



## Workers Compensation Supplemental Questionnaire

Named Insured: _____		Web Address: _____	
Insured's FEIN: _____			
<b>Contact Name and Phone Number</b>			
Inspections:	_____	( )	-
Premium Audit:	_____	( )	-
Claims:	_____	( )	-
<b>Prior Payroll and Premium Information</b>			
	<u>Total Annual Payroll</u>		<u>Premium \$</u>
Current Year:	_____		_____
Prior Year:	_____		_____
Prior Year:	_____		_____
Prior Year:	_____		_____
Prior Year:	_____		_____
<b>Operations and Benefits</b>			
Years in business? _____	Hours of operation- _____ to _____	# of Shifts - _____	
Is there a driving/delivery exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Radius of operations/travel: <input type="checkbox"/> <50 miles <input type="checkbox"/> 50-100 <input type="checkbox"/> 100+		
If yes, what is frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____	Any group transportation of employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are vehicles company owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how provided? <input type="checkbox"/> car <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Bus		
If yes, are vehicles taken home? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of employees transported per vehicle _____		
# Of vehicles? _____ # Of drivers? _____	# of vehicles used to transport _____		
Vehicle/fleet maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		
If yes, who does the servicing? <input type="checkbox"/> Outside vendor <input type="checkbox"/> In-house mechanics <input type="checkbox"/> Other: _____			
Do employees use personal vehicles for company business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do any employees work from home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any out of state, international or overnight (within state) travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	List the # of employees who live or work out of state:		
If yes, please provide details -	_____ Live		_____ Work
Why/purpose? _____			
Who will travel? _____			
Where? _____			
Duration? _____			
Frequency? _____			
# of employees: Full time _____ Part-time _____ Seasonal _____ Volunteers _____ (Verify number is consistent with the number on Acord App)			
# of W-2's issued – Last year _____ Previous year _____		How are employees paid? <input type="checkbox"/> Hourly	
Any day laborers or temporary/employee leasing? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Piece rate <input type="checkbox"/> Commission <input type="checkbox"/> Flat salary	
If yes, please provide details on separate page.		<input type="checkbox"/> Other: _____	
% of union employees _____ % of non-union _____		Paid Sick Leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Actual average hourly wage for employees in governing class \$ _____/hour		Paid Vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Retirement / Pension plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Does employer contribute? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Group medical provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		% of employees enrolled _____	
If yes, name of healthcare provider - _____		% paid by employer _____	
Do you use a specific medical provider to treat injured employees? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, <input type="checkbox"/> Clinic <input type="checkbox"/> Physician <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other: _____			
CPR training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		RTW Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
# of employees certified?		Does it include salary continuation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Hiring Practices – Employee Selection - Claims**

Written Application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-hire drug testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reference Checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Post Accident drug testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre/post employment Physicals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	MVR Checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Orthopedic back testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Audio hearing tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Formal job descriptions on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a formal written accident report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are personnel files documented for pre-existing injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there set procedures for reporting claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Average claim reporting time frame - _____		Any Interchange of labor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is job specific training provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain	<input type="checkbox"/> Another business <input type="checkbox"/> Subsidiary
Employee Orientation Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> between departments <input type="checkbox"/> Other: _____
If yes, is the orientation <input type="checkbox"/> Verbal only? <input type="checkbox"/> Verbal and Documented?			
Supervisor to Employee ratio - <input type="checkbox"/> Better than 4-1 <input type="checkbox"/> 5-1 <input type="checkbox"/> 6-1 <input type="checkbox"/> 7-1 <input type="checkbox"/> >7-1			
Subcontractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what purpose? _____			
If yes, are certificates of insurance obtained and kept on file? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Independent contractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what purpose? _____			
If yes, how are they paid? <input type="checkbox"/> 1099's? <input type="checkbox"/> Other? Please explain- _____			

**Safety Program and Organization – Work premises and Environment**

Are owners active in daily operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are they excluded from coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Active injury & illness prevention program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has loss control services been performed in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Active safety incentive program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has Cal/OSHA visited or cited your business in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does it encompass all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide explanation on separate page.	
What type of incentive? _____		Are safety meetings conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees receive safety training/orientation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how often? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
If yes, is the training -	<input type="checkbox"/> Formal / Documented <input type="checkbox"/> Informal	<input type="checkbox"/> Other: _____	
Do you have a safety director or risk manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name and title: _____	
If yes, is the position full time or an additional responsibility of another employee? _____			
MSDS (Material Safety Data Sheets) available for all chemicals and products used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Any material handling exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____			
Any lifting exposures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Forklift training provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, <input type="checkbox"/> <25 lbs. <input type="checkbox"/> 25-40 <input type="checkbox"/> 40+		If yes, annual certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 40+, manual lifting or with assistance? Please explain _____			
Is all machinery/equipment properly guarded?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Any use of Baler equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Written Lock out / tag out / block out procedures in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Condition of equipment? <input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Average	
Respiratory program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are all equipment operators trained/ certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
What is the maximum height at which you will work? _____		Personal protection equipment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
What is used? <input type="checkbox"/> Ladder <input type="checkbox"/> Scaffolding <input type="checkbox"/> Scissor lifts <input type="checkbox"/> N/A		If yes, strict enforcement of utilization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If scaffolding used, does the insured build their own?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What types of PPE? _____	
Is the building / premises -	<input type="checkbox"/> Owned or <input type="checkbox"/> Leased?	# Of years at current location? _____	
Condition of premises?	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Average	Age of building occupied? _____ year(s)	

**Retail / Wholesale**

Type of Merchandise? _____	
Gross Receipts: Wholesale _____ % Retail _____ % Warehousing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any repacking or repackaging operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain operations: _____	
Assembly exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain exposure: _____	
Any distribution exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by common carrier or does insured have a trucking exposure? Please explain on separate page.

**Automotive Services**

Any towing services provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any road repair assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, any contract towing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, 24 hour exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is there a mini-market on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any fueling operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, any sales of Alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any security/surveillance cameras on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Open 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any test driving of customers' vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is cashier's booth bullet proof?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any transportation of customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Access to Freeway? <input type="checkbox"/> 0-1 mile <input type="checkbox"/> 1-2 miles <input type="checkbox"/> 2+ miles			
Are employees ASE trained and certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees? _____			
<b>Contractors</b>			
Contractors license number? _____		Years experience in trade? _____	
Estimated annual gross sales? _____		Estimated # of jobs per year? _____	
Percentage of work sub-contracted out? ____ % What type? _____			
If subs used, does insured: <input type="checkbox"/> Check annually? <input type="checkbox"/> Directly supervise subs?			
Average # of certificates collected annually? _____		Average # of Waivers of Subrogation needed? _____	
Indicate % of work conducted in each of the following operations (must equal 100% for each):			
1) New Construction ____	Remodeling ____	Service/Repair ____	
2) Commercial ____	Apts/Condos/Tract Homes ____	Single Custom Homes ____	
3) Interior ____	Exterior ____ If exterior work done, what is the maximum height exposure? _____		
Any use of cranes, booms or similar heavy construction equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any work below grade? <input type="checkbox"/> Yes <input type="checkbox"/> No	Max Depth in feet - _____	% of total work - _____	
Any confined spaces exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details on separate page – include copy of written procedures and details of Confined Spaces Training.			
Any work involving asbestos, hazardous product abatement, chemical/petroleum products, USL&H, underground tank or pipe replacement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain - _____			
Does this risk conduct work for the government or city municipality? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Indicate % of work conducted in each of the following operations or Mark not applicable - <input type="checkbox"/> N/A			
Blasting ____	Drilling ____	Light Pole Work ____	Demolition ____
Grading ____	Wrecking ____	Multi Story Buildings ____	Gas Mains ____
Asbestos ____	Highway Work ____	Scaffold set-up ____	Roofing ____
Sewer ____	Exterior Framing ____	Structural Steel ____	Bridge Work ____
Supervisory only ____	Street/road work ____	Spray painting ____	Dock/Sea Walls ____
<b>Landscaping</b>			
Any tree trimming performed that is off the ground?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any boulder or tree removal performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any use of tractors, loaders or similar equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any highway or median work conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any use of chippers, mulchers, cherry pickers, booms or other similar equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain - _____			
Any use of pesticides or fertilizers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, is the application completed by - <input type="checkbox"/> Employee? <input type="checkbox"/> Outside Vendor?			
Any debris removal or land clearing activities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain - _____			
<b>Manufacturing – Machine Shops</b>			
Any punch press or press brake machinery/equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Machine Guarded: <input type="checkbox"/> Point of operation <input type="checkbox"/> Drive Mechanism	
Age of machinery: <input type="checkbox"/> <2 yrs <input type="checkbox"/> 2-5 yrs <input type="checkbox"/> 5-10 yrs <input type="checkbox"/> 10+ yrs		Accessible moving parts guarded on machinery/equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Types of machines (must equal 100%) - Heavy ____ Mid ____ Light ____ Any Computer Network Controlled (CNC) machinery? <input type="checkbox"/> Yes <input type="checkbox"/> No			
% of off-premise operations: ____ If yes, where/what for? _____			
Is building properly ventilated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is proper dust collection system in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Hotel/Motel**

Number of guest rooms? \_\_\_\_\_ Room rates:  <\$50  \$50-\$100  \$100+ Rent rooms -  Daily  Weekly  Monthly

Any shuttle, limo or similar service?  Yes  No If yes, please explain - \_\_\_\_\_

Any Restaurant exposures?  Yes  No Does it include 24 hour room service?  Yes  No Bar or Lounge Area?  Yes  No

Any entertainment provided?  Yes  No If yes, please explain - \_\_\_\_\_

Housekeeping exposures: Moving of furniture?  Yes  No Mattress flipping or rotating?  Yes  No

If yes, how often and # of employees involved in process? \_\_\_\_\_

**Restaurants**

Entertainment provided?  Yes  No Bar or separate lounge area?  Yes  No

Fast Food?  Yes  No Any catering?  Yes  No

Number of: \_\_\_ Hosts \_\_\_ Waitpersons \_\_\_ Bartenders If yes, radius of operations: \_\_\_\_\_ miles % of exposure - \_\_\_

\_\_\_ Valet \_\_\_ Busboys \_\_\_ Cooks Any delivery?  Yes  No Delivery hours - \_\_\_\_\_ to \_\_\_\_\_

Average price of entrée?  <\$5  \$5-\$15  \$15+ If yes, radius of operations: \_\_\_\_\_ miles % of exposure - \_\_\_

Servicing, cleaning of hoods/filters/grease traps or related systems provided by:  Outside vendor  Employees

**Janitorial Contractors**

Check appropriate exposures in the following areas:  Education Facilities  Nursing Homes  Apartment houses

Hospitals  Airports  Office Buildings  Stores  Fire/Flood/Restoration

Government  Museums  Medical Offices  Hotels  Manufacturing Plants

Indicate % of services provided (must equal 100%):

\_\_\_ General cleaning\* \_\_\_ Chimney cleaning \_\_\_ Debris Clearing \_\_\_ Exterior window cleaning above 1<sup>st</sup> floor

\_\_\_ Industrial cleaning \_\_\_ Ceiling Tile cleaning \_\_\_ landscaping \_\_\_ Heating, A/C ventilation service

\_\_\_ Carpet Cleaning \_\_\_ Elevator maintenance \_\_\_ Parking lot cleaning \_\_\_ Aircraft service and maintenance

\_\_\_ Snow removal \_\_\_ Maid/housekeeping services \_\_\_ Fire/flood restoration \_\_\_ Servicing/cleaning of hoods/filters/grease traps/etc

\_\_\_ Pest control \_\_\_ Floor waxing and refinishing \_\_\_ Crime scene clean-up \_\_\_ Pressure or steam washing operations

\* General Cleaning includes operations such as vacuuming, dusting, wastebasket trash pick up, floor and rug cleaning, restroom clean-up

Do employees work in pairs or more?  Yes  No Employees supervised?  Yes  No Direct or Roving supervision? \_\_\_\_\_

**Agriculture - Farming**

Is harvesting mechanized or manual? \_\_\_\_\_

Do you use contracted labor?  Yes  No Is housing provided?  Yes  No

If yes, % of use? \_\_\_\_\_ If yes, # of employees housed - \_\_\_\_\_

Any seasonal workers used for operations?  Yes  No Does all farm machinery have safety guards intact?  Yes  No

If yes, provide details of when season begins and ends, # of seasonal employees hired, and if same employees used each season

Are employees transported by any vehicles on or off the premises?  Yes  No If yes, please explain on separate page.

Any use of pesticides or fertilizers?  Yes  No Any crop dusting operations?  Yes  No

If yes, applications by  Employees?  Outside Vendor? If yes, services provided by  Employees?  Outside Vendor?

Do any family members work in operation?  Yes  No Any work off premises?  Yes  No If yes, please explain on separate page.

**Dairy Farms:**

What is the size of dairy herd? \_\_\_\_\_ Number of Bulls over 3 years old? \_\_\_\_\_

Does risk grow their own feed?  Yes  No Does risk deliver any of their own milk products?  Yes  No

Is milking barn -  Flat?  Elevated? Protective Barriers?  Yes  No

Average number of milkings per day? \_\_\_\_\_ Do any employees conduct or complete work on sump pumps?  Yes  No

Are employees allowed to enter stem pipes around lagoon?  Yes  No

Are proper safety procedures in place for working near stem pipes, lagoons or sump pumps?  Yes  No

Any confined spaces exposures?  Yes  No If yes, please provide details on separate page - include copy of written procedures and details of

Confined Spaces Training.

Provide any additional explanation(s):

\_\_\_\_\_

Note: All information provided is subject to verification by way of an underwriting survey or inspection. Cypress Point Insurance Services 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.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_