

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

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

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

1. Detailed description of operations (Types of properties being maintained): \_\_\_\_\_  
\_\_\_\_\_

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. What % of work performed is Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_

11. What % of work performed is Interior: \_\_\_\_\_ Exterior: \_\_\_\_\_

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

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

14. 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: \_\_\_\_\_

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

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

17. Is any roofing work performed?  Yes  No If yes, please explain: \_\_\_\_\_

18. Is any work performed at or above 15 feet?  Yes  No If yes, please explain: \_\_\_\_\_

a. How are heights reached? \_\_\_\_\_

19. Any grounds keeping?  Yes  No If yes, please explain: \_\_\_\_\_

20. Any tree trimming?  Yes  No If yes, what is max height: \_\_\_\_\_

21. Any above ground window cleaning or pressure washing?  Yes  No If yes, please explain: \_\_\_\_\_

22. How many locations: \_\_\_\_\_

23. Units per location: \_\_\_\_\_

24. Are employees available 24 hours for repairs/emergencies?  Yes  No If yes, please explain: \_\_\_\_\_

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