

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. What % of work is sub-contracted? _____

a. What work is being sub-contracted? _____

b. Do all sub-contractors have their own Workers Comp insurance? Yes No

c. Does the insured attempt to use the same sub-contractors for all jobs? Yes No

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

14. Explain employee training process: _____

15. How often are safety meetings held? _____

16. Are employees/supervisors trained in CPR and First Aid? Yes No

a. are First Aid kits available on all job-sites? Yes No

17. What safety gear is provided and used on job-site? _____

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

a. How are heights reached? _____

19. List of equipment used: _____

20. How often is equipment inspected/ serviced? _____

Signature of Applicant: _____ Date: _____