

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. Total number of employees (including 1099 workers): _____

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

11. Any use of casual or day labor? Yes No If yes, please explain: _____

12. List all states where work is performed: _____

a. % of work performed **OUTSIDE** of Louisiana _____

13. What % of work performed is

a. Residential: _____ Commercial: _____ Retail: _____ Office: _____ Industrial: _____

14. What % of work performed includes the following:

a. Building Maintenance: _____ Construction Site Cleaning: _____ Cleaning Service: _____ Remediation: _____

15. Does the insured service any medical facilities? Yes No

16. Does the insured service any hotels/motels? Yes No

17. Is Mold Remediation performed? Yes No

18. Any carpet cleaning performed? Yes No

19. Any moving of furniture? Yes No If yes, what is max weight lifted? _____

20. Any floor waxing performed? Yes No

21. Any above ground level window cleaning performed? Yes No If yes, how are heights reached? _____

22. Any above ground pressure washing performed? Yes No If yes, how are heights reached? _____

23. Hours of operation: _____

Signature of Applicant: _____ Date: _____