

# INDUSTRY SUPPLEMENTAL APPLICATION

Insured: \_\_\_\_\_ Effective Date: \_\_\_\_\_

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

## INSURED HISTORY:

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

## HIRING PRACTICES:

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

## OPERATIONS:

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

## HOTEL / MOTEL:

Number of guest rooms: \_\_\_\_\_ Room rate: Under \$50  \$50-74.95  \$75-99  Over \$100   
Food service: Operate own:  Yes  No Subcontract: Restaurant  Bar  Both   
Gross receipts: Food \_\_\_\_\_% Liquor \_\_\_\_\_%  
Entertainment:  Yes  No Lounge:  Yes  No Security:  Yes  No  
Operation: Year round  Seasonal  Conference center:  Yes  No  
Shuttle service:  Yes  No How many vans: \_\_\_\_\_  
How are maids compensated: Salary  Hourly wage  Flat rate per room

## RETAIL / WHOLESALE:

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

## MANUFACTURING:

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

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

**SERVICE STATIONS / AUTO REPAIR SHOPS / TRANSMISSION SHOPS:**

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

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

**CONTRACTORS:**

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

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

**FARMS:**

Type of crops: \_\_\_\_\_  
 Harvesting mechanized:  Yes  No  
 How many acres? \_\_\_\_\_  
 Operations outside California?  Yes  No  
 Use labor contractors:  Yes  No *Is yes, please describe:*  
 \_\_\_\_\_  
 Housing provided?  Yes  No *If yes, please describe  
 and give the number of employees: \_\_\_\_\_*

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

**RESTAURANT:**

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

Entertainment:  Yes  No *If yes, please provide details:*  
 \_\_\_\_\_  
 Catering?  Yes  No % of revenues: \_\_\_\_\_  
 Radius: \_\_\_\_\_  
 Delivery?  Yes  No % of revenues: \_\_\_\_\_  
 Radius: \_\_\_\_\_

**PAYROLL AND PREMIUM:**

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

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