

% of union employees:	Average hourly wage for employees in governing class: \$	
% of non-union:	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	If group medical is provided, who is the healthcare provider?	
% of employees enrolled:	% paid by employer:	
Do you have a wellness program (ie encourages and promotes employee health programs) in place? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you use a specific medical provider to treat injured employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently participating in a MPN (Medical Provider Network)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide the name of current MPN:		
CPR training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	RTW program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
No. of employees certified?	Does it include salary continuation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the ownership of the applicable entity changed within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide details:		
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 <input type="checkbox"/> Between departments <input type="checkbox"/> Other:	
Employee Orientation Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is the orientation: <input type="checkbox"/> Verbal only? <input type="checkbox"/> Verbal and Documented?	
Employee to Supervisor 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"/> 1099s? <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/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 <input type="checkbox"/> Other	
If yes, is the training: <input type="checkbox"/> Formal / Documented <input type="checkbox"/> Informal		
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? 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 lockout/tagout/blockout 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	Age of equipment? <input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 20+	
What is the max. height in feet you'll work?	Please see Contractors Section for further elaboration.	
What is used? <input type="checkbox"/> Ladder <input type="checkbox"/> Scaffolding <input type="checkbox"/> Scissor lifts <input type="checkbox"/> N/A	If scaffolding used, does the insured build their own? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If insured builds own scaffolding, provide % of annual operations involving scaffold setup and teardown:		
Written Fall Protection Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please see Contractors Section for further elaboration.	
Are all equipment operators trained/ certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Personal protection equipment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is the building/premises: <input type="checkbox"/> Owned <input type="checkbox"/> Leased?	If yes, strict enforcement of utilization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Condition of premises? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Average	What types of PPE?	
No. of years at current location?	Number of years of building occupied?	

This section must be completed by all applicants who are individuals, sole proprietorships, husband and wife, or partnerships (where the general partners are husband and wife).

Please list below any relatives residing in your household who are employees of your business and to whom your books and records show payments to such relatives:

Employed Relatives*

Name	Relationship to You	Job Title or Duties	Estimated Annual Remuneration

Check here if there are no relatives residing in your household that are employed in your business.

***Relatives are defined as: spouse, child by birth or adoption, stepchild, grandchild, son-in-law, daughter-in-law, parent, step-parent, parent-in-law, grandparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, sister-in-law, uncle, aunt, nephew, or niece.**

Note: Per California Labor Code, as an employer you are required to include in your Workers' Compensation coverage all relatives residing in your household who are your employees. Any policy issued based on information provided in this application will exclude coverage for residing relatives if none are listed above.

Note: All information provided is subject to verification by way of an underwriting survey or inspection. Arrowhead General Insurance Agency, Inc. 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:

AGRICULTURE - FARMING

Is harvesting: mechanized manual? If applicant is harvesting nuts crops, are shakers utilized? Yes No

Is any work performed on hillsides? Yes No If yes, what percentage of total operations is conducted on hillsides? %

Do you use contracted labor? Yes No Is housing provided? Yes No

If yes, % of use? If yes, number 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, no. 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 employees perform pesticide application, are they trained and certified? Yes No

Is protective gear worn? 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, explain on separate page.

ATVs used? Yes No If yes, how many ATVs owned and used by applicant? _____ How many employees use ATVs? _____

Please provide a copy of your safety procedures, protective gear and training requirements.

Does applicant ever lease or borrow ATVs? Yes No If yes, provide details.

Are there any horses owned by insured or on insured's premises? Yes, How many? _____ No

Dairy Farms:

What is the size of dairy herd? Number of bulls over three 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.

APARTMENT OPS - BUILDING OPS - HOTEL - MOTEL

Is housing provided? Yes No

If yes, how many employees are housed and describe their responsibilities:

Any furnished apartments available? Yes No If yes, percentage of units furnished?

Are employees involved in property maintenance? Yes No If yes, provide details:

Security guards employed? Yes No Security cameras or other security devices on premises? Yes No

