



Workers Compensation Supplemental Questionnaire

Named Insured: _____		Web Address: _____	
Insured's FEIN: _____			
Contact Name and Phone Number			
Inspections: _____	()	-	
Premium Audit: _____	()	-	
Claims: _____	()	-	
Prior Payroll and Premium Information			
<u>Total Annual Payroll</u>		<u>Premium \$</u>	
Current Year: _____	_____		
Prior Year: _____	_____		
Prior Year: _____	_____		
Prior Year: _____	_____		
Prior Year: _____	_____		
Operations and Benefits			
Years in business? _____	Hours of operation- _____ to _____	# of Shifts - _____	
Is there a driving/delivery exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		Radius of operations/travel: <input type="checkbox"/> <50 miles <input type="checkbox"/> 50-100 <input type="checkbox"/> 100+	
If yes, what is frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____		Any group transportation of employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicles company owned? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how provided? <input type="checkbox"/> car <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Bus	
If yes, are vehicles taken home? <input type="checkbox"/> Yes <input type="checkbox"/> No		# of employees transported per vehicle _____	
# Of vehicles? _____	# Of drivers? _____	# of vehicles used to transport _____	
Vehicle/fleet maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
If yes, who does the servicing? <input type="checkbox"/> Outside vendor <input type="checkbox"/> In-house mechanics <input type="checkbox"/> Other: _____			
Do employees use personal vehicles for company business? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do any employees work from home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any out of state, international or overnight (within state) travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		List the # of employees who live or work out of state:	
If yes, please provide details - _____		_____ Live _____ Work	
Why/purpose? _____			
Who will travel? _____			
Where? _____			
Duration? _____			
Frequency? _____			
# of employees: Full time _____		Part-time _____ Seasonal _____ Volunteers _____ (Verify number is consistent with the number on Acord App)	
# of W-2's issued – Last year _____ Previous year _____		How are employees paid? <input type="checkbox"/> Hourly	
Any day laborers or temporary/employee leasing? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Piece rate <input type="checkbox"/> Commission <input type="checkbox"/> Flat salary	
If yes, please provide details on separate page.		<input type="checkbox"/> Other: _____	
% of union employees _____ % of non-union _____		Paid Sick Leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Actual average hourly wage for employees in governing class \$ ____/hour		Paid Vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Retirement / Pension plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Does employer contribute? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Group medical provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		% of employees enrolled _____	
If yes, name of healthcare provider - _____		% paid by employer _____	
Do you use a specific medical provider to treat injured employees? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, <input type="checkbox"/> Clinic <input type="checkbox"/> Physician <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other: _____			
CPR training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		RTW Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
# of employees certified? _____		Does it include salary continuation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hiring Practices – Employee Selection - Claims			

Written Application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-hire drug testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reference Checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Post Accident drug testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre/post employment Physicals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	MVR Checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Orthopedic back testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Audio hearing tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Formal job descriptions on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a formal written accident report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are personnel files documented for pre-existing injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there set procedures for reporting claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Average claim reporting time frame - _____		Any Interchange of labor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is job specific training provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain	<input type="checkbox"/> Another business <input type="checkbox"/> Subsidiary
Employee Orientation Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> between departments <input type="checkbox"/> Other: _____	
If yes, is the orientation <input type="checkbox"/> Verbal only? <input type="checkbox"/> Verbal and Documented?			
Supervisor to Employee ratio - <input type="checkbox"/> Better than 4-1 <input type="checkbox"/> 5-1 <input type="checkbox"/> 6-1 <input type="checkbox"/> 7-1 <input type="checkbox"/> >7-1			
Subcontractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what purpose? _____			
If yes, are certificates of insurance obtained and kept on file? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Independent contractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what purpose? _____			
If yes, how are they paid? <input type="checkbox"/> 1099's? <input type="checkbox"/> Other? Please explain- _____			
Safety Program and Organization – Work premises and Environment			
Are owners active in daily operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are they excluded from coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Active injury & illness prevention program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has loss control services been performed in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Active safety incentive program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has Cal/OSHA visited or cited your business in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does it encompass all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide explanation on separate page.	
What type of incentive? _____		Are safety meetings conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees receive safety training/orientation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how often?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
If yes, is the training - <input type="checkbox"/> Formal / Documented <input type="checkbox"/> Informal		<input type="checkbox"/> Other: _____	
Do you have a safety director or risk manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name and title: _____	
If yes, is the position full time or an additional responsibility of another employee? _____			
MSDS (Material Safety Data Sheets) available for all chemicals and products used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Any material handling exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____			
Any lifting exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No		Forklift training provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, <input type="checkbox"/> <25 lbs. <input type="checkbox"/> 25-40 <input type="checkbox"/> 40+		If yes, annual certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 40+, manual lifting or with assistance? Please explain _____			
Is all machinery/equipment properly guarded?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Any use of Baler equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written Lock out / tag out / block out procedures in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Condition of equipment?	<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Average
Respiratory program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are all equipment operators trained/ certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
What is the maximum height at which you will work? _____		Personal protection equipment provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
What is used? <input type="checkbox"/> Ladder <input type="checkbox"/> Scaffolding <input type="checkbox"/> Scissor lifts <input type="checkbox"/> N/A		If yes, strict enforcement of utilization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If scaffolding used, does the insured build their own?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What types of PPE? _____	
Is the building / premises - <input type="checkbox"/> Owned or <input type="checkbox"/> Leased?		# Of years at current location? _____	
Condition of premises? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Average		Age of building occupied? _____ year(s)	
Retail / Wholesale			
Type of Merchandise? _____			
Gross Receipts: Wholesale _____ % Retail _____ % Warehousing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any repacking or repackaging operations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain operations: _____			
Assembly exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain exposure: _____			
Any distribution exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by common carrier or does insured have a trucking exposure? Please explain on separate page.			
Automotive Services			
Any towing services provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any road repair assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, any contract towing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, 24 hour exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is there a mini-market on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any fueling operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, any sales of Alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any security/surveillance cameras on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Open 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any test driving of customers' vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is cashier's booth bullet proof?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any transportation of customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Access to Freeway? <input type="checkbox"/> 0-1 mile <input type="checkbox"/> 1-2 miles <input type="checkbox"/> 2+ miles			
Are employees ASE trained and certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees? _____			
Contractors			
Contractors license number? _____		Years experience in trade? _____	
Estimated annual gross sales? _____		Estimated # of jobs per year? _____	
Percentage of work sub-contracted out? ____ % What type? _____			
If subs used, does insured: <input type="checkbox"/> Check annually? <input type="checkbox"/> Directly supervise subs?			
Average # of certificates collected annually? _____		Average # of Waivers of Subrogation needed? _____	
Indicate % of work conducted in each of the following operations (must equal 100% for each):			
1) New Construction ____	Remodeling ____	Service/Repair ____	
2) Commercial ____	Apts/Condos/Tract Homes ____	Single Custom Homes ____	
3) Interior ____	Exterior ____ If exterior work done, what is the maximum height exposure? _____		
Any use of cranes, booms or similar heavy construction equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any work below grade? <input type="checkbox"/> Yes <input type="checkbox"/> No	Max Depth in feet - _____	% of total work - ____	
Any confined spaces exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details on separate page – include copy of written procedures and details of Confined Spaces Training.			
Any work involving asbestos, hazardous product abatement, chemical/petroleum products, USL&H, underground tank or pipe replacement?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain - _____			
Does this risk conduct work for the government or city municipality? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Indicate % of work conducted in each of the following operations or Mark not applicable - <input type="checkbox"/> N/A			
Blasting ____	Drilling ____	Light Pole Work ____	Demolition ____
Grading ____	Wrecking ____	Multi Story Buildings ____	Gas Mains ____
Asbestos ____	Highway Work ____	Scaffold set-up ____	Roofing ____
Sewer ____	Exterior Framing ____	Structural Steel ____	Bridge Work ____
Supervisory only ____	Street/road work ____	Spray painting ____	Dock/Sea Walls ____
Landscaping			
Any tree trimming performed that is off the ground?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any boulder or tree removal performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any use of tractors, loaders or similar equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any highway or median work conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any use of chippers, mulchers, cherry pickers, booms or other similar equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain - _____			
Any use of pesticides or fertilizers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, is the application completed by - <input type="checkbox"/> Employee? <input type="checkbox"/> Outside Vendor?			
Any debris removal or land clearing activities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain - _____			
Manufacturing – Machine Shops			
Any punch press or press brake machinery/equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Machine Guarded: <input type="checkbox"/> Point of operation <input type="checkbox"/> Drive Mechanism		
Age of machinery: <input type="checkbox"/> <2 yrs <input type="checkbox"/> 2-5 yrs <input type="checkbox"/> 5-10 yrs <input type="checkbox"/> 10+ yrs	Accessible moving parts guarded on machinery/equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Types of machines (must equal 100%) - Heavy ____ Mid ____ Light ____		Any Computer Network Controlled (CNC) machinery? <input type="checkbox"/> Yes <input type="checkbox"/> No	
% of off-premise operations: ____ If yes, where/what for? _____			
Is building properly ventilated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is proper dust collection system in place? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Hotel/Motel

Number of guest rooms? _____ Room rates: ☐ <\$50 ☐ \$50-\$100 ☐ \$100+ Rent rooms - ☐ Daily ☐ Weekly ☐ Monthly

Any shuttle, limo or similar service? ☐ Yes ☐ No If yes, please explain - _____

Any Restaurant exposures? ☐ Yes ☐ No Does it include 24 hour room service? ☐ Yes ☐ No Bar or Lounge Area? ☐ Yes ☐ No

Any entertainment provided? ☐ Yes ☐ No If yes, please explain - _____

Housekeeping exposures: Moving of furniture? ☐ Yes ☐ No Mattress flipping or rotating? ☐ Yes ☐ No

If yes, how often and # of employees involved in process? _____

Restaurants

Entertainment provided? ☐ Yes ☐ No Bar or separate lounge area? ☐ Yes ☐ No

Fast Food? ☐ Yes ☐ No Any catering? ☐ Yes ☐ No

Number of: _____ Hosts _____ Waitpersons _____ Bartenders If yes, radius of operations: _____ miles % of exposure - _____

_____ Valet _____ Busboys _____ Cooks Any delivery? ☐ Yes ☐ No Delivery hours - _____ to _____

Average price of entrée? ☐ <\$5 ☐ \$5-\$15 ☐ \$15+ If yes, radius of operations: _____ miles % of exposure - _____

Servicing, cleaning of hoods/filters/grease traps or related systems provided by: ☐ Outside vendor ☐ Employees

Janitorial Contractors

Check appropriate exposures in the following areas:		<input type="checkbox"/> Education Facilities	<input type="checkbox"/> Nursing Homes	<input type="checkbox"/> Apartment houses
<input type="checkbox"/> Hospitals	<input type="checkbox"/> Airports	<input type="checkbox"/> Office Buildings	<input type="checkbox"/> Stores	<input type="checkbox"/> Fire/Flood/Restoration
<input type="checkbox"/> Government	<input type="checkbox"/> Museums	<input type="checkbox"/> Medical Offices	<input type="checkbox"/> Hotels	<input type="checkbox"/> Manufacturing Plants

Indicate % of services provided (must equal 100%):

_____ General cleaning*	_____ Chimney cleaning	_____ Debris Clearing	_____ Exterior window cleaning above 1 st floor
_____ Industrial cleaning	_____ Ceiling Tile cleaning	_____ landscaping	_____ Heating, A/C ventilation service
_____ Carpet Cleaning	_____ Elevator maintenance	_____ Parking lot cleaning	_____ Aircraft service and maintenance
_____ Snow removal	_____ Maid/housekeeping services	_____ Fire/flood restoration	_____ Servicing/cleaning of hoods/filters/grease traps/etc
_____ Pest control	_____ Floor waxing and refinishing	_____ Crime scene clean-up	_____ Pressure or steam washing operations

* General Cleaning includes operations such as vacuuming, dusting, wastebasket trash pick up, floor and rug cleaning, restroom clean-up

Do employees work in pairs or more? ☐ Yes ☐ No Employees supervised? ☐ Yes ☐ No Direct or Roving supervision? _____

Agriculture - Farming

Is harvesting mechanized or manual? _____

Do you use contracted labor? ☐ Yes ☐ No

Is housing provided? ☐ Yes ☐ No

If yes, % of use? _____

If yes, # of employees housed - _____

Any seasonal workers used for operations? ☐ Yes ☐ No

Does all farm machinery have safety guards intact? ☐ Yes ☐ No

If yes, provide details of when season begins and ends, # of seasonal employees hired, and if same employees used each season

Are employees transported by any vehicles on or off the premises? ☐ Yes ☐ No If yes, please explain on separate page.

Any use of pesticides or fertilizers? ☐ Yes ☐ No

Any crop dusting operations? ☐ Yes ☐ No

If yes, applications by ☐ Employees? ☐ Outside Vendor?

If yes, services provided by ☐ Employees? ☐ Outside Vendor?

Do any family members work in operation? ☐ Yes ☐ No

Any work off premises? ☐ Yes ☐ No If yes, please explain on separate page.

Dairy Farms:

What is the size of dairy herd? _____

Number of Bulls over 3 years old? _____

Does risk grow their own feed? ☐ Yes ☐ No

Does risk deliver any of their own milk products? ☐ Yes ☐ No

Is milking barn - ☐ Flat? ☐ Elevated?

Protective Barriers? ☐ Yes ☐ No

Average number of milkings per day? _____

Do any employees conduct or complete work on sump pumps? ☐ Yes ☐ No

Are employees allowed to enter stem pipes around lagoon? ☐ Yes ☐ No

Are proper safety procedures in place for working near stem pipes, lagoons or sump pumps? ☐ Yes ☐ No

Any confined spaces exposures? ☐ Yes ☐ No If yes, please provide details on separate page - include copy of written procedures and details of

Confined Spaces Training.

Provide any additional explanation(s):

Note: All information provided is subject to verification by way of an underwriting survey or inspection. Cypress Point Insurance Services must be notified of any significant change in operations or payroll. Terms of insurance coverage may be cancelled for misrepresentation if information provided is inaccurate.

Signature of Applicant: _____ Date: _____