



Submission Requirements

- Fully Completed ACORD 130 Application
- Workers' Compensation Supplemental (General and Class Specific Information)
- 5 years of currently-valued company loss runs (valued within 90 days of the effective date)
- Current Experience Modification Worksheet(s) and any applicable Bureau Inspection Reports

Insured:

General Information

Years in business: _____ Number of Locations: _____
 Hours of Operation: _____ Number of Daily Shifts: _____
 Union: Yes No If yes, Name of Union: _____
 Has the insured ever filed for bankruptcy? Yes No If yes, explain: _____

Payroll / Premium / Experience Modification History

Year	Premium	Payroll	Experience Modification
Current Year:			
Prior Year:			
Prior Year:			
Prior Year:			
Prior Year:			

Benefits

Paid Sick Leave: Yes No Paid Vacation Yes No
 Group Health Yes No Healthcare Provider: _____
 Are ALL Employees Eligible? Yes No If no, then who? _____
 Retirement / Pension Plan: Yes No _____ % paid by employer _____ % of participation

Safety

Safety program / IIPP compliant with SB 198: Yes No
 Return to light duty plan: Yes No
 Return to full time modified work plan: Yes No
 Designated full time safety director: Yes No Name: _____
 Safety meetings held for all employees: Yes No Meeting Frequency: _____
 Safety training held for all employees: Yes No Safety Incentives: Yes No
 Personal Protective Safety Equipment Provided: Yes No
 Supervisors held accountable for injuries / accidents: Yes No
 Accident investigation program in place: Yes No



Hiring Practices			
Employment Application:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug / Substance Abuse Testing:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reference Checks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Audiometric Testing:	<input type="checkbox"/> Yes <input type="checkbox"/> No
MVR Checks:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre / Post Employment Physical:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteer Labor Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pathogenic Tests (i.e. lead)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temporary Labor Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Orthopedic Back Test	<input type="checkbox"/> Yes <input type="checkbox"/> No

Driving Information			
Operations include driving:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Drivers:	_____
Number of Vehicles:	_____	% of Delivery:	_____
Driving Description:	_____	CHP Pull Program:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequency of MVR checks:	_____	Driver Acceptability Standards:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver Acceptability Standards:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:	_____
Vehicles Inspection / Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by whom:	_____
Employees take vehicles home:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency of Driving	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other
Driving Radius:	<input type="checkbox"/> < 50 Miles <input type="checkbox"/> 51-100 Miles <input type="checkbox"/> 101-250 Miles <input type="checkbox"/> > 250 Miles	Do employees travel out of state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Travel frequency:	_____	If yes, number of employees?	_____
	Travel Purpose:		_____

Catastrophe Exposure	
Maximum number of employees at any one location, at any one time:	_____
Maximum number of stories at any one location:	_____

Additional Questions	
• Does the submission include all of the applicant's operations in all states (except in monopolistic states)	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Are there any commonly owned entities that are not included in this submission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Has there been a lapse in coverage in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Has the applicant's WC insurance been cancelled for non-payment in the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Has the applicant's WC insurance ever been cancelled or non-renewed due to fraud, misrepresentation or failure to report claims and/or compensable injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Does the applicant perform work that is subject to the United States Longshore & Harbor Workers Act (USL&H)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Does the applicant have any exposures that are subject to the following Federal Acts: Defense Base Act (DBA), Migrant and Seasonal Worker Act, Federal Employer's Liability Act (FELA) or Non-Appropriated Funds Instrumentalities Act (NAFIA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Is the applicant a Professional Employer Organization (PEO) or member of a PEO or does the applicant lease its workers to or from another party?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Prepared by: _____ (Signature) Insured Broker