

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

13. What % of work performed is Residential: _____ Commercial: _____ Industrial: _____

a. Indicate what types of commercial or industrial work is being performed: Towers Bridges Tanks

b. Other (Please specify): _____

14. What % of work performed is Interior: _____ Exterior: _____

15. Is any other work being performed in conjunction with painting? Yes No

a. If yes, please explain: _____

16. Maximum height of work: _____

a. List of equipment used to reach heights above 15 feet: _____

b. Are harnesses used at these heights? Yes No

17. Safety equipment used (check all that apply): Respirators Hardhats Gloves Safety Goggles None

a. Other: _____

18. Is all equipment checked for proper working ability before each use? Yes No

a. Who performs these checks? _____

Signature of Applicant: _____ Date: _____