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P O Box 880689, San Diego, CA 92168-0689
 Tol 866.840.5329 | Fax 866.840.5330
 www.arrowheadwholesale.com
 CA License #0C77465

Workers Compensation Supplemental Application
 (To be Completed with Acord 130 application)

Named Insured: _____		Web Address: _____	
Insured's FEIN: _____			
Contact Name and Phone Number			
Inspections:	_____	()	-
Premium Audit:	_____	()	-
Claims:	_____	()	-
Prior Payroll and Premium Information			
	<u>Total Annual Payroll</u>		<u>Premium \$</u>
Current Year:	_____	_____	_____
Prior Year:	_____	_____	_____
Prior Year:	_____	_____	_____
Prior Year:	_____	_____	_____
Prior Year:	_____	_____	_____
Operations and Benefits			
Broker controlled account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a member of the Chamber of Commerce? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide County and Membership #: _____			
Please provide a detailed description of the operation: _____ _____ _____			
Years in business? _____ Hours of operation- _____ to _____			
# of Shifts - _____ Does the applicant ever allow employees to work more than 3 consecutive 12 hour shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there a driving/delivery exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		Radius of operations/travel: <input type="checkbox"/> ≤10 miles <input type="checkbox"/> 11-50 <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	
Is a PUC/DMV filing required? <input type="checkbox"/> PUC <input type="checkbox"/> DMV <input type="checkbox"/> N/A		If yes, how provided? <input type="checkbox"/> car <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Bus	
Are vehicles company owned? <input type="checkbox"/> Yes <input type="checkbox"/> No		# of employees transported per vehicle _____	
If yes, types of vehicles: _____		# of vehicles used to transport _____	
If yes, are vehicles taken home? <input type="checkbox"/> Yes <input type="checkbox"/> No		Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
# Of vehicles? _____ # Of drivers? _____			
Vehicle/fleet maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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 employees per location: #1 _____ #2 _____ #3 _____ #4 _____ (If more space is needed please use separate page)			
# 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	
Are you currently participating in a MPN (Medical Provider Network)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the name of current MPN: _____	
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
Has the ownership of the applicable entity changed within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details: _____	

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?	
Employee to Supervisor 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	Age of equipment? <input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 20+
What is the maximum height at which you will work? _____	Are all equipment operators trained/ certified? <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	Personal protection equipment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If scaffolding used, does the insured build their own? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, strict enforcement of utilization? <input type="checkbox"/> Yes <input type="checkbox"/> No
Written Fall Protection Program? <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)	
Agriculture - Farming			
Is harvesting mechanized or manual? _____			
Do you use contracted labor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is housing provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, % of use? _____		If yes, # of employees housed - _____	
Any seasonal workers used for operations? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does all farm machinery have safety guards intact? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on separate page.			
Any use of pesticides or fertilizers? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any crop dusting operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, applications by <input type="checkbox"/> Employees? <input type="checkbox"/> Outside Vendor?		If yes, services provided by <input type="checkbox"/> Employees? <input type="checkbox"/> Outside Vendor?	
Do any family members work in operation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any work off premises? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does risk deliver any of their own milk products? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is milking barn - <input type="checkbox"/> Flat? <input type="checkbox"/> Elevated?		Protective Barriers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Average number of milkings per day? _____		Do any employees conduct or complete work on sump pumps? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are employees allowed to enter stem pipes around lagoon? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are proper safety procedures in place for working near stem pipes, lagoons or sump pumps? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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.			
Apartment Ops / Building Ops / Hotel/Motel			
Is housing provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any furnished apartments available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, # of employees housed and describe their responsibilities: _____		If yes, % of units furnished? _____%	
Are employees involved in property maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide details: _____			
Security Guards employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Security cameras or other security devices on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details (i.e. armed or unarmed, hours on premises): _____			
Does management collect payment from resident and/or is banking controlled by employee(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are employees responsible for eviction notification and/or enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of guest rooms? _____		Room rates: <input type="checkbox"/> <\$50 <input type="checkbox"/> \$50-\$100 <input type="checkbox"/> \$100+ Rent rooms - <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
Any shuttle, limo or similar service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain - _____			
Any Restaurant exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does it include 24 hour room service? <input type="checkbox"/> Yes <input type="checkbox"/> No Bar or Lounge Area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any entertainment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain - _____			
Housekeeping exposures: Moving of furniture? <input type="checkbox"/> Yes <input type="checkbox"/> No		Mattress flipping or rotating? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how often and # of employees involved in process? _____			
Automotive Services			
Any towing services provided?		Any road repair assistance?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, any contract towing?		If yes, 24 hour exposure?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a mini-market on premises?		Any fueling operations?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, any sales of Alcoholic beverages?		Any security/surveillance cameras on premises?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Open 24 hours?		Any test driving of customers' vehicles?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is cashier's booth bullet proof?		Any transportation of customers?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<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			
Any off-premises or mobile services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details including percentage of payroll dedicated: _____			
Any vehicle crushing operations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a ventilated/filtered spray booth for painting operations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Do you have a written respiratory protection program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If yes, do employees complete a medical evaluation questionnaire? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If medical evaluation questionnaire completed, is it reviewed by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Are employees properly trained in the use and care of respiratory protection equipment? Yes No N/A

Has proper fit testing been provided to each employee and their assigned respirator? Yes No

Any work performed on vehicles greater than 2.5 ton capacity? Yes No

Are employees ASE trained and certified? Yes No If yes, how many employees? _____

Contractors

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: Check annually? 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? Yes No

Any work below grade? Yes No Max Depth in feet - _____ % of total work - _____

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.

Any work involving asbestos, hazardous product abatement, chemical/petroleum products, USL&H, underground tank or pipe replacement?
 Yes No If yes, please explain - _____

Does this risk conduct work for the government or city municipality? Yes No

Is the applicant involved in "Wrap Up" or "OCIP" projects Yes No If yes, please provide percentage of total payroll dedicated to these projects, and advise detailed procedures on how applicant determines employee split between these projects and other contracts/projects (not Involving "wrap up" or "OCIP".

Indicate % of work conducted in each of the following operations or Mark not applicable - N/A

Blasting	___	Drilling	___	Light Pole Work	___	Demolition	___	Tunneling	___
Grading	___	Wrecking	___	Multi Story Buildings	___	Gas Mains	___	Crane Work	___
Asbestos	___	Highway Work	___	Scaffold set-up	___	Roofing	___	Concrete Tilt-up	___
Sewer	___	Exterior Framing	___	Structural Steel	___	Bridge Work	___	Excavation	___
Supervisory only	___	Street/road work	___	Spray painting	___	Dock/Sea Walls	___		

Health and Human Services

Is applicant a licensed facility? Yes No If yes, please explain - _____

Is operation accredited by Carf (Commission on Accreditation Rehabilitation Facility)? Yes No N/A

Is group transportation provided? Yes No If yes, number of company vehicles: _____ Number of personal vehicles: _____

Percentage of group transportation subcontracted? ___% N/A

Any off-site activities? Yes No If yes, provide details: _____

Are certificates of insurance obtained from all subcontracted operations? Yes No Average # of certificates collected annually? _____

Does risk have a written Blood Borne Pathogen Program? Yes No N/A Does this risk treat for HIV and/or AIDS? Yes No N/A

Does risk have patient/resident handling/lifting equipment? Yes No

Does risk have written Patient/Resident Handling Protocols? Yes No

Does risk provide ongoing In-Service Training? Yes No If yes, how often? _____

Provide percentage of residents/patients: Ambulatory _____ Non-Ambulatory _____ N/A

Does risk provide food service? Yes No If yes, please provide details: _____

Does risk have volunteers? Yes No N/A If yes, provide details (number of volunteers, duties performed, etc.): _____

Indicate % of operations in each of the following categories or mark not applicable - N/A

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

Indicate % of staff in each of the following categories or mark not applicable - N/A

Physicians/MD	___	PhD	___	Psychiatrist	___	Psychologist	___	Physicians Asst.	___
Nurse Practitioner	___	Registered Nurse	___	Licensed Voc. Nurse	___	Cert. Nurses Asst.	___	Social Worker	___
Counselor	___	Dietary	___	Dentists/Surgeons	___	Registered Dental Asst.	___	Dental Hygienist	___
Chiropractor	___	Physical Therapist	___	Physiotherapist	___	Occupational Therapist	___	Administrative	___

If organization is a Day Care Center or provides day care operations indicate the %: Children age up to 1yr: ___ 1-3yrs ___ 3-5yrs ___

Maximum enrollment: ___ Number of currently enrolled children: ___

Provide ratio of child-care staff to children: 1 to 2 1 to 3 1 to 4 Other, explain: ___

Is the operation based out of a home residence? Yes No

If operation provides veterinary services please provide %: Domestic/Household pets ___% Farm animals ___% Exotic/Wild ___%

Provide details: ___

Provide %: Grooming ___% Kennel ___% Boarding ___%

Any field or off-site services provided? Yes No If yes, provide details: ___

Health Clubs

Does the operation offer any of the following amenities or services:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Spa Treatments | <input type="checkbox"/> Cosmetology/Esthetician Services | <input type="checkbox"/> Jacuzzi | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Showers | <input type="checkbox"/> Sauna | <input type="checkbox"/> Towel Services | <input type="checkbox"/> Dry Cleaning or Laundry Service |
| <input type="checkbox"/> Tanning Beds | <input type="checkbox"/> Climbing Walls | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Martial Arts |
| <input type="checkbox"/> Boxing | <input type="checkbox"/> Kick Boxing | <input type="checkbox"/> Aerobics/Pilates or Similar | <input type="checkbox"/> Racquetball |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Yoga | <input type="checkbox"/> Cycling | <input type="checkbox"/> Boot Camp Conditioning |
| <input type="checkbox"/> Personal Trainer Sessions | <input type="checkbox"/> Any Home Trainer Sessions | | |

Any off-site operations? Yes No If yes, provide details: ___

Do employees assist customers as a "Spotter"? Yes No If yes, provide details: ___

Are employees involved in facilities maintenance and/or janitorial operations? Yes No If yes, provide details: ___

Does the facility provide Valet Parking Services? Yes No If yes, provide details: ___

Any services provided by Independent Contractors and/or Sub-Contractors? Yes No If yes, provide details: ___

If the facility has a Jacuzzi or Swimming Pool, is it maintained by Employees or Outside Services?

Does the facility have any Food Services or Juice Bar, etc? Yes No If yes, provide details: ___

Janitorial Contractors

Check appropriate exposures in the following areas:	<input type="checkbox"/> Education Facilities	<input type="checkbox"/> Nursing Homes	<input type="checkbox"/> Apartment houses
<input type="checkbox"/> Hospitals	<input type="checkbox"/> Airports	<input type="checkbox"/> Office Buildings	<input type="checkbox"/> Stores
<input type="checkbox"/> Government	<input type="checkbox"/> Museums	<input type="checkbox"/> Medical Offices	<input type="checkbox"/> Hotels
			<input type="checkbox"/> Fire/Flood/Restoration
			<input type="checkbox"/> Manufacturing Plants

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

___ General cleaning*	___ Chimney cleaning	___ Debris Clearing	___ Exterior window cleaning above 1 st 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? ___

Landscaping

Any tree trimming performed that is off the ground? Yes No Any boulder or tree removal performed? Yes No

Any use of tractors, loaders or similar equipment? Yes No Any highway or median work conducted? Yes No

Any use of chippers, mulchers, cherry pickers, booms or other similar equipment? Yes No

If yes, please explain - ___

Any use of pesticides or fertilizers? Yes No

If yes, is the application completed by - Employee? Outside Vendor?

Any debris removal or land clearing activities? Yes No

If yes, please explain - ___

Manufacturing – Machine Shops

Any punch press or press brake machinery/equipment? Yes No Machine Guarded: Point of operation 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
Newspaper / Publishing	
Any home delivery services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, independent contractors and/or employees? _____	
Provide details: _____	
Any delivery operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # of vehicles _____ Driving radius _____	
Any telemarketing operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, independent contractors and/or employees? _____	
Provide details: _____	
Any security operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, independent contractors and/or employees? _____ Armed or Unarmed? _____	
Provide details: _____	
Do employees or independent contractors use personal vehicle for company business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, are certificates of insurance in file? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are MVR's (Motor Vehicle Reports) obtained on all drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the Company enrolled in the DMV "Pull" Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any employee or independent contractor travel: Out of State, Out of Country, On Navigable Waters, within War Zones or Exposure to Civil Disturbances, Etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details: _____	
Any excessive noise levels within the operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details: _____	
Have noise levels been evaluated within the Press / Bindery Areas and/r areas with noise producing machinery and equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details: _____	
If noise level testing has been completed, are copies of the results available for review? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the company have a written Hearing Conservation Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do employees use/wear and PPE (Personal Protective Equipment)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details: _____	
Does the company have a written Ergonomics Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the company have a written Material Handling Program, with identified weight limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the company have a written Lock Out / Tag Out Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is maintenance of equipment / machinery completed by employees and/or outside vendors? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details: _____	
Are all forklift / material handling equipment operations certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pest Control	
Type of operations: <input type="checkbox"/> Commercial <input type="checkbox"/> Agricultural <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Structural	
<input type="checkbox"/> Structural repairs or replacements <input type="checkbox"/> Dry Rot Wood Repair <input type="checkbox"/> Shower Pan Replacement	
<input type="checkbox"/> Chemical Treatment Services <input type="checkbox"/> Fumigation <input type="checkbox"/> Foam <input type="checkbox"/> Other	
Provide Details: _____	
Percentage of tenting, if any? _____	
Lawn treatment or care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details: _____	
Other Service _____	
Provide details: _____	
Place an (x) next to each of the applicable services available:	
<input type="checkbox"/> Ants <input type="checkbox"/> Spiders <input type="checkbox"/> Roaches <input type="checkbox"/> Fleas <input type="checkbox"/> Ticks <input type="checkbox"/> Wasps	
<input type="checkbox"/> Mosquitoes <input type="checkbox"/> Bees <input type="checkbox"/> Killer Bees <input type="checkbox"/> Bee Removal <input type="checkbox"/> Mice <input type="checkbox"/> Termite	
<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"/> Gopher Control <input type="checkbox"/> Bird/Pigeon Control <input type="checkbox"/> Animal Trapping <input type="checkbox"/> Animal Removal <input type="checkbox"/> Bird/Rodent Proofing	
<input type="checkbox"/> Other If other, provide details: _____	
Personal protective equipment required: _____	

Written Injury & Illness Prevention Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Written Haz-Com Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Written Heat Stress Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Written Respiratory Protection Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Written Procedures for working in Confined Spaces (Attics & Under Residences / Buildings)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Documented New Employee Orientation including Documented Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Entities	
Municipality _____ County _____	

Check each applicable operational department / category:

- Water Department Power Department Sewer Department Street / Road Department
 Street Sweeping / Cleaning Building Inspector Code Enforcement Garbage / Refuse / Recycling
 Parks / Recreation Landscape Maintenance Tree Trimming Waste Treatment
 Housing Authority Day Care / Child Care Public Housing Nurse Electricians
 Painters Mechanic Truck Driver
 Fire Department Police Department Animal Control

F/T Staff _____ # P/T Staff _____

Any Volunteers or Intern Staff? Yes No If yes, explain _____

City Council Positions? Yes No # _____

County Supervisors Positions? Yes No # _____

Does the hiring process include: Drug Screening? Yes No Pre Employment Physicals? Yes No If yes, explain _____

Any Post Accident Drug Testing? Yes No

Is there a probationary period upon hire? Yes No If yes, explain _____

Are employees provided with any New Employee Orientation? Yes No

Does each job have a written job description? Yes No

Do employees receive initial job training? Yes No

Is training on-going and documented? Yes No

Do employees work shifts? Yes No If yes, explain _____

Any on-call employees? Yes No If yes, explain _____

Do any employees have take home vehicles? Yes No If yes, explain _____

Any underground work? Yes No If yes, explain _____

Any work above 12' in height? Yes No If yes, explain _____

Any confined space exposures? Yes No If yes, explain _____

If yes, is there a Written Confined Space Entry Program? Yes No

Any sub-contracted operations? Yes No If yes, explain _____

Are W / C Certificates of Insurance obtained on all sub-contractors? Yes No

Any use of independent contractors? Yes No If yes, explain _____

Number of vehicles? _____ Driving Radius? _____

Do employees use personal vehicle for business purposes? Yes No If yes, explain _____

Restaurants

Entertainment provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bar or separate lounge area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fast Food?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any catering? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of: _____ Hosts _____ Waitpersons _____ Bartenders		If yes, radius of operations: _____ miles % of exposure - _____	
_____ Valet _____ Busboys _____ Cooks		Any delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No Delivery hours - _____ to _____	
Average price of entrée? <input type="checkbox"/> <\$5 <input type="checkbox"/> \$5-\$15 <input type="checkbox"/> \$15+		If yes, radius of operations: _____ miles % of exposure - _____	

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

Retail / Wholesale

Type of Merchandise? _____

Gross Receipts: Wholesale _____ % Retail _____ % Warehousing? Yes No

Any repacking or repackaging operations? Yes No

If yes, please explain operations: _____

Assembly exposure? Yes No

If yes, please explain exposure: _____

Any distribution exposure? Yes No If yes, by common carrier or does insured have a trucking exposure? Please explain on separate page.

Trucking

Type of Authority: a) Common Carrier Contract Carrier Private Brokerage Exempt

b) Regular Route Irregular Route

Carrier Operations: California Only Interstate

Length of Haul with Total % = 100%:

Under 50 Miles _____ %	50 – 200 _____ %	201 – 300 _____ %	
301 – 500 _____ %	501 – 1,000 _____ %	Over 1,000 _____ %	

Filings:	DOT# _____	PUC# _____	DMV/MCP# _____	<input type="checkbox"/> Not Applicable
Please Check the Questions and Attached the Applicable Data:				
Motor Carrier Identification Report, MCS-150: <input type="checkbox"/> Attached or <input type="checkbox"/> Not Applicable				
Cargo Classification: <input type="checkbox"/> See attached MCS-150 or <input type="checkbox"/> See below (check all that apply):				
<input type="checkbox"/> General Freight	<input type="checkbox"/> Logs, Poles Beams, Lumber	<input type="checkbox"/> Liquids/Gases	<input type="checkbox"/> Grain, Feed, Hay	<input type="checkbox"/> Chemicals
<input type="checkbox"/> Household Goods	<input type="checkbox"/> Building Materials	<input type="checkbox"/> Intermodal Containers	<input type="checkbox"/> Coal, Coke	<input type="checkbox"/> Commodities Dry Bullion
<input type="checkbox"/> Metal Sheets, Coils, Rolls	<input type="checkbox"/> Mobile Homes	<input type="checkbox"/> Passengers	<input type="checkbox"/> Meat	<input type="checkbox"/> Refrigerated Food
<input type="checkbox"/> Motor Vehicles	<input type="checkbox"/> Machinery, Large Objects	<input type="checkbox"/> Oilfield Equipment	<input type="checkbox"/> Garbage, Refuse, Trash	<input type="checkbox"/> Beverages
<input type="checkbox"/> Driveway/Towaway	<input type="checkbox"/> Fresh Produce	<input type="checkbox"/> Livestock	<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> Paper Products
<input type="checkbox"/> Other _____				
Drivers:	a) Number of Drivers _____	b) Number of Owner/Operators used _____		
- Percentage where the Motor Carrier will provide workers' compensation for the Owner/Operators _____%				
- Percentage where the Motor Carrier will agree with the Owner/Operator that the Owner/Operator assumes the responsibilities of an Employer for the performance of work: _____%				
c) If Owner/Operators used, please attach copy of contract: <input type="checkbox"/> Attached or <input type="checkbox"/> Not Applicable				
d) Number of company drivers with Motor Carrier at least 12 months: _____				
Number of Owner/Operator with Motor Carrier at least 12 months: _____ or <input type="checkbox"/> Not Applicable				
e) Number of Non-Union: _____ Union: _____				
f) Do the drivers load and unload their trucks? <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide detail of the types of materials loaded/unloaded and any equipment used: _____				
Is the applicant enrolled in the DMV Pull Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how often? _____				
Is the applicant enrolled in the CHP BIT Program? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Total # of Trucks _____ # of Trucks with Sleeper Cabs _____ Single Trailers _____ Double Trailers _____ Triple Trailers _____				
Any trucks / trailers with ramps? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide # _____				
Any trucks / trailers with lift-gates? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide # _____				
Any team driver operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details- _____				

If union operations, provide Month / Year of contract renewal: _____				

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