

GRANITE INSURANCE BROKERS WORKERS COMPENSATION SUPPLEMENTAL

INSURED INFORMATION					
Insured:					
Insured Contact:			Phone:		
Fax:			Web Address:		
Email Address:			State Tax ID#:		
Effective Date:			FEIN#:		
GENERAL INFORMATION					
Date Business Started:			# of Locations:		
Description of Operations:					
Current # of Employees:		Full Time:	Part Time:	Seasonal:	Volunteers:
Percent of Employee Turnover in the last 12 Months:				Full Time:	Part Time:
Employee Staffing Expectation over the next 12 Months:				Full Time:	Part Time:
Average Hourly Wage in Governing Class:			Full Time:	Part Time:	
Average Hourly Wage in Clerical Class:			Full Time:	Part Time:	
Average Hourly Wage in Sales Class:			Full Time:	Part Time:	
Has the Insured ever in Bankruptcy: Y N			If yes, Please Explain:		
# of W2s filed last year:					
Payroll Data:					
Class: _____					
Year:					
2010	_____	_____	_____	_____	_____
2009	_____	_____	_____	_____	_____
2008	_____	_____	_____	_____	_____
2007	_____	_____	_____	_____	_____
2006	_____	_____	_____	_____	_____
Projections	2011	_____	_____	_____	_____
Premium Data:					
Year	2010	2009	2008	2007	2006
PREMIUM:					
BENEFITS					
Group Medical Provided:		Y	N	Eligible: All Employees Full Time Employees Other	
% of Employees Participating:			% of Employer Contribution:		
Name of Health Care Provider:					
Do you use a specific:		Clinic:		Physician:	
				Emergency Room:	
Paid Vacation:		Y	N	Retirement/401K Plan: Y N	
Paid Sick Leave:		Y	N	Full Time Nurse Maintained on Staff: Y N	

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CPR Training:	Y	N	Waiting Period for Coverage:	Y	N
SAFETY PROGRAM					
Safety Program/SB198 Compliant:	Y	N	Return to Light Duty Plan	Y	N
Return to Full Time Modified Duty:	Y	N	Designated Full Time Safety Director: Name:	Y	N
Safety Meetings for all Employees: Frequency of Meetings:	Y	N	Safety Training for All Employees: Incentive Program for Employees:	Y	N
Personal Protective Safety Equipment Provided:	Y	N	Supervisors are held Accountable for Injuries/Accidents:	Y	N
Accident Investigation Program:	Y	N			
HIRING PRACTICES					
Pre-Employment Application: Y N	Y	N	Pre-Employment Reference Checks: Y N	Y	N
Volunteer Labor Y N	Y	N	Temporary Labor: Agency Checks: Y N	Y	N
Audiometric Testing: Y N	Y	N	Pre/Post-employment Physical: Y N	Y	N
Motor Vehicle Record Check: Y N	Y	N	Employ Any Minors (under age 18):	Y	N
OPERATIONS					
Hours of Operation:			Number of Daily Shifts:		
Do Operations Include Driving: Y N	Y	N	Number of Authorized Drivers:		
Number of Vehicles:			Types of Vehicles Driven:		
Reason(s) for Driving (i.e. Delivery, Sales Calls, etc.)					
Frequency of Driving:	Daily:		Weekly:		Other:
Driving Radius:	Less than 50 Miles:	51-100 Miles:	101-250 Miles:	250+ Miles:	
Are Motor Vehicle Records being Checked: If yes, How Often?	Y	N			
Participation in CHP Pull Program:	Y	N			
Have Driver Acceptability Standards been established: Y N	Y	N	Vehicle Inspection/Maintenance Program in Place: Y N	Y	N
Vehicle Maintenance Performed by Employees: Y N	Y	N	Frequency:		
Are Cash Payments Made to Employees or Sub-Contractors:			Y N		
Are Meals or Lodging Provided to Employees in Lieu of Wages:			Y N		
Any Employees Paid by the Piece: Y N	Y	N	Work at Maritime/Offshore Facility: Y N	Y	N
Any Locations/Operations for which Coverage is not Requested:			Y N		
Operations Outside of California: Y N	Y	N	Any Asbestos Removal: Y N	Y	N

