



PIA WORK COMP SUPPLEMENT

Agency Mosier Insurance Agency Producer/Contact: Jeff Mosier
Insured Name
Loss Control Contact Person/Telephone Number
Policy/App Number Effective Date

PLEASE ANSWER ALL QUESTIONS FOR SECTIONS A, B AND C:

A. INSURED HISTORY

FEIN NO.

- 1. Number of Full Time Employees Part Time Seasonal Volunteer
2. Percent of employee turn over in the past 12 months Full Time: Part Time:
3. Employee staffing expectations over the next 12 months Full Time: Part Time:

Benefits Provided - are ALL employees eligible for Y/N, if no then who?

Table with 5 columns: Question, Yes, No, % paid by employer, % of participation. Rows include Group Health, Paid Sick Leave, Vacation, Retirement/Pension Plan.

- 4. Name of Health Care Provider? Membership #
5. Do you use a specific medical provider: Yes No
6. Is this a: Clinic Physician Emergency Room or Other
7. Do you have a return to light duty plan: Yes No With full pay: Yes No
8. Do you have a return to full time modified work plan: Yes No
9. Average hourly wage: \$
10. Is the risk currently in or ever filed bankruptcy: Yes No Explain
11. Would you be willing to participate in an HCO program to control claims costs? Yes No

B. HIRING PRACTICES

- 5. Complete Applications Yes No
6. Reference Checks Yes No
7. Pre/post employment physicals Yes No
8. MVR Check Yes No
9. Drug/Substance Abuse Test Yes No
10. Volunteer Labor Used Yes No
11. Audiometric Testing Yes No
12. Pathogenic Test (i.e.lead) Yes No
13. Orthopedic back test Yes No

C. OPERATIONS

- 1. Hours of Operation: to How many shifts?
2. Any out of state exposure: Yes No If so, list states:
3. Delivery/Driving exposure: Yes No Frequency: Daily Weekly Other
4. Driving radius: Less than 50 miles 51-100 miles 101-250 miles 250 + miles
5. Vehicles owned: Yes No Taken Home: Yes No
6. Vehicle Maintenance Program: Yes No MVR "Pull" Program: Yes No
7. SB198 Program: Yes No Incentive Program: Yes No
8. Safety Meetings for all employees: Yes No How often:
9. Safety Training for all employees: Yes No CPR Training: Yes No
Violence Intervention Training: Yes No Substance Abuse Training: Yes No
10. Dedicated Full Time Safety Director Yes No Name:
11. Personal Protective Safety Equipment provided Yes No
12. Supervisors held accountable for injuries / accidents Yes No
13. Accident investigation program in place Yes No

PAYROLL INFORMATION

Payrolls By Class	Code	Next 12 Mos.	Prior Year	2ns Prior Year	3 rd Prior Year

In the next 12 months, employee count will increase remain the same decrease

Explain changes: _____

COMPLETE APPROPRIATE SECTION FOR WORKERS' COMPENSATION RISK

RESTAURANTS

- Average entrée price: Less than \$7.95 \$7.95-\$16.94 \$16.95 or greater
- Liquor receipts: (% of gross receipts): Less than 40% More than 40%
- Number of: Hosts _____ Cooks _____ Waiters _____ Bartenders _____ Valet Parkers _____
- Entertainment: Yes No If yes, please describe _____
- Separate lounge: Yes No Security Staff: Yes No 24 hr exposure Yes No
- Delivery: Yes No % of revenues _____ Radius: _____
- Catering: Yes No % of revenues _____ % Radius: _____
- Take out Yes No
- Is the applicant a member of the California Restaurant Association (CRA)? Yes or No
- If so, what's their membership# _____.

MANUFACTURING/MACHINING

- Machine guarding: All machines guarded to OSHA standards: Yes No
- Percentage of CNC machining: Less than 50% More than 50%
- Off Premise operations: Yes No Percentage _____ %
Where: _____ What: _____
- Use of cranes, hoists, or forklifts: Yes No If yes, describe _____
- Personal protection equipment provided: Yes No Use enforced: Yes No
- Machine guarding: Point of Operation Yes No Drive Mechanism Yes No
Moving Parts Yes No Lock out / tag out Yes No
- % of Point of operation guarding: _____ Moving Parts: _____
Drive Mechanism: _____
- Material handling exposure Yes No Type of machines used: _____
- Is there a lock out/tag out program? Yes No

RETAIL/WHOLESALE

- Gross Receipts: \$ _____ Wholesale percentage: _____ % Retail percentage _____ %
- Type of merchandise: _____
- Lifting exposure or repackaging: Yes No Less than 40 lbs. More than 40 lbs.
- Palletized Yes No
- Is there assembly: Yes No If so, what: _____
- Compensation: Flat / Salary: _____ Hourly Wage: _____
- Outside sales employees: Yes No

VOLUNTEERS

- 1. Type of work performed _____
- 2. Does the risk keep track of volunteer hours: Yes No
- Are the volunteers to be: Covered: Yes No Excluded: Yes No

AUTOMOTIVE

- 1. Gas station: Full service: Self service
- 2. Repair operation: Full service bay Oil/lube Tire repair/installation
Trucks over 1 ton: Any commercial/ag tire work Split rim work
- 3. Towing: Yes No Contract Tow: (AAA, CHP, etc.) Yes No
Road service: Yes No Frequency: (daily, weekly, monthly) _____
- 4. Mini Market: Yes No If yes, square footage: _____ Liquor Sold Yes No
- 5. Bullet proof cashier booth Yes No Drop safe on registers Yes No
- 6. Car wash: Yes No Self service: Full service:
- 7. Hours of operation: _____ to _____
- 8. Access to Freeways 0-1 mile 1-2 miles 2+ miles
- 9. Saw guarding Yes No

CONTRACTORS/LANDSCAPERS

Contractors License number: _____ Type/Class _____

- 1. Percentage of work: Residential _____% Industrial _____% Commercial _____% Framing _____%
Service or repair _____% New Construction _____% Remodel _____% Demolition _____%
- 2. Out of state work: Yes No If yes, list states _____
- 3. Excavation: Yes No Depth _____ Tunneling/Boring Yes No
- 4. Height exposure: Yes No Over 2 stories: Yes No
- 5. Freeway work: Yes No If yes, describe work _____
- 6. Transportation of employees: Yes No Van Bus Airplane Other
Describe if other: _____
- 7. Any planting of trees over 15 gallons: Yes No

HOTEL/MOTEL

- 1. Is the operation a: Hotel Motel Inn Bed & Breakfast
- 2. Number of guest rooms: _____ Average room rate \$ _____
- 3. Food service Operate own Yes No Subcontract Bar Restaurant Both
Gross receipts Food: _____ & Liquor _____
- 4. Entertainment Yes No Lounge Yes No Armed Security Yes No
- 5. Is the operation year round: Yes No Conference Center Yes No
- 6. Shuttle service Yes No How many vans _____
- 7. How are maids compensated: Salary Hourly Wage Flat rate per room
- 8. Who flips the mattresses and how are they turned : _____

FARMS

- 1. Are you a farm labor contractor: Yes No
- 2. Kind of crops grown: _____
- 3. Housing provided: Yes No If yes, what is the value: _____
- 4. Transportation of employees: Yes No How: Van Bus Airplane
Other If other, explain _____
- 5. Operations outside of California Yes No If yes, list states _____

ATTORNEYS

- 1. What type of law do they practice : _____
- 2. Any criminal law Yes No Any insurance law Yes No

RESIDING RELATIVE EXCLUSION (when insured is a sole proprietor, husband and wife or a partnership in which the General Partners are husband and wife):

Form EAP WD 1 CA 5 02 must be completed, signed by the insured, dated, and submitted with application

Not Applicable

Insured's Name: _____ Pol/App #: _____

Location (s) – Please complete for all locations of business operations:

Location (1) _____

Number of stories high: _____ What story does insured occupy: _____

Building Construction type:

- Wood frame, including masonry veneers Tilt-up construction
- Unreinforced masonry Light gauge steel frame
- Reinforced masonry Protected structural steel frame
- Reinforced concrete Mobile home

Number of Employees assigned to location: _____

Maximum # of Employees on premises at one time: _____

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Location (2) _____

Number of stories high: _____ What story does insured occupy: _____

Building Construction type:

- Wood frame, including masonry veneers Tilt-up construction
- Unreinforced masonry Light gauge steel frame
- Reinforced masonry Protected structural steel frame
- Reinforced concrete Mobile home

Number of Employees assigned to location: _____

Maximum # of Employees on premises at one time: _____

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Location (3) _____

Number of stories high: _____ What story does insured occupy: _____

Building Construction type:

- Wood frame, including masonry veneers Tilt-up construction
- Unreinforced masonry Light gauge steel frame
- Reinforced masonry Protected structural steel frame
- Reinforced concrete Mobile home

Number of Employees assigned to location: _____

Maximum # of Employees on premises at one time: _____