

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

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

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

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

14. Are MVRs obtained on all drivers?  Yes  No (Copy of each driver's MVR is required for quoting)

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

16. What training do employees receive? \_\_\_\_\_

17. What is the max weight lifted? \_\_\_\_\_

a. Is safe lift training provided?  Yes  No How often? \_\_\_\_\_

a. Please explain lifting procedures: \_\_\_\_\_

18. What Personal Protective Equipment is worn? \_\_\_\_\_

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

20. Any transport or storage of hazardous materials?  Yes  No If yes, please explain: \_\_\_\_\_

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

22. Are Post-Hire Medical Questionnaire/ 2<sup>nd</sup> Injury Forms completed for all employees?  Yes  No

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