program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>MVRs checked before or after hire? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>MVRs checked annually? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>9. Heights of operations: (must equal 100%)</p> <table style="width: 100%;"> <thead> <tr> <th style="text-align: left;">% of Operations</th> <th style="text-align: left;">Accessed Via</th> </tr> </thead> <tbody> <tr> <td>0 to 6 feet _____%</td> <td><input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Other: _____</td> </tr> <tr> <td>7 to 15 feet _____%</td> <td><input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Other: _____</td> </tr> <tr> <td>16 to 25 feet _____%</td> <td><input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Other: _____</td> </tr> <tr> <td>26 to 35 feet _____%</td> <td><input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Other: _____</td> </tr> <tr> <td>Over 35 feet _____%</td> <td><input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Other: _____</td> </tr> </tbody> </table> <p>If scaffolding is used is it erected by employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are employees certified annually? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Maximum height of operations: _____ feet</p> <p>Formal/documented fall protection program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, copy available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | % of Operations | Accessed Via | 0 to 6 feet _____% | <input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Other: _____ | 7 to 15 feet _____% | <input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Other: _____ | 16 to 25 feet _____% | <input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Other: _____ | 26 to 35 feet _____% | <input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Other: _____ | Over 35 feet _____% | <input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Other: _____ |
| % of Operations | Accessed Via | | | | | | | | | | | | |
| 0 to 6 feet _____% | <input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Other: _____ | | | | | | | | | | | | |
| 7 to 15 feet _____% | <input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Other: _____ | | | | | | | | | | | | |
| 16 to 25 feet _____% | <input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Other: _____ | | | | | | | | | | | | |
| 26 to 35 feet _____% | <input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Other: _____ | | | | | | | | | | | | |
| Over 35 feet _____% | <input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Other: _____ | | | | | | | | | | | | |
| <p>10. Depths of operations: (must equal 100%)</p> <table style="width: 100%;"> <thead> <tr> <th style="text-align: left;">% of Operations</th> </tr> </thead> <tbody> <tr> <td>0 feet _____%</td> </tr> <tr> <td>1 to 3 feet _____%</td> </tr> <tr> <td>4 to 6 feet _____%</td> </tr> <tr> <td>More than 6 feet _____%</td> </tr> </tbody> </table> <p>Maximum depth of operations: _____ feet</p> <p>Trench box or shoring required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | % of Operations | 0 feet _____% | 1 to 3 feet _____% | 4 to 6 feet _____% | More than 6 feet _____% | <p>11. Manual lifting exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, Under 20 lbs. _____%</p> <p>21 to 40 lbs. _____%</p> <p>41 to 50 lbs. _____%</p> <p>Over 50 lbs. _____%</p> <p>(must equal 100%)</p> <p>Formal lifting policy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Supplemental lifting devices used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | |
| % of Operations | | | | | | | | | | | | | |
| 0 feet _____% | | | | | | | | | | | | | |
| 1 to 3 feet _____% | | | | | | | | | | | | | |
| 4 to 6 feet _____% | | | | | | | | | | | | | |
| More than 6 feet _____% | | | | | | | | | | | | | |
| <p>12. Employees work from home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type of work: _____</p> | | | | | | | | | | | | | |
| <p>13. Out of state, international, or overnight (within state) travel? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes: Why / Purpose: _____</p> <p>Who will travel: _____ Where: _____</p> <p>Duration: _____ Frequency: _____</p> | | | | | | | | | | | | | |
| <p>14. # employees live or work out of state: Live: _____ Work: _____</p> | | | | | | | | | | | | | |
| <p>15. Number of employees: Full Time: _____ Part Time: _____ Seasonal: _____ Volunteers: _____</p> <p>If volunteers: Duties of volunteers: _____</p> <p>Work comp coverage requested for volunteers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Accident, Health, or Disability Insurance provided to volunteers by applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | | | | | | | |
| <p>16. Maximum # of employees at any one location: _____</p> | | | | | | | | | | | | | |
| <p>17. # W-2's issued last year: _____ Previous year: _____</p> | | | | | | | | | | | | | |
| <p>18. Employees paid: <input type="checkbox"/> Hourly <input type="checkbox"/> Flat Salary <input type="checkbox"/> Commission <input type="checkbox"/> Piece rate <input type="checkbox"/> Other: _____</p> | | | | | | | | | | | | | |
| <p>19. Employee to supervisor ratio: <input type="checkbox"/> <4:1 <input type="checkbox"/> 4:1 <input type="checkbox"/> 5:1 <input type="checkbox"/> 6:1 <input type="checkbox"/> 7:1 <input type="checkbox"/> >7:1</p> | | | | | | | | | | | | | |
| <p>20. % of union employees: _____ % of non-union employees? _____</p> | | | | | | | | | | | | | |
| <p>21. Day laborers or temporary / employee leasing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details: _____</p> | | | | | | | | | | | | | |
| <p>22. Average hourly wage for employees in governing class: \$_____/hour</p> | | | | | | | | | | | | | |

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| |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 23. Average employee tenure with the company: _____ years |
| 24. Interchange of labor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Another Business <input type="checkbox"/> A Subsidiary <input type="checkbox"/> Between Departments <input type="checkbox"/> Other: _____ |
| 25. Subcontractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why? _____ If yes, certificates of insurance kept on file? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. Are independent contractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why: _____ If yes, how paid: <input type="checkbox"/> 1099's <input type="checkbox"/> Other: _____ |

C. EMPLOYEE BENEFITS

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Group medical plan provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Provider name? _____ % of employees enrolled? _____ % paid by the employer? _____ |
| 2. Paid sick leave? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Paid vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Retirement or pension plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Employer contribute? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Specific medical provider used to treat injured employees? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Clinic <input type="checkbox"/> Physician <input type="checkbox"/> Other: _____ Distance to provider? _____ miles |
| 6. Medical Provider Network (MPN)? <input type="checkbox"/> Yes <input type="checkbox"/> No MPN name? _____ |
| 7. CPR training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of certified employees? _____ |

D. HIRING AND EMPLOYEE PRACTICES

| | |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 1. Written applications? <input type="checkbox"/> Yes <input type="checkbox"/> No | Hearing tests? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reference checks? <input type="checkbox"/> Yes <input type="checkbox"/> No | Orthopedic back testing? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Criminal background checks? <input type="checkbox"/> Yes <input type="checkbox"/> No | Pathogenic (disease) testing? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pre-hire drug / substance abuse testing? <input type="checkbox"/> Yes <input type="checkbox"/> No | Formal job descriptions on file? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Post-accident drug/substance abuse testing? <input type="checkbox"/> Yes <input type="checkbox"/> No | Job-specific training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pre or post hire employment physicals? <input type="checkbox"/> Yes <input type="checkbox"/> No | New employee orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Personnel files documented for pre-existing injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

E. LOSS CONTROL AND SAFETY

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| 1. Active injury & illness prevention program? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ |
| Written safety program? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Safety training / orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Formal/Documented <input type="checkbox"/> Informal |
| Safety meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No | Frequency? _____ |
| Active safety incentive program? <input type="checkbox"/> Yes <input type="checkbox"/> No | Type of incentive? _____ |
| Safety director or risk manager? <input type="checkbox"/> Yes <input type="checkbox"/> No | Full time position? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Written accident reporting policy? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Written accident investigation procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Supervisors accountable for injuries / accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Return to work program? <input type="checkbox"/> Yes <input type="checkbox"/> No | Salary continuation included? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Specific job training? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Forklift training? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Machinery/equipment property guarded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Written lockout / tagout / blockout procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Respiratory program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Office ergonomic safety program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Personal protective safety equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| If yes: <input type="checkbox"/> Back Belts <input type="checkbox"/> Boots <input type="checkbox"/> Safety glasses <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Respiratory Equipment | |
| <input type="checkbox"/> Gloves <input type="checkbox"/> Guard Rails <input type="checkbox"/> Safety belts <input type="checkbox"/> Ladder Tie Offs <input type="checkbox"/> Full Body Harnesses | |
| <input type="checkbox"/> Safety Nets <input type="checkbox"/> Other: _____ | |
| 2. OSHA citation in last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ | |
| 3. Loss control services performed in last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, required recommendations completed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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F. OTHER CONSIDERATIONS

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 1. Bankruptcy (ever)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 2. Last 12 months employee turnover: <input type="checkbox"/> <10% <input type="checkbox"/> 11-20% <input type="checkbox"/> 21-30% <input type="checkbox"/> >30% If >20%, why? _____ | | | |
| 3. Next 12 months employee count forecast: <input type="checkbox"/> Stable <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing | | | |
| 4. Years at current location: _____ | | 5. Age of occupied building: _____ years | |
| 6. Building / Premises: <input type="checkbox"/> Owned <input type="checkbox"/> Leased | | 7. Condition of premises: <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Average | |
| 8. Equipment condition: <input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> N/A | | | |
| 9. Equipment operators trained and currently certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| 10. Average claim reporting timeframe: _____ days | | | |
| 11. Any claim over \$50,000 in last four years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information for each such claim: | | | |
| How did it occur? | | Is employee still working for the applicant? | |
| What was the injury? | | What corrective action has the applicant taken to prevent reoccurrences? | |
| 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). | | |
| | Please list below any relatives residing in your household who are employees of your business and to whom your books and records show payments to such relatives: | | |
| | Employed Relatives* | | |
| | Name | Relationship to You | Job Title or Duties |
| | | | Estimated Annual Remuneration |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | <input type="checkbox"/> Check here if there are no relatives residing in your household that are employed in your business. | | |
| | *Relatives are defined as: spouse, child by birth or adoption, stepchild, grandchild, son-in-law, daughter-in-law, parent, step-parent, parent-in-law, grandparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, sister-in-law, uncle, aunt, nephew, or niece. | | |
| | Note: Per California Labor Code, as an employer you are required to include in your Workers' Compensation coverage all relatives residing in your household who are your employees. Any policy issued based on information provided in this application will exclude coverage for residing relatives if none are listed above. | | |
| | Note: All information provided is subject to verification by way of an underwriting survey or inspection. Arrowhead General Insurance Agency, Inc. 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. | | |

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

Applicant Name _____

Date _____

Signature of Applicant _____

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G. CONTRACTORS

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------|-------------------|
| 1. Applicant type: <input type="checkbox"/> Prime Contractor <input type="checkbox"/> General Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> Other: _____ | | | |
| 2. Applicant licensed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No # of certificates collected annually: _____ | | | |
| 9. 1099s received from independent contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 10. Use of cranes, booms, or similar heavy equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 11. Exposure to confined spaces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: _____ | | | |
| 12. "Wrap Up" or "OCIP" projects? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 13. Indicate % of work conducted in each of the following operations. If none apply, <input type="checkbox"/> 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

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------|-----------------------------------|-------------------------------------------------|
| 1. Check appropriate exposures in the following areas: | | | | |
| <input type="checkbox"/> Office Buildings | <input type="checkbox"/> Industrial Plants | <input type="checkbox"/> Apartment houses | <input type="checkbox"/> Airports | <input type="checkbox"/> Stores |
| <input type="checkbox"/> Medical Offices | <input type="checkbox"/> Education Facilities | <input type="checkbox"/> Nursing Homes | <input type="checkbox"/> Museums | <input type="checkbox"/> Fire/Flood/Restoration |
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Government | <input type="checkbox"/> 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 1 st floor | _____ Heating, A/C ventilation service | _____ Aircraft service and maintenance | | |
| _____ Pest control | _____ Floor waxing and refinishing | _____ Crime scene or bio-hazard clean-up | | |
| _____ 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? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Employees supervised? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Direct <input type="checkbox"/> Roving | | | | |

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I. LANDSCAPING

1. Indicate % of work conducted in each of the following operations (must equal 100% for each):

Residential: _____ % Commercial: _____ % Municipal: _____ % Other: _____

2. Indicate % of operations. If none apply, ☐ N/A

| | |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Off the ground tree trimming? | <input type="checkbox"/> Debris removal or clear cutting |
| <input type="checkbox"/> Boulder or tree removal | <input type="checkbox"/> Hardscape work |
| <input type="checkbox"/> Tree planting > 25 gallons | <input type="checkbox"/> Snow removal |
| <input type="checkbox"/> Spraying of pesticides/fertilizers? | <input type="checkbox"/> Installation / Removal of holiday decorations |
| <input type="checkbox"/> Trenching | <input type="checkbox"/> Use of tractors, loaders, or similar equipment |
| <input type="checkbox"/> Sprinkler installation | <input type="checkbox"/> Highway, roadway, or median work |
| <input type="checkbox"/> Use of chippers, mulchers, cherry pickers, booms, or other similar equipment | |

J. PEST CONTROL

1. Operations:

| | | | | |
|---------------------------------------------------------------|----------------------------------------------|-------------------------------------------------|---------------------------------------|---------------------------------------|
| a) <input type="checkbox"/> Commercial | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Industrial | <input type="checkbox"/> Structural | <input type="checkbox"/> Other: _____ |
| b) <input type="checkbox"/> Chemical Treatment Services | <input type="checkbox"/> Fumigation | <input type="checkbox"/> Foam | <input type="checkbox"/> Other: _____ | |
| c) <input type="checkbox"/> Structural Repairs / Replacements | <input type="checkbox"/> Dry Rot Wood Repair | <input type="checkbox"/> Shower Pan Replacement | | |
| <input type="checkbox"/> Other: _____ | | | | |

2. Services Provided:

| | | | | | | | |
|------------------------------------------|-----------------------------------|------------------------------------------------|------------------------------------------------|---------------------------------------|-----------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Ants | <input type="checkbox"/> Spiders | <input type="checkbox"/> Roaches | <input type="checkbox"/> Fleas | <input type="checkbox"/> Ticks | <input type="checkbox"/> Bees | <input type="checkbox"/> Wasps | <input type="checkbox"/> Mosquitoes |
| <input type="checkbox"/> Mice | <input type="checkbox"/> Termites | <input type="checkbox"/> Rats | <input type="checkbox"/> Snakes | <input type="checkbox"/> Raccoons | <input type="checkbox"/> Opossum | <input type="checkbox"/> Skunks | <input type="checkbox"/> Bats |
| <input type="checkbox"/> Rodents | <input type="checkbox"/> Gophers | <input type="checkbox"/> Bee Removal | <input type="checkbox"/> Bird / Pigeon Removal | | <input type="checkbox"/> Animal Removal | | |
| <input type="checkbox"/> Animal Trapping | | <input type="checkbox"/> Bird/ Rodent Proofing | | <input type="checkbox"/> 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

1. Types of machines: Heavy: _____ % Mid: _____ % Light: _____ % (must equal 100%)

2. Age of machinery: ☐ <2 yrs. ☐ 2-5 yrs. ☐ 5-10 yrs. ☐ 10+ yrs

3. Weight of finished product: ☐ <5 lbs. ☐ 6 lbs. to 25 lbs. ☐ 26 lbs to 50 lbs. ☐ >50 lbs.

4. % of off-premises operations: _____ If any, where / what for: _____

5. Machinery maintenance performed by: ☐ Employees ☐ Outside vendor

6. Machine guarded: ☐ Point of operation ☐ Drive mechanism

7. Machines guarded to OSHA standards? ☐ Yes ☐ No

8. Computer Network Controlled (CNC) machinery? ☐ Yes ☐ No If yes, more than 50%? ☐ Yes ☐ No

9. Punch press or brake machinery/equipment? ☐ Yes ☐ No

10. Accessible moving parts guarded on machinery / equipment? ☐ Yes ☐ No

11. Installation operations? ☐ Yes ☐ No If yes, describe: _____

12. Assembly operations? ☐ Yes ☐ No If yes, job rotation? ☐ Yes ☐ No

13. Hazardous material handling? ☐ Yes ☐ No If yes, describe: _____

14. Use of cranes, hoists, or forklifts? ☐ Yes ☐ No If yes, describe: _____

15. Building properly ventilated? ☐ Yes ☐ No

16. Proper dust collection system in place? ☐ Yes ☐ No

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L. TRUCKING

1. Operations: a) ☐ Common Carrier ☐ Contract Carrier ☐ Private ☐ Brokerage ☐ Exempt
b) ☐ Regular Route ☐ Irregular Route
c) ☐ Intrastate only ☐ Interstate

2. Indicate % of items being transported (must equal 100%):

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

3. Owner/Operators used? ☐ Yes ☐ No

If yes: # of Owner/Operators: _____

of Owner/Operators with applicant at least 12 months: _____ or ☐ N/A

% where the applicant will provide workers' compensation for the Owner/Operators: _____

% where the applicant will agree with the Owner/Operator that the Owner/Operator assumes the responsibilities of an employer for the performance of work: _____

Copy of contract attached? ☐ Yes ☐ No ☐ N/A

4. # of drivers with applicant at least 12 months: _____ 5. # of non-union drivers: _____ # of union drivers: _____

6. Drivers load and unload their trucks? ☐ No ☐ Yes

If yes, how: ☐ Manually ☐ Forklift ☐ Power assist lift ☐ Other supplemental lifting device? _____

7. Total # of Trucks: _____

of Trucks with: Sleeper Cabs: _____ Single Trailers: _____ Double 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? ☐ Yes ☐ No If yes, max hours: _____

12. Hazardous material handling? ☐ Yes ☐ No If yes, describe: _____

13. Enrollment in DMV "Pull" Program? ☐ Yes ☐ No

14. Enrollment in the CHP "BIT" Program? ☐ Yes ☐ No

12. If union operations, month/year of contract renewal? _____

M. RETAIL / WHOLESALE

1. Type of Merchandise: _____

2. Warehousing operations? ☐ Yes ☐ No

3. Repacking or repackaging operations? ☐ Yes ☐ No If yes, explain: _____

4. Assembly operations? ☐ Yes ☐ No If yes, explain: _____

5. Distribution operations? ☐ Yes ☐ No If yes, distribution by: ☐ Own Vehicles ☐ Common Carrier

6. Robbery occurrence in the last 4 years? ☐ Yes ☐ No

7. Firearms on premises? ☐ Yes ☐ No

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N. AUTOMOTIVE SERVICES

1. Operations:

- | | | | |
|----------------------------------------------------|---------------------------------------------|--------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Towing† | <input type="checkbox"/> Mobile Repair | <input type="checkbox"/> Fueling | <input type="checkbox"/> Tire Repair/Installation |
| <input type="checkbox"/> Dismantling or Crushing†† | <input type="checkbox"/> Mechanical Repair | <input type="checkbox"/> Car Washing | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Emergency Roadside Repair | <input type="checkbox"/> Body/Fender Repair | <input type="checkbox"/> Mini-Market | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Other: _____ | | | |

†Attach Tow Truck Questionnaire

††Attach Auto Dismantler Questionnaire

2. ASE trained and certified employees? ☐ Yes ☐ No ☐ N/A

3. Work performed on vehicles > 2.5 ton capacity? ☐ Yes ☐ No ☐ N/A

4. Test driving of customers' vehicles? ☐ Yes ☐ No

5. Transportation of customers? ☐ Yes ☐ No

6. Sale of alcoholic beverages? ☐ Yes ☐ No

7. Robbery occurrence in the last 4 years? ☐ Yes ☐ No

8. Cashier's booth bullet proof? ☐ Yes ☐ No ☐ N/A

9. Security/surveillance cameras? ☐ Yes ☐ No

10. Firearms on premises? ☐ Yes ☐ No

11. Dog on premises? ☐ Yes ☐ No

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:

- | | | | |
|----------------------------------------|--------------------------------------------|------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Fine Dining | <input type="checkbox"/> Tavern/Sports Bar | <input type="checkbox"/> Hotel/Resort / Casino | <input type="checkbox"/> Mobile Catering Truck |
| <input type="checkbox"/> Family Dining | <input type="checkbox"/> Night Club | <input type="checkbox"/> Cafeteria / Buffet | <input type="checkbox"/> Pizza Delivery |
| <input type="checkbox"/> Fast Food | <input type="checkbox"/> Gentlemen's Club | <input type="checkbox"/> Banquet Hall | <input type="checkbox"/> Other: _____ |

2. Average entrée price: ☐ <\$8 ☐ \$8-\$19 ☐ >\$20 3. Liquor receipts (% of gross receipts): ☐ <25 ☐ 25-50 ☐ >50

4. Bar or separate lounge area? ☐ Yes ☐ No

5. Entertainment provided? ☐ Yes ☐ No If yes: ☐ Live Band ☐ DJ ☐ Karaoke ☐ Other: _____

6. Take out? ☐ Yes ☐ No

7. Off-site catering? ☐ Yes ☐ No If yes, % of operations: _____
If yes, radius of operations: _____ miles

8. Delivery? ☐ Yes ☐ No If yes, how late: _____
If yes, radius of operations: _____ miles

9. Security staff? ☐ Yes ☐ No If yes: ☐ Employees ☐ Outside Vendor ☐ Armed ☐ Unarmed

10. Hoods, filters, grease traps, or related systems serviced by: ☐ Employees ☐ Outside Vendor ☐ N/A

P. APARTMENTS / HOTELS AND MOTELS / OTHER BUILDING OPERATIONS

1. Operations:

- | | | | |
|--------------------------------------------------------------------------|---------------------------------------|--------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Hotel | <input type="checkbox"/> Apartments | <input type="checkbox"/> Inn | <input type="checkbox"/> Fraternity/Sorority |
| <input type="checkbox"/> Motel | <input type="checkbox"/> Condominiums | <input type="checkbox"/> Bread & Breakfast | <input type="checkbox"/> Boarding House |
| <input type="checkbox"/> Resort | <input type="checkbox"/> Townhouses | <input type="checkbox"/> Dude Ranch | <input type="checkbox"/> Conference Center |
| <input type="checkbox"/> Restaurant (complete Restaurants section above) | | | <input type="checkbox"/> Other: _____ |

2. # of rental units: _____ 3. Units open year round? ☐ Yes ☐ No

| | | | | | |
|------------------|----------|-----------------------------------|------------------------------------------|-----------------------------------|------------------------------|
| 4. Rental rates: | Daily: | <input type="checkbox"/> <\$50 | <input type="checkbox"/> \$51-\$100 | <input type="checkbox"/> >\$100 | <input type="checkbox"/> N/A |
| | Weekly: | <input type="checkbox"/> <\$250 | <input type="checkbox"/> \$251-\$500 | <input type="checkbox"/> >\$500 | <input type="checkbox"/> N/A |
| | Monthly: | <input type="checkbox"/> <\$1,000 | <input type="checkbox"/> \$1,000-\$2,000 | <input type="checkbox"/> >\$2,000 | <input type="checkbox"/> N/A |

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| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|--|
| 5. Property maintenance by employees? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes: <input type="checkbox"/> Carpentry <input type="checkbox"/> Painting <input type="checkbox"/> Landscaping | | | |
| <input type="checkbox"/> Electrical <input type="checkbox"/> Roofing <input type="checkbox"/> Bush / Tree Trimming | | | |
| <input type="checkbox"/> Plumbing <input type="checkbox"/> Demolition <input type="checkbox"/> Window Cleaning | | | |
| <input type="checkbox"/> Drywall <input type="checkbox"/> Refuse Hauling <input type="checkbox"/> Pest Control | | | |
| <input type="checkbox"/> Other: _____ | | | |
| 6. Subcontractors used for major repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, certificates of insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7. Employee housing provided? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, # employees housed: _____ | |
| 8. Rents collected by employees? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| 9. Evictions performed by employees? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| 10. Security staff? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes: <input type="checkbox"/> Employees <input type="checkbox"/> Outside Vendor | |
| | | <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed | |
| 11. Security/surveillance cameras? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 12. Shuttle or limousine service? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, # of drivers: _____ # of vehicles: _____ | |
| 13. Furniture moving? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| 14. Mattress flipping or rotating? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | If yes: # of employees involved: _____ | |
| | | how often: _____ | |
| 15. 24-hour room service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| Q. AGRICULTURE AND FARMING | | | |
| 1. Primary crops: _____ | | | |
| 2. Primary stock: _____ | | | |
| 3. Harvesting is: <input type="checkbox"/> Mechanized <input type="checkbox"/> Manual <input type="checkbox"/> N/A | | 4. Terrain characteristics: <input type="checkbox"/> Flat <input type="checkbox"/> Hills | |
| 5. Family members work in operation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 6. Farm labor contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 7. Contract labor of others used? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, % of use: _____ | |
| 8. Employee housing provided? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, # of employees housed: _____ | |
| 9. Seasonal operations? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes: # of seasonal employees hired: _____ | |
| | | Season: begins _____ and ends _____ | |
| 10. ATVs used? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes: # of ATVs: _____ | |
| | | # of employees using ATVs: _____ | |
| 11. Employees ride in open beds of pickup trucks? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 12. Employees ride on moving trailers? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 13. Proper training / precautions to avoid heat stress? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 14. Aerial crop dusting operations? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes: <input type="checkbox"/> Employees <input type="checkbox"/> Outside Vendor | |
| 15. Pesticide / fertilizer application by employees? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes: Employee certification and training? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Wind conditions monitored prior to / during use of pesticides or fertilizers? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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R. HEALTH AND HUMAN SERVICES

1. Licensed facility? ☐ Yes ☐ No If yes, licensed as what type of facility: _____

2. Accredited by CARF (Commission on Accreditation Rehabilitation Facility)? ☐ Yes ☐ No ☐ N/A

3. % of residents / patients: Ambulatory: _____ Non-Ambulatory: _____ ☐ 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 categories. If none apply, ☐ N/A

| | | |
|--------------------------------|---------------------------------|---------------------------------|
| _____ Abortion Clinic | _____ Acupuncture / Acupressure | _____ Blood Bank / Donor Clinic |
| _____ Drug / Alcohol Treatment | _____ Family Practice | _____ Industrial Clinic |
| _____ Med Lab Testing | _____ Weight Control Clinic | _____ Walk-In Clinic |
| _____ Mobile Operation | _____ Urgent Care Clinic | _____ Specialist: _____ |
| _____ Other: _____ | | |

14. Indicate % of staff in each of the following categories. If none apply, ☐ N/A

| | | |
|----------------------------------|-----------------------------------|---------------------------------|
| _____ Physician / MD | _____ PhD | _____ Psychiatrist |
| _____ Physicians Assistant | _____ Social Worker | _____ Psychologist |
| _____ Nurse Practitioner | _____ Registered Nurse | _____ Licensed Vocational Nurse |
| _____ Certified Nurses Assistant | _____ Counselor | _____ Dietary |
| _____ Dentist / Surgeon | _____ Registered Dental Assistant | _____ Dental Hygienist |
| _____ Chiropractor | _____ Physical Therapist | _____ Physiotherapist |
| _____ Occupational Therapist | _____ Administrative | _____ Other: _____ |

15. Day child-care center? ☐ Yes ☐ No

If yes: % of children: up to 1 yr: _____ 1 – 3 yrs: _____ 3 – 5 yrs: _____

Maximum enrollment: _____

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

If yes: % of patients: Domestic / Household Pets: _____ Farm Animals: _____ Exotic / Wild: _____

% of services: Grooming: _____ Kennel: _____ Boarding: _____

Field or off-site services provided? ☐ Yes ☐ No If yes, provide details: _____