

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: In shop: \_\_\_\_\_% On-site/Mobile: \_\_\_\_\_% Dockside: \_\_\_\_\_% On Water: \_\_\_\_\_%

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

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

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

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

17. Are all employees certified?  Yes  No If no, please explain: \_\_\_\_\_

18. Does this company specialize in a certain industry or certain type of welding?  Yes  No

a. If yes, please explain: \_\_\_\_\_

19. Is any welding done on existing oil or gas lines?  Yes  No

a. Explain safety precautions taken: \_\_\_\_\_

20. Are fire extinguishers and first aid kits available at all times?  Yes  No

a. Are all employees trained to use them?  Yes  No

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

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

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

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

24. Is there a Return to Work/ Light Duty program in place?  Yes  No Please explain: \_\_\_\_\_

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