



# ARROWHEAD Workers' Compensation

## SUPPLEMENTAL APPLICATION - TO BE COMPLETED WITH ACORD 130 APPLICATION

Named Insured:

Insureds FEIN:

Website:

CONTACT NAME & PHONE NUMBERS		
Inspections Contact:	Tel:	
Premium Audit Contact:	Tel:	
Claims Contact:	Tel:	
PRIOR PAYROLL & PREMIUM INFO		
	TOTAL ANNUAL PAYROLL	PREMIUM
Current Year:	\$	\$
Prior Year:	\$	\$
Prior Year:	\$	\$
Prior Year:	\$	\$
Prior Year:	\$	\$
OPERATIONS & BENEFITS		
Broker controlled account? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a member of the Chamber of Commerce? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide County and Membership #: _____		
Operation Description:		
Years in business:		
Hours of Operations - From: _____ to _____		
# of shifts:		
Does applicant allow employees to work more than 3 consecutive 12-hour shifts: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a driving/delivery exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other:		
Radius of operations/travel: <input type="checkbox"/> less than or equal to 10 mi les <input type="checkbox"/> 11-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100+		
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"/> NA		
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		
# of vehicles: _____ # of drivers: _____		
Are vehicles taken home: <input type="checkbox"/> Yes <input type="checkbox"/> No		
# of employees transported per vehicle:		
Is there a vehicle/fleet maintenance program: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, who does the servicing: <input type="checkbox"/> Outside vendor <input type="checkbox"/> In-house mechanics <input type="checkbox"/> Other:		
What is the servicing frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		
Do employee use personal vehicles for company use: <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		
If yes, please provide details: Why/purpose:		
Who will travel: _____ Where: _____		
Duration: _____ Frequency: _____		
How many employees live or work out of state: Live: _____ Work: _____		
# of employees at: Full time: _____ Part time: _____ Seasonal: _____ Volunteers: _____ (verify #'s correct with ACORD Application)		
# of employees per location #1: _____ #2: _____ #3: _____ #4: _____ #5: _____ #6: _____		
# of W - 2's issued Last year: _____ Previous year: _____		
How are employees paid: <input type="checkbox"/> Hourly <input type="checkbox"/> Piece rate <input type="checkbox"/> Commission <input type="checkbox"/> Flat salary <input type="checkbox"/> Other:		
% of union employees: _____ % non-union employees: _____		
Any day laborers or temporary/employee leasing: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide details:		
Actual average hourly wage for employees in governing class: \$ _____ /hour		

ArrowheadGrp.com

GROW  
with us

ARROWHEAD Workers' Compensation | Tel 866.401.2111 | Fax 866.650.2747

2365 Northside Drive, Suite 450, San Diego, CA 92108 | CA License #0699809



EMPLOYEE HEALTHCARE INFO	
1	Do employees get paid sick leave: <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Is a group medical plan provided: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name of healthcare provider:
3	What is the % of employees enrolled:
4	What is the % paid by the employer:
5	Do employees get paid vacation: <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Do employees get a retirement or pension plan: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does the employer contribute: <input type="checkbox"/> Yes <input type="checkbox"/> No
7	Is a specific medical provider used to treat injured employees: <input type="checkbox"/> Yes <input type="checkbox"/> No
8	Are you currently participating in a Medical Provider Network: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the name of current MPN:
9	Is CPR training provided: <input type="checkbox"/> Yes <input type="checkbox"/> No # of employees certified:
10	RTW program: <input type="checkbox"/> Yes <input type="checkbox"/> No Does it include salary continuation: <input type="checkbox"/> Yes <input type="checkbox"/> No
11	Has the ownership of the applicable entity changed within the past 5 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	
Reference Checks: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pre-post employment physicals: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Orthopedic back testing: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Formal job descriptions on file: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are personnel files documented for pre-existing injuries: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Average claim reporting timeframe:	
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"/> Between Dept.'s <input type="checkbox"/> Other:	
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 orientation: <input type="checkbox"/> Verbal Only <input type="checkbox"/> Verbal & 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, why:	
Are certificates of insurance kept on file: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Independent contractors used: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why:	
How are they paid: <input type="checkbox"/> 1099's <input type="checkbox"/> Other:	
SAFETY PROGRAM & ORGANIZATION - WORK PREMISES & 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 and illness prevention program: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Active safety incentive program: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does it encompass all employees: <input type="checkbox"/> Yes <input type="checkbox"/> No What type of incentive:	
Are safety meetings conducted: <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:	
Do employees receive safety training/orientation: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is training <input type="checkbox"/> Formal/Documented <input type="checkbox"/> Informal	
Is there a safety director or risk manager: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: Title:	
If yes, is the position full time or an additional responsibility of another employee:	
Material Safety Data Sheets available for all chemicals and products used: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Any material handling exposures: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
Any lifting exposures: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> < 25 lbs <input type="checkbox"/> 25-40 lbs <input type="checkbox"/> 40+ lbs	
Is all machinery/equipment properly guarded: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Forklift training provided: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, annual certification: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any use of Baler equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No Equipment condition: <input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Average	
Written lock out/tag out/block out procedures in place: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Respiratory program in place: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all equipment operators trained/certified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Max height you will work: What is used: <input type="checkbox"/> ladder <input type="checkbox"/> Scaffolding <input type="checkbox"/> Scissor lift <input type="checkbox"/> NA If scaffolding is used, does insured build their own: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal protection equipment provided: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, strict enforcement of utilization: <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of PPE:	
Is building/premises: <input type="checkbox"/> Owned <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: years	
Note: All information provided is subject to verification by way of an underwriting survey or inspection. Arrowhead General Insurance, 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 or manual? \_\_\_\_\_

Do you use contracted labor? ☐ Yes ☐ NoIs housing provided? ☐ Yes ☐ No

If yes, % of use? \_\_\_\_\_

If yes, # of employees housed - \_\_\_\_\_

Any seasonal workers used for operations? ☐ Yes  
☐ NoDoes 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 ☐ NoAny crop dusting operations? ☐ Yes ☐ NoIf yes, applications by ☐ Employees? ☐ Outside Vendor?If yes, services provided by ☐ Employees? ☐ Outside Vendor?Do any family members work in operation? ☐ Yes  
☐ NoAny 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 ☐ NoDoes risk deliver any of their own milk products? ☐ Yes ☐ NoIs 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 ☐ NoAre employees allowed to enter stem pipes around lagoon? ☐ Yes ☐ NoAre proper safety procedures in place for working near stem pipes, lagoons or sump pumps? ☐ Yes ☐ NoAny confined spaces exposures? ☐ Yes ☐ No If yes, please provide details on separate page - include copy of written procedures and details of Confined Spaces Training.**AUTOMOTIVE SERVICES**Any towing services provided? ☐ Yes ☐ NoAny road repair assistance? ☐ Yes ☐ NoIf yes, any contract towing? ☐ Yes ☐ NoIf yes, 24 hour exposure? ☐ Yes ☐ NoIs there a mini-market on premises? ☐ Yes ☐ NoAny fueling operations? ☐ Yes ☐ NoIf yes, any sales of Alcoholic beverages? ☐ Yes ☐ NoAny security/surveillance cameras on premises? ☐ Yes ☐ NoOpen 24 hours? ☐ Yes ☐ NoAny test driving of customers' vehicles? ☐ Yes ☐ NoIs cashier's booth bullet proof? ☐ Yes ☐ NoAny transportation of customers? ☐ Yes ☐ NoAccess to Freeway? ☐ 0-1 mile ☐ 1-2 miles ☐ 2+ milesAny off-premises or mobile services? ☐ Yes ☐ No If yes, provide details including percentage of payroll dedicated:Any vehicle crushing operations? ☐ Yes ☐ NoDo you have a ventilated/filtered spray booth for painting operations? ☐ Yes ☐ No ☐ N/ADo you have a written respiratory protection program? ☐ Yes ☐ No ☐ N/AIf yes, do employees complete a medical evaluation questionnaire? ☐ Yes ☐ NoIf medical evaluation questionnaire completed, is it reviewed by a physician? ☐ Yes ☐ NoAre employees properly trained in the use and care of respiratory protection equipment? ☐ Yes ☐ No ☐ N/AHas proper fit testing been provided to each employee and their assigned respirator? ☐ Yes ☐ NoAny work performed on vehicles greater than 2.5 ton capacity? ☐ Yes ☐ NoAre employees ASE trained and certified? ☐ Yes ☐ 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: ☐ Check annually? ☐ 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? ☐ Yes ☐ No

Any work below grade? ☐ Yes ☐ No

Max Depth in feet - \_\_\_\_\_ % of total work - \_\_\_\_\_

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. \_\_\_\_\_

Any work involving asbestos, hazardous product abatement, chemical/petroleum products, USL&H, underground tank or pipe replacement? ☐ Yes ☐ No If yes, please explain - \_\_\_\_\_

Does this risk conduct work for the government or city municipality? ☐ Yes ☐ No

Is the applicant involved in "Wrap Up" or "OCIP" projects ☐ Yes ☐ No If yes, please 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 % of work conducted in each of the following operations or Mark not applicable.

Blasting: <input type="checkbox"/> NA	Drilling: <input type="checkbox"/> NA	Light Pole Work: <input type="checkbox"/> NA	Demolition: <input type="checkbox"/> NA	Tunneling: <input type="checkbox"/> NA
Grading: <input type="checkbox"/> NA	Wrecking: <input type="checkbox"/> NA	Multi Story Buildings: <input type="checkbox"/> NA	Gas Mains: <input type="checkbox"/> NA	Crane Work: <input type="checkbox"/> NA
Asbestos: <input type="checkbox"/> NA	Highway Work: <input type="checkbox"/> NA	Scaffold set-up: <input type="checkbox"/> NA	Roofing: <input type="checkbox"/> NA	Concrete Tilt-up: <input type="checkbox"/> NA
Sewer: <input type="checkbox"/> NA	Exterior Framing: <input type="checkbox"/> NA	Structural Steel: <input type="checkbox"/> NA	Bridge Work: <input type="checkbox"/> NA	Excavation: <input type="checkbox"/> NA
Supervisory only: <input type="checkbox"/> NA	Street/road work: <input type="checkbox"/> NA	Spray painting: <input type="checkbox"/> NA	Dock/Sea Walls: <input type="checkbox"/> NA	

**APARTMENT OPS / BUILDING OPS / HOTEL/MOTEL**

Is housing provided? ☐ Yes ☐ No Any furnished apartments available? ☐ Yes ☐ No

If yes, # of employees housed and describe their responsibilities: \_\_\_\_\_

If yes, % 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

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)? ☐ Yes ☐ No

Are employees responsible for eviction notification and/or enforcement? ☐ Yes ☐ No

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 entertaining 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? \_\_\_\_\_

**JANITORIAL CONTRACTORS**

Check appropriate exposures in the following areas:

- |                                     |                                   |   |  |   |
|-------------------------------------|-----------------------------------|---|--|---|
| <input type="checkbox"/> Hospitals  | <input type="checkbox"/> Airports | <input type="checkbox"/> Education Facilities | <input type="checkbox"/> Nursing Homes | <input type="checkbox"/> Apartment houses       |
| <input type="checkbox"/> Government | <input type="checkbox"/> Museums  | <input type="checkbox"/> Office Buildings     | <input type="checkbox"/> Stores        | <input type="checkbox"/> Fire/Flood/Restoration |
|                                     |                                   | <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 <sup>st</sup> 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 | _____ Crimes 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?**LANDSCAPING**

- Any tree trimming performed that is off the ground? ☐ Yes ☐ No Any boulder or tree removal performed? ☐ Yes ☐ No
- Any use of tractors, loaders or similar equipment? ☐ Yes ☐ No Any highway or median work conducted? ☐ Yes ☐ No
- Any use of chippers, mulchers, cherry pickers, booms or other similar equipment? ☐ Yes ☐ No
- If yes, please explain - \_\_\_\_\_
- Any use of pesticides or fertilizers? ☐ Yes ☐ No
- If yes, is the application completed by - ☐ Employee? ☐ Outside Vendor?
- Any debris removal or land clearing activities? ☐ Yes ☐ No
- If yes, please explain - \_\_\_\_\_

**MANUFACTURING - MACHINE SHOPS**

- Any punch press or press brake machinery/equipment? ☐ Yes ☐ No
- Age of machinery: ☐ <2 yrs ☐ 2-5 yrs ☐ 5-10 yrs ☐ 10+ yrs
- Machine Guarded: ☐ Point of operation ☐ Drive Mechanism Accessible moving parts guarded on machinery/equipment? ☐ Yes ☐ No
- Types of machines (must equal 100%) - Heavy \_\_\_\_\_ Mid \_\_\_\_\_ Light \_\_\_\_\_ Any Computer Network Controlled (CNC) machinery? ☐ Yes ☐ No
- % of off-premise operations: \_\_\_\_\_ If yes, where/what for? \_\_\_\_\_
- Is building properly ventilated? ☐ Yes ☐ No Is proper dust collection system in place? ☐ Yes ☐ No

**RESTAURANTS**

- Entertainment provided? ☐ Yes ☐ No Bar or separate lounge area? ☐ Yes ☐ No
- Fast Food? ☐ Yes ☐ No Any catering? ☐ Yes ☐ No
- Number of: \_\_\_\_\_ Hosts \_\_\_\_\_ Waitpersons \_\_\_\_\_ If yes, radius of operations: \_\_\_\_\_ miles % of exposure - \_\_\_\_\_
- Bartenders \_\_\_\_\_ Valet \_\_\_\_\_ Busboys \_\_\_\_\_ Any delivery? ☐ Yes ☐ No Delivery hours - \_\_\_\_\_ to \_\_\_\_\_
- Cooks \_\_\_\_\_ If yes, radius of operations: \_\_\_\_\_ miles % of exposure - \_\_\_\_\_
- Average price of entrée? ☐ <\$5 ☐ \$5-\$15 ☐ \$15+ \_\_\_\_\_
- Servicing, cleaning of hoods/filters/grease traps or related systems provided by: ☐ Outside vendor ☐ Employees

**RETAIL / WHOLESALE**

Type of Merchandise? \_\_\_\_\_

Gross Receipts: Wholesale \_\_\_\_\_ % Retail \_\_\_\_\_ % Warehousing? ☐ Yes ☐ NoAny repacking or repackaging operations? ☐ Yes ☐ No

If yes, please explain operations: \_\_\_\_\_

Assembly exposure? ☐ Yes ☐ No

If yes, please explain exposure: \_\_\_\_\_

Any distribution exposure? ☐ Yes ☐ No

If yes, by common carrier or does insured have a trucking exposure?

Please explain: \_\_\_\_\_

**TRUCKING****Type of Authority:** a) ☐ Common Carrier ☐ Contract Carrier ☐ Private ☐ Brokerage ☐ Exemptb) ☐ Regular Route ☐ Irregular Route**Carrier Operations:** ☐ California Only ☐ Interstate

Length of Haul with Total % = 100%:

Under 50 Miles \_\_\_\_\_ % 50 - 200 \_\_\_\_\_ % 201 - 300 \_\_\_\_\_ %  
 301 - 500 \_\_\_\_\_ % 501 - 1,000 \_\_\_\_\_ % Over 1,000 \_\_\_\_\_ %

**Filings:** DOT# \_\_\_\_\_ PUC# \_\_\_\_\_ DMV/MCP# \_\_\_\_\_ ☐ Not Applicable**Please Check the Questions and Attached the Applicable Data:**Motor Carrier Identification Report, MCS-150: ☐ Attached or ☐ Not ApplicableCargo Classification: ☐ See attached MCS-150 or ☐ See below (check all that apply):☐ General Freight ☐ Logs, Poles Beams, Lumber ☐ Liquids/Gases ☐ Grain, Feed, Hay ☐

Chemicals

☐ Household Goods ☐ Building Materials ☐ Intermodal Containers ☐ Coal, Coke ☐

Commodities Dry Bullion

☐ Metal Sheets, Coils, Rolls ☐ Mobile Homes ☐ Passengers ☐ Meat ☐

Refrigerated Food

☐ Motor Vehicles ☐ Machinery, Large Objects ☐ Oilfield Equipment ☐ Garbage, Refuse, Trash ☐

Beverages

☐ Driveway/Towaway ☐ Fresh Produce ☐ Livestock ☐ U.S. Mail ☐ Paper

Products

☐ Other \_\_\_\_\_**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: ☐ Attached or ☐ 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 ☐ Not Applicable

e) Number of Non-Union: \_\_\_\_\_ Union: \_\_\_\_\_

f) Do the drivers load and unload their trucks? ☐ No ☐ Yes (please provide detail of the types of materials loaded/unloaded

and any equipment used: \_\_\_\_\_

Is the applicant enrolled in the DMV Pull Program? ☐ Yes ☐ No If so, how often?Is the applicant enrolled in the CHP BIT Program? ☐ Yes ☐ No

Total # of Trucks \_\_\_\_\_ # of Trucks with Sleeper Cabs \_\_\_\_\_ Single Trailers \_\_\_\_\_ Double Trailers \_\_\_\_\_

Triple Trailers \_\_\_\_\_

Any trucks / trailers with ramps? ☐ Yes ☐ No If yes, please provide # \_\_\_\_\_Any trucks / trailers with lift-gates? ☐ Yes ☐ No If yes, please provide # \_\_\_\_\_Any team driver operations? ☐ Yes ☐ No If yes, please provide details- \_\_\_\_\_

If union operations, provide Month / Year of contract renewal: \_\_\_\_\_

**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 Intern Staff? ☐ Yes ☐ No If yes, explainCity Council Positions? ☐ Yes ☐ No #County Supervisors Positions? ☐ Yes ☐ No #

Does the hiring process include: Drug Screening?

☐ Yes ☐ NoPre Employment Physicals? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Any Post Accident Drug Testing? ☐ Yes ☐ NoIs there a probationary period upon hire? ☐ Yes ☐ No If yes, explainAre employees provided with any New Employee Orientation? ☐ Yes ☐ NoDoes each job have a written job description? ☐ Yes ☐ NoDo employees receive initial job training? ☐ Yes ☐ NoIs training on-going and documented? ☐ Yes ☐ NoDo employees work shifts? ☐ Yes ☐ No If yes, explainAny on-call employees? ☐ Yes ☐ No If yes, explainDo any employees have take home vehicles? ☐ Yes ☐ No If yes, explainAny underground work? ☐ Yes ☐ No If yes, explainAny work above 12' in height? ☐ Yes ☐ No If yes, explainAny confined space exposures? ☐ Yes ☐ No If yes, explainIf yes, is there a Written Confined Space Entry Program? ☐ Yes ☐ NoAny sub-contracted operations? ☐ Yes ☐ No If yes, explainAre W / C Certificates of Insurance obtained on all sub-contractors? ☐ Yes ☐ NoAny use of independent contractors? ☐ Yes ☐ No If yes, explain

Number of vehicles?

Driving Radius?

Do employees use personal vehicle for business purposes? ☐ Yes ☐ No If yes, explain**PEST CONTROL**Type of operations: ☐ Commercial ☐ Agricultural ☐ Residential ☐ Industrial ☐ Structural☐ Structural repairs or replacements ☐ Dry Rot Wood Repair ☐ Shower Pan Replacement ☐ Foam ☐ Fumigation☐ Chemical Treatment Services ☐ Other:

Percentage of tenting, if any?

Lawn treatment or care? ☐ Yes ☐ No If yes, provide details:

Other Service:

Provide details:

Place an (x) next to 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 Control | <input type="checkbox"/> Bird/Pigeon Control | <input type="checkbox"/> Animal Trapping | <input type="checkbox"/> Animal Removal | <input type="checkbox"/> Bird/Rodent Proofing |
- ☐ Other:

Personal protective equipment required:

Written Injury & Illness Prevention Program? ☐ Yes ☐ NoWritten Haz-Com Program? ☐ Yes ☐ NoWritten Heat Stress Program? ☐ Yes ☐ NoWritten Respiratory Protection Program? ☐ Yes ☐ NoWritten Fall Protection Program? ☐ Yes ☐ NoSpecial Written Procedures for working in Confined Spaces (Attics & Under Residences / Buildings)? ☐ Yes ☐ NoDocumented New Employee Orientation including Documented Training? ☐ Yes ☐ No



#### NEWSPAPER / PUBLISHING

Any home delivery services? ☐ Yes ☐ No If yes, independent contractors and/or employees?

Provide details:

Any delivery operations? ☐ Yes ☐ No If yes, # of vehicles Driving radius

Any telemarketing operations? ☐ Yes ☐ No If yes, independent contractors and/or employees?

Provide details:

Any security operations? ☐ Yes ☐ No If yes, independent contractors and/or employees? \_\_\_\_\_ Armed or Unarmed?

Provide details:

Do employees or independent contractors use personal vehicle for company business? ☐ Yes ☐ No

If yes, are certificates of insurance in file? ☐ Yes ☐ No

Are MVR's (Motor Vehicle Reports) obtained on all drivers? ☐ Yes ☐ No Is the Company enrolled in the DMV "Pull" Program? ☐ Yes ☐ No

Any 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/r 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 ☐ No

Does the company have a written Hearing Conservation Program? ☐ Yes ☐ No

Do employees use/wear and PPE (Personal Protective Equipment)? ☐ Yes ☐ No If yes, provide details:

Does the company have a written Ergonomics Program? ☐ Yes ☐ No

Does the company have a written Material Handling Program, with identified weight limits? ☐ Yes ☐ No

Does the company have a written Lock Out / Tag Out Program? ☐ Yes ☐ No

Is maintenance of equipment / machinery completed by employees and/or outside vendors? ☐ Yes ☐ No If yes, provide details: \_\_\_\_\_

Are all forklift / material handling equipment operations certified? ☐ Yes ☐ No

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.

Applicant Name: (print)

Signature of Applicant:

Date: