

Section 8 – Was this operation all or part of an existing business that was purchased or acquired? Yes No, skip to Section 9

What percentage of the business was acquired?: _____ Date ownership changed: _____

Prior business owner's name and address:
 Name: _____
 Address: _____
 Name of Business: _____

Is the prior owner(s) related to the new owner(s)? No Yes, Relationship: _____

Have the operations changed since the business was acquired (e.g., from a bakery to a restaurant)? No Yes, please explain: _____

Were more than 50% of the current employees hired since the acquisition? Yes No
 Are those new employees earning more than 50% of the payroll? Yes No

Section 9 – Management Practices

Please indicate if you offer: Employee Assistance Program ___ Paid Vacations ___ Paid Sick Leave ___

Do you have a minimum of 2 employees? No Yes

If yes, do you offer the majority of your eligible employees Health Insurance? (eligible= works a minimum of 30 hrs./wk) No Yes

If yes, do you pay at least 50% of the Health Insurance premium? No Yes, Name of Health Insurance Carrier: _____

Please check off the hiring practices implemented by your company: Job Descriptions ___ Pre-placement Medical Screening ___
 Pre-placement Drug Testing ___ Drug-free Workplace ___ Pre-employment Reference Check ___ Union Employees ___

Do you have an Injury and Illness Prevention Program? No Yes

Do you have a written early return-to-work program for employees injured on the job? No Yes

Do you document: Employee Training ___ Facility Inspections ___

Describe your housekeeping: Good ___ Fair ___ Poor ___ Describe the condition of your equipment: Good ___ Fair ___ Poor ___

Have you received any OSHA citations within the past year? No Yes (Please explain in "Remarks.")

Section 10 – Remarks (Attach a separate sheet if necessary.)

Section 11 – Broker Information (For brokered accounts only, this section must be completely filled out by the producer.)

0030

519095 InsuranceGuys Insurance Services
BROKER ACCESS NUMBER FIRM NAME

PO Box 90358 Santa Barbara CA 93111
ADDRESS CITY STATE ZIP

805-681-0389 805-967-8882
PHONE NUMBER FAX NUMBER

SIGNATURE

***** To be completed by the broker, owner, or an officer/partner (provide your title) of the business.**

Insurance Code Article 6, Sec. 11880 prohibits the willful misrepresentation of any fact in order to obtain lower insurance rates. State Fund reserves the right to verify the accuracy of information provided to it by insurance applicants.

I confirm that the information on the ACORD and Supplemental Application is true and correct to the best of my knowledge.

Name: Greg Mishkin Title: VP / Partner
Please print Please print

Signature: _____ Date: _____
(FAXed applications must be followed up with original document/signature.)