



## Workers Compensation Questionnaire

### GENERAL INFORMATION

Applicants Name: _____	
Mailing Address: _____	Federal ID Number: _____
_____	Years in Business: _____
_____ Current Policy Expiration: _____	
Business Ownership (Legal Entity): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
# Employees By Classification	Risk Classification: _____
Full Time _____ Part Time _____	Estimated Annual Payroll: _____

### PARTNERS/OFFICERS; INCLUDED OR EXCLUDED

Partners, Officers, Relatives to be included or excluded (Remuneration to be included must be part of rating information section)  
**(Attach list if additional space is required).**

Name	Title Relationship	Ownership %	Include or Exclude	Remuneration
				(\$87,100 Maximum 2006 for Included Partners/Officers)

### PRIOR CARRIER INFORMATION/LOSS HISTORY

Attach FIVE YEARS HARD COPY LOSS RUNS from THE CARRIER(S). - See sample REQUEST LETTER

Year	Carrier & Policy Number	Annual Payroll	Annual Premium
2005/06	Co: Pol #:		
2004/05	Co: Pol #:		
2003/04	Co: Pol #:		
2002/03	Co: Pol #:		
2001/02	Co: Pol #:		

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## GENERAL INFORMATION

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### Explain All "Yes" Responses Under Remarks

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Does applicant own, operate or lease aircraft/watercraft?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Any work performed on barges, vessels, docks, bridge over water?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is applicant engaged in any other type of business?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are sub-contractors used? (If yes, give % of work subcontracted)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Any work sublet without certificates of Insurance?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is a formal safety program in operation?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Any group transportation provided?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Any employees under 16 or over 60 years of age?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Any seasonal employees?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Is there any volunteer or donated labor?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Any employees with physical handicaps?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Do employees travel out of state?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Are athletic teams sponsored?                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Are physical required after offers of employment are made?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Any other insurance with this insurer?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Any prior coverage declined/cancelled/non-renewed (last 3 yrs)?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Are employee health plans provided?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Is there a labor interchange with any other business/subsidiary? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Do you lease employees to or from other employers?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Do any employees predominantly work at home?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

REMARKS / Additional Locations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Web Site: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**To:**

**Sent Via Facsimile:**

**Pages Sent: 1**

ATTENTION: UNDERWRITING DEPARTMENT

Re: **Currently Valued Loss Runs**  
Policy Number(s)

Pursuant to California Insurance Code 792.08, please provide our firm with currently valued loss runs for all years insured through your company.

Submit to our office via facsimile at your earliest convenience.

Thank you for your prompt attention to this request.

Very truly yours,