singlepoint INSURANCE SERVICES

Singlepoint Insurance Services
Workers' Compensation Supplemental Application

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

A. PRIOR PAYROLL, PREMIUM, AND CARRIER INFO

	Total Annual Payroll	Premium	Carrier
2022	$	$	
2021	$	$	
2020	$	$	
2019	$	$	
2018	$	$	

B. OPERATIONS

1. States of operations: ☐ CA ☐ NV ☐ AZ ☐ CO Others: _____

2. Owners active in daily operations? ☐ Yes ☐ No If yes, excluded from coverage? ☐ Yes ☐ No

3. Hours of operations: From: _____ To: _____ 4. Number of shifts: _____

5. 24-hour exposure? ☐ Yes ☐ No If yes, what is exposure? _____

6. Year business established: _____

7. New venture or acquisition of an existing business? ☐ Yes ☐ No
   - If yes: Years of experience in this industry: _____
   - Purchasing a pre-existing business? ☐ Yes ☐ No
     - If yes: Date of acquisition: _____
     - Prior loss runs available? ☐ Yes ☐ No
     - Current management being retained? ☐ Yes ☐ No
     - Current employees being retained? ☐ Yes ☐ No
   - Commencing to do business for the first time? ☐ Yes ☐ No
   - Hiring employees for the first time? ☐ Yes ☐ No

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
   - # of vehicles used: Cars _____ Trucks _____ Vans _____ Buses _____ Other: _____
   - # of authorized drivers: _____
   - Group transportation of employees (2 or more employees in same vehicle)? ☐ Yes ☐ No
     - If yes: # of employees in same 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				
0 to 6 feet _____%	☐ Ladders	☐ Scaffolding	☐ Cherry Picker / Boom	☐ Scissor Lift	☐ Other: _____
7 to 15 feet_____%	☐ Ladders	☐ Scaffolding	☐ Cherry Picker / Boom	☐ Scissor Lift	☐ Other: _____
16 to 25 feet_____%	☐ Ladders	☐ Scaffolding	☐ Cherry Picker / Boom	☐ Scissor Lift	☐ Other: _____
26 to 35 feet_____%	☐ Ladders	☐ Scaffolding	☐ Cherry Picker / Boom	☐ Scissor Lift	☐ Other: _____
Over 35 feet _____%	☐ Ladders	☐ Scaffolding	☐ 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? ☐ Yes ☐ No If yes, copy available? ☐ Yes ☐ No

10. Depths of operations: (must equal 100%)

% of Operations
0 feet _____%
1 to 3 feet _____%
4 to 6 feet _____%
More than 6 feet _____%
Maximum depth of operations: _____ feet
Trench box or shoring required? ☐ Yes ☐ No

11. Manual lifting exposure? ☐ Yes ☐ No
If yes, Under 20 lbs. _____%
21 to 40 lbs. _____%
41 to 50 lbs. _____%
Over 50 lbs. _____%
(must equal 100%)
Formal lifting policy? ☐ Yes ☐ No
Supplemental lifting devices used? ☐ Yes ☐ No

12. Employees work from home? ☐ Yes ☐ No If yes, type of work: _____

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: ☐ <4:1 ☐ 4:1 ☐ 5:1 ☐ 6:1 ☐ 7:1 ☐ >7:1

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

23. Average employee tenure with the company: _____ years

24. Interchange of labor? ☐ Yes ☐ No
If yes: ☐ Another Business ☐ A Subsidiary ☐ Between Departments ☐ Other: _____

25. Subcontractors used? ☐ Yes ☐ No If yes, why? _____
If yes, certificates of insurance kept on file? ☐ Yes ☐ No

26. Are independent contractors used? ☐ Yes ☐ No If yes, why: _____
If yes, how paid: ☐ 1099's ☐ Other: _____

C. EMPLOYEE BENEFITS

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

D. HIRING AND EMPLOYEE PRACTICES

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

E. LOSS CONTROL AND SAFETY

1.	Active injury & illness prevention program?	☐ Yes	☐ No		
	Written safety program?	☐ Yes	☐ No	☐ English ☐ Spanish ☐ Other: _____	
	Safety training / orientation?	☐ Yes	☐ No	☐ Formal/Documented ☐ Informal	
	Safety meetings?	☐ Yes	☐ No	Frequency? _____	
	Active safety incentive program?	☐ Yes	☐ No	Type of incentive? _____	
	Safety director or risk manager?	☐ Yes	☐ No	Full time position? ☐ Yes ☐ No	
	Written accident reporting policy?	☐ Yes	☐ No		
	Written accident investigation procedure?	☐ Yes	☐ No		
	Supervisors accountable for injuries / accidents?	☐ Yes	☐ No		
	Return to work program?	☐ Yes	☐ No	Salary continuation included? ☐ Yes ☐ No	
	Specific job training?	☐ Yes	☐ No		
	Forklift training?	☐ Yes	☐ No	☐ N/A	
	Machinery/equipment property guarded?	☐ Yes	☐ No	☐ N/A	
	Written lockout / tagout / blockout procedures?	☐ Yes	☐ No	☐ N/A	
	Respiratory program?	☐ Yes	☐ No	☐ N/A	
	Office ergonomic safety program?	☐ Yes	☐ No	☐ N/A	
	Personal protective safety equipment?	☐ Yes	☐ No	☐ N/A	

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
If yes, required recommendations completed? ☐ Yes ☐ No

F. OTHER CONSIDERATIONS

1. Bankruptcy (ever)? ☐ Yes ☐ No If yes, in last five years? ☐ Yes ☐ No
2. Last 12 months employee turnover: ☐ <10% ☐ 11-20% ☐ 21-30% ☐ >30% If >20%, why? _____
3. Next 12 months employee count forecast: ☐ Stable ☐ Increasing ☐ Decreasing
4. Years at current location: _____
5. Age of occupied building: _____ years
6. Building / Premises: ☐ Owned ☐ Leased
7. Condition of premises: ☐ Excellent ☐ Very Good ☐ Good ☐ Average
8. Equipment condition: ☐ New ☐ Good ☐ Average ☐ N/A
9. Equipment operators trained and currently certified? ☐ Yes ☐ No ☐ N/A
10. Average claim reporting timeframe: _____ days
11. Any claim over $50,000 in last four years? ☐ Yes ☐ 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

☐ 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.

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_____ _____
Applicant Name Date

_____
Signature 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? ☐ Yes ☐ No # of certificates collected annually: _____
9. 1099s received from independent contractors? ☐ Yes ☐ No
10. Use of cranes, booms, or similar heavy equipment? ☐ Yes ☐ No
11. Exposure to confined spaces? ☐ Yes ☐ No If yes, what: _____
12. "Wrap Up" or "OCIP" projects? ☐ Yes ☐ No
13. Indicate % of work conducted in each of the following operations. If none apply, ☐ 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:

☐ Office Buildings	☐ Industrial Plants	☐ Apartment houses	☐ Airports	☐ Stores
☐ Medical Offices	☐ Education Facilities	☐ Nursing Homes	☐ Museums	☐ Fire/Flood/Restoration
☐ 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-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? ☐ Yes ☐ No | 4. Employees supervised? ☐ Yes ☐ No If yes, ☐ Direct ☐ Roving

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

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

J. PEST CONTROL

1. Operations:
a) ☐ Commercial ☐ Agricultural ☐ Industrial ☐ Structural ☐ Other: _____
b) ☐ Chemical Treatment Services ☐ 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

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

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%):

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

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? ☐ 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:

☐ 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: ☐ <$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 OPERATONS

1. Operations:

☐ Hotel ☐ Apartments ☐ Inn ☐ Fraternity/Sorority
☐ Motel ☐ Condominiums ☐ Bread & Breakfast ☐ Boarding House
☐ Resort ☐ Townhouses ☐ Dude Ranch ☐ Conference Center
☐ Restaurant (complete Restaurants section above) ☐ Other: _____

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

Daily:	☐ <$50	☐ $51-$100	☐ >$100	☐ N/A
Weekly:	☐ <$250	☐ $251-$500	☐ >$500	☐ N/A
Monthly:	☐ <$1,000	☐ $1,000-$2,000	☐ >$2,000	☐ N/A

5, Property maintenance by employees? ☐ Yes ☐ No
If yes: ☐ Carpentry ☐ Painting ☐ Landscaping
☐ Electrical ☐ Roofing ☐ Bush / Tree Trimming If yes, off the ground trimming? ☐ Yes ☐ No
☐ Plumbing ☐ Demolition ☐ Window Cleaning If yes, above 1st floor? ☐ Yes ☐ No
☐ Drywall ☐ Refuse Hauling ☐ Pest Control
☐ Other: _____

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 ☐ Manual ☐ 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 trucks? ☐ Yes ☐ No

12. Employees ride on moving trailers? ☐ Yes ☐ No

13. Proper training / precautions to avoid heat stress? ☐ Yes ☐ No

14. Aerial crop dusting operations? ☐ Yes ☐ No If yes: ☐ Employees ☐ Outside Vendor

15. Pesticide / fertilizer application by employees? ☐ Yes ☐ No
If yes: Employee certification and training? ☐ Yes ☐ No
Wind conditions monitored prior to / during use of pesticides or fertilizers? ☐ Yes ☐ No

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: _____