

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

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

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

1. Detailed description of operations (List of items being manufactured): \_\_\_\_\_  
\_\_\_\_\_

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

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

11. What % of work is sub-contracted? \_\_\_\_\_

a. List type of work done by INSURED sub-contractors \_\_\_\_\_

b. List type of work done by UNINSURED sub-contractors: \_\_\_\_\_

12. Does the insured attempt to use the same sub-contractors for all jobs?  Yes  No If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

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

14. What employee training is provided? \_\_\_\_\_

15. Are employees required to be certified?  Yes  No

16. Do employees operate forklifts?  Yes  No If yes, are they certified?  Yes  No

17. List types of machines/equipment used: \_\_\_\_\_  
\_\_\_\_\_

18. What percentage of work is for: Residential Use: \_\_\_\_\_% Commercial Use: \_\_\_\_\_% Industrial Use: \_\_\_\_\_%

19. List of Personal Protective Equipment (PPE) used in shop: \_\_\_\_\_

20. Does the shop have fire extinguishers/ first aid kits?  Yes  No

a. Are employees trained to use them?  Yes  No

21. Are there Lock-Out/Tag-Out procedures in place?  Yes  No

22. Are all machines equipped with guards?  Yes  No

23. Is any welding being performed?  Yes  No

24. How often are safety meetings held? \_\_\_\_\_

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