

NAME: \_\_\_\_\_ FEIN/SSN: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ WEBSITE URL: \_\_\_\_\_

1. Detailed description of operations (List of work performed): \_\_\_\_\_  
\_\_\_\_\_

2. Any prior coverage?  Yes  No If so, forward any loss runs for the last 5 years

3. Have you ever had Worker's Comp coverage under another name?  Yes  No If yes, please explain: \_\_\_\_\_

4. Years in business: \_\_\_\_\_

5. Written Safety Program in place?  Yes  No

6. Written Drug Testing Policy in force?  Yes  No

7. Are all employees LA Residents?  Yes  No If no, please explain: \_\_\_\_\_

8. Are all employees US Citizens?  Yes  No If no, please explain: \_\_\_\_\_

9. List all states where work is performed: \_\_\_\_\_

a. % of work performed **OUTSIDE** of Louisiana \_\_\_\_\_

10. Total number of employees (including 1099 workers): \_\_\_\_\_

11. How are employees paid? W-2  1099  Check  Cash  Other  Explain other: \_\_\_\_\_

12. Hours of operation: \_\_\_\_\_

13. Number of locations: \_\_\_\_\_

14. Explain hiring practices used (application, reference checks, background checks, drug testing): \_\_\_\_\_  
\_\_\_\_\_

15. Explain employee training: \_\_\_\_\_  
\_\_\_\_\_

16. Are Post-Hire Medical Questionnaire/2<sup>nd</sup> Injury forms completed for all workers?  Yes  No

17. Is a Return to Work/ Return to Light Duty program in place?  Yes  No

18. Is seasonal help, temporary help or volunteer help being used?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

19. Any use of day labor or casual labor?  Yes  No If yes, please explain: \_\_\_\_\_

20. Any group transportation provided?  Yes  No If yes, please explain: \_\_\_\_\_

21. Is any work performed over the road?  Yes  No If yes, please explain: \_\_\_\_\_

a. Are MVRs checked?  Yes  No How often? \_\_\_\_\_

b. What is the max radius of travel? \_\_\_\_\_

c. Do employees take vehicles home?  Yes  No

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