

Supplemental Application

To be completed with ACORD 130 Application

Named Insured:		Web Address:	
Insured's FEIN:			
CONTACT NAME		PHONE NUMBER	
Inspections:			
Premium Audit:			
Claims:			
PRIOR PAYROLL AND PREMIUM INFORMATION			
	Total Annual Payroll	Premium \$	
Current Year:			
Prior Year:			
Prior Year:			
Prior Year:			
Prior Year:			
OPERATIONS AND BENEFITS			
Broker controlled account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does applicant currently use a PEO or payroll service? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide name of organization used:	
Please provide a detailed description of the operation:			
Years in business?		Hours of operation:	
No. of shifts:	Does the applicant allow employees to work more than three consecutive 12-hour shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a driving or delivery exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		Radius of operations/travel: <input type="checkbox"/> <10 miles <input type="checkbox"/> 11-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100+	
If yes, what is the 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	
Is a PUC/DMV filing required? <input type="checkbox"/> PUC <input type="checkbox"/> DMV <input type="checkbox"/> N/A		If yes, how provided? <input type="checkbox"/> Car <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Bus	
Are vehicles company owned? <input type="checkbox"/> Yes <input type="checkbox"/> No		No. of employees transported per vehicle:	
If yes, types of vehicles:		No. of vehicles used to transport:	
If yes, are vehicles taken home: <input type="checkbox"/> Yes <input type="checkbox"/> No		Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
No. of vehicles:	No. of drivers:	Is insured enrolled in DMV Pull program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle/fleet maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are driver acceptability standards in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who does the servicing?		If yes, provide details below:	
Outside vendor: <input type="checkbox"/>			
In-house mechanics: <input type="checkbox"/>			
Other: <input type="checkbox"/>			
Does insured have and enforce the following policies for drivers:			
Alcohol/drug use: <input type="checkbox"/> Yes <input type="checkbox"/> No		Seat belt use: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Distracted driving: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any work-related injuries as a result of a prior motor vehicle accident within the past four years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide details, including fault of accident and if subrogation was pursued:			
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		No. of employees who live/work out of state: Live: Work:	
Any out-of-state, international or overnight (within state) travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details:	
Why/purpose?			
Who will travel?		Where?	
Duration?		Frequency?	
No. of employees: (verify number is consistent w/ number on ACORD application)		Full: Part: Seasonal: Volunteers:	
No. of employees per location:		1. 2. 3. 4. Use a separate page if needed.	
Avg. Annual Employee Turnover: %		No. of W-2s issued: Last Year: Previous Year:	
How are employees paid? Hourly: <input type="checkbox"/> Piece rate: <input type="checkbox"/> Commission: <input type="checkbox"/> Flat Salary: <input type="checkbox"/> Other: <input type="checkbox"/>			
Any interchange of labor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: <input type="checkbox"/> Another Business <input type="checkbox"/> Subsidiary <input type="checkbox"/> Business Dept. <input type="checkbox"/> Other			

Any day laborers or temporary/employee leasing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
% 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 provide paid sick leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid vacation? <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	Return to Work Program (RTW) in place? <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
Background checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	MVR checks? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pre/post employment physicals? <input type="checkbox"/> Yes <input type="checkbox"/> No	Audio hearing tests? <input type="checkbox"/> Yes <input type="checkbox"/> No
Orthopedic back testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a formal written accident report? <input type="checkbox"/> Yes <input type="checkbox"/> No
Formal job descriptions on file? <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:	Are supervisors held accountable for injuries/accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is job specific training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	Heat illness prevention program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Active safety incentive 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
If yes, does it encompass all employees? <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
What type of incentive?	If yes, please provide explanation on separate page.
Do employees receive safety training/orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are safety meetings conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the training: <input type="checkbox"/> Formal / Documented <input type="checkbox"/> Informal	If yes, how often? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <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? 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 maximum height in feet you will 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 compared to total operations:	
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: <input type="checkbox"/> mechanized <input type="checkbox"/> manual?	If applicant is harvesting nuts crops, are shakers utilized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is any work performed on hillsides? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what percentage of total operations is conducted on hillsides? %
Do you use contracted labor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is housing provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, % of use?	If yes, number of employees housed:
Any seasonal workers used for operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does all farm machinery have safety guards intact? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain on separate page.
Any use of pesticides or fertilizers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any crop dusting operations? <input type="checkbox"/> Yes <input type="checkbox"/> No
If employees perform pesticide application, are they trained and certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is protective gear worn? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, applications by: <input type="checkbox"/> Employees? <input type="checkbox"/> Outside Vendor?	If yes, services provided by <input type="checkbox"/> Employees? <input type="checkbox"/> Outside Vendor?
Do any family members work in operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any work off premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain on separate page.
ATVs used? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details.	
Are there any horses owned by insured or on insured's premises? <input type="checkbox"/> Yes, How many? _____ <input type="checkbox"/> No	

Dairy Farms:

What is the size of dairy herd?	Number of bulls over three years old?
Does risk grow their own feed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does risk deliver any of their own milk products? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is milking barn: <input type="checkbox"/> Flat? <input type="checkbox"/> Elevated?	Protective Barriers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Average number of milkings per day?	Do any employees conduct or complete work on sump pumps? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees allowed to enter stem pipes around lagoon? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are proper safety procedures in place for working near stem pipes, lagoons or sump pumps? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.	

APARTMENT OPS - BUILDING OPS - HOTEL - MOTEL

Is housing provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how many employees are housed and describe their responsibilities:	
Any furnished apartments available? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, percentage of units furnished?
Are employees involved in property maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
Security guards employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Security cameras or other security devices on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, provide details (i.e. armed or unarmed, hours on premises):			
Does management collect payment from resident and/or is banking controlled by employee(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are employees responsible for eviction notification and/or enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of guest rooms?	Room rates: <input type="checkbox"/> <\$50 <input type="checkbox"/> \$50-\$100 <input type="checkbox"/> \$100+	Rent rooms: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
Any shuttle, limo or similar service? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any restaurant exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does it include 24-hour room service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bar or lounge area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any entertainment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.		
Housekeeping exposures: Moving of furniture? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mattress flipping or rotating? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, how often and how many employees are involved in process?			

AUTOMOTIVE SERVICES	
Any towing services provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, any contract towing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any accident scene recovery operations performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, percentage of operations?
Any road repair assistance? <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	
Any off-premises or mobile services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details including percentage of payroll dedicated:	
Any vehicle crushing operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a ventilated/filtered spray booth for painting operations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Do you have a written respiratory protection program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, do employees complete a medical evaluation questionnaire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If medical evaluation questionnaire completed, is it reviewed by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are employees properly trained in the use and care of respiratory protection equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Has proper fit testing been provided to each employee and their assigned respirator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any work performed on vehicles greater than 2.5 ton capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are employees ASE trained and certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many employees?
Any stacking of vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide maximum height of stacking:
Does any welding exposure exist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, you must complete the Welding Exposure Supplemental App and include it with your submission. Visit ArrowheadGrp.com for the form >>	
Are vehicle tanks drained of gas and other automotive fluids also drained at time of vehicle arrival to facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who removes air bags?	If employees, is any special training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any crushing of cars? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are dogs ever on premises (for security or other reasons)? <input type="checkbox"/> Yes <input type="checkbox"/> No

CONTRACTORS			
Contractors license number?	Years experience in trade?		
Estimated annual gross sales?	Estimated number 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?			
Indicate percentage 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 max height your employees will work above ground level?			
Percentage of work/exposure:	<12':	12' to 24':	24' to 40':
>40':			
What is used? <input type="checkbox"/> Ladder <input type="checkbox"/> Scaffolding <input type="checkbox"/> Scissor lifts <input type="checkbox"/> N/A			
If insured builds own scaffolding, provide % of annual operations involving scaffold setup and teardown compared to total operations. _____%			
Any use of swing scaffolding? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what percentage of total scaffolding use is swing? _____%			
Any rooftop exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what percentage of total work is on commercial flat roof? _____%			
What percentage is on pitched rooftop? _____%			
Any work performed on skylights? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:			

Any solar work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:		
Fall Protection Program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please select type below:		
<input type="checkbox"/> Guardrails <input type="checkbox"/> Safety Belt of Full Body Harness <input type="checkbox"/> Safety Net <input type="checkbox"/> Ladder Tie Offs <input type="checkbox"/> Training in Ladder/Scaffold Placement		
<input type="checkbox"/> Other, please describe:		
Any concrete tilt-up work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Self performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Subbed to others? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant own their cranes or rent them? <input type="checkbox"/> Own <input type="checkbox"/> Rent	Use their own crane operators or rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent	
Crane operators CAL OSHA certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employees certified by Tilt-Up Concrete Assoc. (TSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are riggers trained and certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provide details:	
Are Pre-Lift Safety Meetings held? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any other 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 any welding exposure exist? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, you must complete the Welding Exposure Supplemental App and include it with your submission.		
Does this risk conduct work for the government or city municipality? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Is the applicant involved in "Wrap Up" or "OCIP" projects? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please use the lines below to provide percentage of total payroll dedicated to these projects and advise detailed procedures on how applicant determines employee split between these projects and other contracts/projects (not involving "wrap up" or "OCIP").		

Indicate percentage of work conducted in each of the following operations or mark not applicable - <input type="checkbox"/> N/A						
Blasting _____%	Drilling _____%	Light Pole Work _____%	Demolition _____%	Tunneling _____%	Grading _____%	Wrecking _____%
Multi-story Buildings _____%	Gas Mains _____%	Crane Work _____%	Asbestos _____%	Highway Work _____%	Scaffold setup _____%	
Roofing _____%	Excavation _____%	Concrete Tilt-up _____%	Sewer _____%	Ext. Framing _____%	Structural Steel _____%	
Bridge Work _____%	Supervisory Only _____%	Street/road Work _____%	Spray Painting _____%	Dock/sea walls _____%	Solar _____%	

HEALTH AND HUMAN SERVICES

Is applicant a licensed facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:	
Is operation accredited by CARF (Commission on Accreditation Rehabilitation Facility)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Total Number of Beds: _____		Number of Beds Currently Occupied: _____	
Percentage of private paying patients: _____%		Percentage of Medicare/Medicaid patients: _____%	
Percentage of residents/patients that are Ambulatory (move about facility on their own with use of cane, walker or motorized scooter): _____%			
Percentage of residents/patients that are Non-Ambulatory (bed- or wheelchair-ridden; require assistance to get in/out of bed/wheelchair): _____%			
Is group transportation provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, number of company vehicles: _____	
		Number of personal vehicles: _____	
Percentage of group transportation subcontracted? _____% <input type="checkbox"/> N/A			
Any off-site activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details:	
Does applicant conduct home safety inspections prior to contracting with client for in-home patient services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does applicant offer "live-in" employees at client's residence/premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what percentage?	
Does applicant employ relatives of their clients? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide number of family related employees employed:			
Provide the typical relationship of employees to client (i.e. daughter, son, brother, sister, mother, father, etc.):			
Are relative employees held to the same hiring practices and training standards as all other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are remuneration/compensation packages the same for "relative employees" as for "non-relative employees"? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, provide details:			
Are certificates of insurance obtained from all subcontracted operations? <input type="checkbox"/> Yes <input type="checkbox"/> No		Average # of certificates collected annually? _____	
Does risk have a written Bloodborne Pathogen Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does applicant treat for communicable diseases (i.e. HIV, AIDS, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Does risk have patient/resident handling/lifting equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does risk have written patient/resident handling protocols? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are employees required to wear slip-resistant shoes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does risk provide ongoing In-Service Training? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how often?	
Does risk provide food service? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide details:	
Does risk have volunteers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If yes, provide details (# of volunteers, duties performed, etc.):			
Indicate percentage of operations in each of the following categories or mark not applicable - <input type="checkbox"/> N/A			
Abortion Clinic: _____%	Acupuncture/Acupressure: _____%	Blood banks/Donor Clinic: _____%	Drug/alcohol Treatment Clinic: _____%

Family Practice:	Industrial Clinic:	Med Lab/testing:	Specialist:
Mobile Operation:	Urgent Care Clinic:	Walk-in Clinic:	Weight Control Clinic:
Other:			

Indicate percentage of operations in each of the following categories or mark not applicable - N/A

Physicians/MD:	PhD:	Psychiatrist:	Psychologist:
Physicians Asst.:	Nurse Practitioner:	Registered Nurse:	Licensed Voc. Nurse:
Cert. Nurses Asst.:	Social Worker:	Counselor:	Dietary:
Dentists/ Surgeons:	Registered Dental Asst.:	Dental Hygienist:	Chiropractor:
Physical Therapist:	Physiotherapist:	Occupational Therapist:	Administrative:

Does insured require employees to take specific health care-related classroom or online classes which would give them a certificate or certification after passing? Yes No

What percentage of total employees?

If yes, provide details regarding the type of certification:

If organization is a day care center or provides day care operations indicate the %: Children age up to 1yr: _____ 1-3yrs _____ 3-5yrs _____

Maximum enrollment: _____ Number of currently enrolled children: _____

Provide ratio of child-care staff to children: 1 to 2 1 to 3 1 to 4 Other, explain:

Is the operation based out of a home residence? Yes No

If operation provides veterinary services please provide %: Domestic/Household pets _____% Farm animals _____% Exotic/Wild _____%

Provide details:

Provide percentage of the following: Grooming: _____% Kennel: _____% Boarding: _____%

HEALTH CLUBS

Does the operation offer any of the following amenities or services:

<input type="checkbox"/> Boot Camp Conditioning	<input type="checkbox"/> Home Trainer Sessions	<input type="checkbox"/> Dry Cleaning or Laundry Service	<input type="checkbox"/> Personal Trainer Sessions
<input type="checkbox"/> Spa Treatments	<input type="checkbox"/> Jacuzzi	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Aerobics/Pilates
<input type="checkbox"/> Tanning Beds	<input type="checkbox"/> Showers	<input type="checkbox"/> Sauna	<input type="checkbox"/> Towel Services
<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Boxing	<input type="checkbox"/> Climbing Walls	<input type="checkbox"/> Massage Therapy
<input type="checkbox"/> Kick Boxing	<input type="checkbox"/> Yoga	<input type="checkbox"/> Cycling	<input type="checkbox"/> Racquetball
<input type="checkbox"/> Basketball	<input type="checkbox"/> Cosmetology/Esthetician Services		

Any off-site operations? Yes No If yes, provide details:

Do employees assist customers as a "spotter"? Yes No If yes, provide details:

Are employees involved in facilities maintenance and/or janitorial operations? Yes No

If yes, provide details:

Does the facility provide valet parking services? Yes No If yes, provide details:

Any services provided by Independent contractors and/or sub-contractors? Yes No

If yes, provide details:

If the facility has a jacuzzi or swimming pool, is it maintained by: Employees Outside services?

Does the facility have any food services or juice bar, etc? Yes No

If yes, provide details:

JANITORIAL SERVICES

Check appropriate exposures in the following areas:

<input type="checkbox"/> Education facilities	<input type="checkbox"/> Airports	<input type="checkbox"/> Nursing homes	<input type="checkbox"/> Apartment houses
<input type="checkbox"/> Hospitals	<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 percentage of services provided (must equal 100%):

General cleaning	%	Chimney cleaning	%	Debris clearing	%	Heating, A/C service	%
Industrial cleaning	%	Ceiling tile cleaning	%	Landscaping	%		
Carpet cleaning	%	Elevator maintenance	%	Parking lot cleaning	%	Aircraft service/ maintenance	%
Snow removal	%	Housekeeping services	%	Fire/flood restoration	%		
Pest control	%	Floor waxing/refinishing	%	Crime scene clean-up	%		
Pressure/steam washing operations	%	Servicing/cleaning of hoods/filters/grease traps	%	Ext. window cleaning (above first floor)	%		

* 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 Is supervision direct or roving?

LANDSCAPING

Contractors License Number:

Does operation include tree-trimming? Yes No | If yes, percentage of payroll:Any climbing? Yes No | Maximum height:Any boulder removal greater than 50 pounds or tree removal greater than 10 feet performed? Yes No

If yes, please explain:

Any use of tractors, loaders or similar equipment? Yes NoAny use of chippers, mulchers, cherry pickers, booms or other similar equipment? Yes No

If yes, please explain:

Any use of uncontrolled pesticides? Yes No | If yes, do you have the proper certification? Yes No

If yes, please provide details:

Any debris removal or land clearing activities? Yes No

If yes, please explain:

Are there more than 100 employees at any one location/job site? Yes No

If yes, please explain:

Any highway or median work conducted? Yes No | If yes, percentage of payroll:

If yes, please provide details:

Indicate percentage of work conducted in each of the following operations: (must equal 100% for each line)

1) Residential:

Commercial:

2) Maintenance:

New Installation:

Any work Below grade? Yes No

Max depth in feet:

Percent of total work:

Is the applicant involved in "Wrap up" or "OCIP" projects? Yes No**MANUFACTURING - MACHINE SHOPS**Any punch press or press brake machinery/equipment? Yes NoMachine Guarded: Point of operation Drive MechanismAge of machinery: <2 yrs 2-5 yrs 5-10 yrs 10+ yrsAccessible moving parts guarded on machinery/equipment? Yes No

Types of machines (must equal 100%): ___ Heavy ___ Mid ___ Light

Any Computer Network Controlled (CNC) machinery? Yes NoDoes any welding exposure exist? Yes No

If yes, you must complete the Welding Exposure Supplemental App and include it with your submission. Visit ArrowheadGrp.com for the form >>

Percent of off-premise operations: _____%

If yes, where/what for?

Is building properly ventilated? Yes NoIs proper dust collection system in place? Yes No**NEWSPAPER/PUBLISHING**Any home delivery services? Yes NoIf yes, independent contractors and/or employees?

Provide details:

Any delivery operations? Yes No

If yes, number of vehicles: _____ Driving radius: _____

Any telemarketing operations? Yes NoIf yes, independent contractors and/or employees?

Provide details:

Any security operations? Yes NoIf yes, independent contractors and/or employees? Armed or unarmed?

Provide details:

Do employees or independent contractors use personal vehicle for company business? Yes NoIf yes, are certificates of insurance in file? Yes NoAre MVR's (Motor Vehicle Reports) obtained on all drivers? Yes NoIs the company enrolled in the DMV "Pull" Program? Yes NoAny employee or independent contractor travel: out of state, out of country, on navigable waters, within war zones or exposure to civil disturbances, etc.? Yes No

If yes, provide details:

Any excessive noise levels within the operations? Yes No

If yes, provide details:

Have noise levels been evaluated within the press/bindery areas and/or areas with noise producing machinery and equipment? Yes No

If yes, provide details:

If noise level testing has been completed, are copies of the results available for review? Yes NoDoes the company have a written hearing conservation program? Yes NoDo employees use/wear and PPE (Personal Protective Equipment)? Yes No

If yes, provide details:

Does the company have a written ergonomics program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the company have a written material handling program with identified weight limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the company have a written lock out/tag out program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is maintenance of equipment/machinery completed by employees and/or outside vendors? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:
Are all forklift / material handling equipment operations certified? <input type="checkbox"/> Yes <input type="checkbox"/> No

PEST CONTROL

Types of operations: Commercial Agricultural Residential Industrial Structural							
Structural repairs or replacements		Dry rot wood repair		Shower pan replacement		Chemical treatment services	
Fumigation		Foam		Other			
Provide details:							
Percent of tenting? ____%		N/A		Lawn treatment/care?		If yes, provide details:	
Other service:							
Provide details:							
Check each of the applicable services available:							
<input type="checkbox"/> Ants	<input type="checkbox"/> Spiders	<input type="checkbox"/> Roaches	<input type="checkbox"/> Fleas	<input type="checkbox"/> Ticks	<input type="checkbox"/> Wasps	<input type="checkbox"/> Mosquitoes	<input type="checkbox"/> Bees
<input type="checkbox"/> Killer bees	<input type="checkbox"/> Bee removal	<input type="checkbox"/> Mice	<input type="checkbox"/> Termite	<input type="checkbox"/> Rats	<input type="checkbox"/> Snakes	<input type="checkbox"/> Raccoons	<input type="checkbox"/> Opossum
<input type="checkbox"/> Skunks	<input type="checkbox"/> Bats	<input type="checkbox"/> Rodents	<input type="checkbox"/> Gopher	<input type="checkbox"/> Bird/pigeon control		<input type="checkbox"/> Animal removal	
<input type="checkbox"/> Animal trapping		<input type="checkbox"/> Bird/rodent proofing		<input type="checkbox"/> Other:			
Personal protective equipment required:							
Written injury and illness prevention program? <input type="checkbox"/> Yes <input type="checkbox"/> No				Written haz-com program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Written heat stress program? <input type="checkbox"/> Yes <input type="checkbox"/> No				Written respiratory protection program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Special written procedures for working in confined spaces (attics, under residences or buildings)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Documented new employee orientation including documented training? <input type="checkbox"/> Yes <input type="checkbox"/> No							

PUBLIC ENTITIES

Municipality:				County:			
Check each applicable operational department / category:							
<input type="checkbox"/> Water department		<input type="checkbox"/> Power department		<input type="checkbox"/> Sewer department		<input type="checkbox"/> Street/road department	
<input type="checkbox"/> Street sweeping/cleaning		<input type="checkbox"/> Building Inspector		<input type="checkbox"/> Code Enforcement		<input type="checkbox"/> Garbage / Refuse / Recycling	
<input type="checkbox"/> Parks / Recreation		<input type="checkbox"/> Landscape Maintenance		<input type="checkbox"/> Tree Trimming		<input type="checkbox"/> Waste Treatment	
<input type="checkbox"/> Housing Authority		<input type="checkbox"/> Day Care / Child Care		<input type="checkbox"/> Public Housing Nurse		<input type="checkbox"/> Electricians	
<input type="checkbox"/> Painters		<input type="checkbox"/> Mechanic		<input type="checkbox"/> Truck Driver		<input type="checkbox"/> Fire Department	
<input type="checkbox"/> Police department		<input type="checkbox"/> Animal control					
# F/T staff: ____	# P/T staff: ____	Any volunteers or interns staff? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:			
City Council positions? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many?		County Supervisors positions? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many?	
Does the hiring process include:		Drug screening? <input type="checkbox"/> Yes <input type="checkbox"/> No		Pre-employment physicals? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain:							
Any post-accident drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Is there a probationary period upon hire? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, explain:			
Are employees provided with any new employee orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No				Does each job have a written job description? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do employees receive initial job training? <input type="checkbox"/> Yes <input type="checkbox"/> No				Is training ongoing and documented? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do employees work shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, explain:			
Any on-call employees? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, explain:			
Do any employees have take home vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, explain:			
Any underground work? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, explain:			
Any work above 12' in height? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, explain:			
Any confined space exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, explain:			
If yes, is there a written confined space entry program? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Any sub-contracted operations? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, explain:			
Are W / C Certificates of Insurance obtained on all sub-contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Any use of independent contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, explain:			
Number of vehicles?		Driving radius?					
Do employees use personal vehicle for business purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, explain:			

RESTAURANTS						
Entertainment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No				Bar or separate lounge area? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Liquor sales as percentage of total receipts: _____%				Fast food? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any catering? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, radius of operations: _____mi.				Percent of catering exposure: _____%		
Number of:	Hosts:	Waitstaff:	Bartenders:	Valet:	Busboys:	Cooks:
Any delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No		Delivery hours: _____to _____		If yes, radius of operations: _____mi.		Percent of exposure: _____%
Any two-wheeled delivery exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details:				
Average price of entrée? <input type="checkbox"/> <\$5 <input type="checkbox"/> \$5-\$15 <input type="checkbox"/> \$15+						
Servicing, cleaning of hoods/filters/grease traps or related systems provided by: <input type="checkbox"/> Outside vendor <input type="checkbox"/> Employees						
Does insured have slip-resistant flooring or matting on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are employees required to wear slip-resistant shoes? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Any robbery, burglary or assaults within the past four years? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, provide details:						
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, explain:		
Assembly exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:				
Any distribution exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, by common carrier or does insured have a trucking exposure? Use separate page.				
SECURITY GUARD SERVICES						
Portable tracking device provided?						
If yes, please provide description of device/equipment:						
How often are guards required to check in with supervisor or other tracking agency during each shift?						
Are guards required to carry a cell phone or portable radio?						
What procedures are in place if guard is confronted or threatened?						
How many guards work alone?				How many guards work with a partner(s)?		
Are any guards required to work more than 12-hour shifts?						
Check appropriate Employment Screening(s):		Psychological Testing		Criminal Background Check		
Fingerprints	Honesty Testing	Credit Check	Firearm License Check			
Indicate number of guards with the following certifications:						
Valid Guard Card Issued By Bureau of Security and Investigative Services (BSIS) _____					Certified to carry firearm _____	
Certified to carry taser gun or baton _____				Certified to carry chemical agent _____		
Number of hours of annual training required for guards _____						
Indicate number of guards:						
Unarmed _____	Carrying firearm _____	Carrying taser gun or baton _____	Retired police/sheriff _____			
Carrying chemical or related agents/spray _____		Patrol with dog or there is a dog on site _____	Off-duty police/sheriff _____			
Number of Guards: Under age 25 _____		Between 26-65 _____	Over age 65 _____			
Indicate % of guard services provided (total must equal 100%):						
Airport Security or related _____%	Amusement Parks _____%	Armored Transport _____%	ATM Machines _____%			
Baggage Inspection _____%	Banks _____%	Bars/Lounge/Nightclubs _____%	Bodyguard _____%	Casinos _____%		
Concerts _____%	City/State/Federal Bldgs _____%	Construction Sites _____%	Courier Escort _____%			
Dog/K-9 Patrol _____%	Elevated Platform/ladders/Scaffold _____%		Gated Community _____%			
Hazardous Material Site _____%	Hospital/Institution _____%	Hotel/Motel _____%	Housing – Government _____%			
Housing – Low Income _____%	Housing – High Income _____%		Industrial Sites/Warehouse _____%	Jewelry Store _____%		
Jewelry/Fine Arts Transport _____%	Liquor Store _____%	Mall Security – Inside _____%	Mall Security – Outside/Parking Lots _____%			
Money Transport _____%	Museums _____%	Office Bldg _____%	Public Transport (guard in-transit on airplane/boat or ship/bus/subway/train/trolley, etc.) _____%			
Public Transportation Station (non-transit patrol) _____%						
Rail yard _____%	Remote Locations _____%	Repossession Services _____%	Restaurant – Fast Food _____%			
Restaurant – Full Service _____%	Retail – Inside _____%	Retail – Outside/Parking Lots _____%		Schools – Inside/Halls _____%		
Schools – Outside/Parking Lots _____%	Shipyard/Pier _____%	Sporting Events _____%	Traffic Control _____%	Undercover Operations _____%		
Other _____% Please describe:						
Mode of transportation utilized by guards – indicate % (must equal 100%) :						
ATV _____%	Automobile _____%	Bicycle _____%	Foot Patrol _____%	Golf Cart _____%	Horse _____%	Motorcycle _____%
Segway or Similar 2-Wheeled _____%				Are all vehicles equipped with GPS? <input type="checkbox"/> Yes <input type="checkbox"/> No		

TRUCKING

Type of authority:	a.) <input type="checkbox"/> Common carrier	<input type="checkbox"/> Contract carrier	<input type="checkbox"/> Private	<input type="checkbox"/> Brokerage	<input type="checkbox"/> Exempt
b.) <input type="checkbox"/> Regular route	<input type="checkbox"/> Irregular route	Carrier Operations: <input type="checkbox"/> California only <input type="checkbox"/> Interstate			
Length of haul (percentages must total 100%):					
Under 50 miles: _____%	51-100: _____%	101-200: _____%	201-300: _____%		
301-500: _____%	501-1,000: _____%	More than 1,000 _____%			
Fillings:	DOT#:	PUC#:	DMV/MCP#:	<input type="checkbox"/> Not Applicable	
Please check the questions and attach the applicable data					
Motor Carrier Identification Report, MCS-150: <input type="checkbox"/> Attached or <input type="checkbox"/> Not Applicable					
Cargo Classification: <input type="checkbox"/> See attached MCS-150 or <input type="checkbox"/> See below (check all that apply):					
<input type="checkbox"/> General freight	<input type="checkbox"/> Logs, poles beams, lumber	<input type="checkbox"/> Grain, feed, hay	<input type="checkbox"/> Liquids/gases		
<input type="checkbox"/> Chemicals	<input type="checkbox"/> Household goods	<input type="checkbox"/> Building materials	<input type="checkbox"/> Intermodal containers		
<input type="checkbox"/> Coal, coke	<input type="checkbox"/> Commodities dry bullion	<input type="checkbox"/> Metal sheets, coils, rolls	<input type="checkbox"/> Mobile homes		
<input type="checkbox"/> Passengers	<input type="checkbox"/> Meat	<input type="checkbox"/> Refrigerated food	<input type="checkbox"/> Motor vehicles		
<input type="checkbox"/> Machinery, Large objects	<input type="checkbox"/> Oilfield equipment	<input type="checkbox"/> Garbage, refuse, trash	<input type="checkbox"/> Beverages		
<input type="checkbox"/> Driveway/towaway	<input type="checkbox"/> Fresh produce	<input type="checkbox"/> Livestock	<input type="checkbox"/> U.S. mail		
<input type="checkbox"/> Paper products	<input type="checkbox"/> Other:				
Any backhauling operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, percentage of total trips where backhauling is performed _____%					
If yes, provide details on type of products backhauled:					
Drivers:	a) Number of drivers:	b) Number of owner/operators used:			
- Percentage where the motor carrier will provide Workers' Compensation for the owner/operators: _____%					
- Percentage where the motor carrier will agree with the owner/operator that the owner/operator assumes the responsibilities of an employer for the performance of work: _____%					
c) If owner/operators used, please attach copy of contract: <input type="checkbox"/> Attached or <input type="checkbox"/> Not Applicable					
d) Number of company drivers with motor carrier at least 12 months:					
Number of owner/operator with motor carrier at least 12 months: _____ or <input type="checkbox"/> Not Applicable					
e) Number of Non-Union: _____ Union: _____					
f) Do the drivers load and unload their trucks? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Provide detail of the materials loaded/unloaded and any equipment used:					
Is the applicant enrolled in the DMV Pull Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			If so, how often?		
Is the applicant enrolled in the CHP BIT Program? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Total # of trucks:	Trucks with sleeper cabs:	Single trailers:	Double trailers:	Triple trailers:	
Any trucks/trailers with ramps? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide number:			
Any trucks/trailers with lift-gates? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide number:			
Any team driver operations? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details:			
If union operations, provide month/year of contract renewal:					