

# Workers Compensation Supplemental Application



FARMERS®

|                    |            |               |
|--------------------|------------|---------------|
| Insured Name:      |            | Agent's Name: |
| Contact Name:      | Title:     | Agent's No:   |
| Policy/App Number: |            | Phone No:     |
| FEIN:              | State ID#: | Fax Number:   |
| Effective Date:    | Assn #:    | Today's Date: |

**Please Complete All Questions for Sections A, B, C and Appropriate Industry:**

**General Questions**

|   |
|---|
| 1. Does the insured own, operate or lease aircraft/watercraft? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 2. Any storing, treating, discharging, applying, disposing or transporting of hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 3. Is a group medical plan provided? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If yes, what percentage of employees are enrolled? %  |
| If yes, who is eligible for the group medical plan? <input type="checkbox"/> All employees <input type="checkbox"/> Full time employees only <input type="checkbox"/> Executive Officers <input type="checkbox"/> Other   |
| If yes, what percentage of the benefit is contributed by the employer? %  |
| If yes, what is the length of time employees must wait for benefits to take effect? <input type="checkbox"/> Immediately <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 90+ days   |
| 4. Number of employees: Full time: Part Time: Seasonal employees: Rehires:  |
| 5. Number of W2's filed last year: #  |
| 6. What benefits are provided? <input type="checkbox"/> None <input type="checkbox"/> Paid Vacation <input type="checkbox"/> Sick Leave <input type="checkbox"/> 401K <input type="checkbox"/> Vision/Dental <input type="checkbox"/> Retirement <input type="checkbox"/> Stock Options   |
| 7. What is the average hourly wage? Select one that applies below:<br>Minimum wage, <input type="checkbox"/> \$6.00 to \$10.00, <input type="checkbox"/> \$11.00 to \$15.00, <input type="checkbox"/> \$16.00 to \$21.00, <input type="checkbox"/> \$22.00 to \$25.00, <input type="checkbox"/> \$25.00 to \$30.00, <input type="checkbox"/> \$30.00+ |
| 8. Is the risk currently in or has the risk ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 9. Is a completed written job application required? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 10. Are references checked? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| If no, explain  |
| 11. Are there pre-employment physicals? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 12. Is there a drug testing program? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If yes, select one of the following <input type="checkbox"/> Pre-placement <input type="checkbox"/> Post accident <input type="checkbox"/> Random   |
| 13. Are there any leased or temporary employees? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If yes, what is the percentage? %   |
| 14. Is there any volunteer or donated labor? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If yes, does the risk keep track of volunteer hours? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 15. What are the hours of operation From: am To: pm   |
| 16. Do any employees telecommute or work from home? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 17. Is there any security employed or contracted on premises at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| If yes, what type? <input type="checkbox"/> Dogs <input type="checkbox"/> Armed Guards <input type="checkbox"/> Unarmed Guards  |
| 18. Are there video surveillance cameras? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 19. What is the maximum manual lifting capacity? <input type="checkbox"/> Less than 50lbs <input type="checkbox"/> 50-100lbs <input type="checkbox"/> 100+ lbs  |
| 20. How is the lifting exposure controlled? <input type="checkbox"/> Manually <input type="checkbox"/> Automated  |

|   |  |  |  |  |
|---|--|--|--|--|
| 21. Is there any out of state exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |  |
| If yes, what is the duration of time spent out of state? <input type="checkbox"/> <1 month <input type="checkbox"/> < 3 months <input type="checkbox"/> < 6 months <input type="checkbox"/> > than 6 months |  |  |  |  |
| 22. Is there any delivery/driving exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |  |
| If yes, is there a formal MVR check in place? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |  |
| If yes, what is the driving frequency? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other  |  |  |  |  |
| If yes, what is the driving radius? <input type="checkbox"/> Less than 50 miles <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 200+                              |  |  |  |  |
| 23. Does the insured provide employee transportation to and from the jobsites? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |  |
| If yes, does the insured permit employees to ride in/on vehicles other than the cab? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |  |
| If yes, describe the reason:  |  |  |  |  |
| 24. Indicate the number of vehicles owned/leased : # of Autos # of Vans # of Trucks # Tractors  |  |  |  |  |
| 25. Are any company vehicles taken home? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |  |
| If yes, number taken home:  |  |  |  |  |
| If yes, what is the employees position?   |  |  |  |  |
| 26. Do employees use personal vehicles during business hours? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |  |
| 27. Is there a documented vehicle maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |  |
| If yes, is there a MVR "Pull Program"? (CA only): <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |  |
| 28. Are aisle ways clear and premises always free of congestion and in good repair? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |  |
| 29. Is there a formal written safety program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |  |
| 30. Are supervisors held accountable for safety training, enforcement and results? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |  |
| 31. Is there a designated safety director? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |  |
| 32. Is there an incentive program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |  |
| 33. Does the insured conduct safety meetings for all employees? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |  |
| If yes, how often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually                 |  |  |  |  |
| If yes, are they documented? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |  |
| 34. Is safety training conducted for all employees? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |  |
| If yes, how often? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually             |  |  |  |  |
| If yes, are they documented? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |  |
| If yes, please describe the specific training provided:   |  |  |  |  |
| 35. Is personal protective equipment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |  |
| If yes, is use enforced? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |  |
| 36. Are written premises and jobsite safety self-inspection checklist provided? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |  |
| If yes, how often? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly  |  |  |  |  |
| 37. Is there an accident investigation program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |  |
| If yes, are the underlying root causes determined and corrective action taken? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |  |
| 38. Is there a written return to work plan? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |  |
| 39. Are first aid supplies available on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |  |
| 40. Is any first aid training conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |  |
| 41. Is a current OSHA 300 log maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |  |
| 42. Is any work performed underground more than 4 feet or above ground more than 20 feet? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |  |
| 43. Is any work performed on barges, vessels, docks or bridges over water? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |  |
| 44. Are any employees under 16 or over 70 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |  |
| 45. Are any seasonal employees hired? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |  |



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| 5. Is any split rim work conducted?                                      | <input type="checkbox"/> Yes            | <input type="checkbox"/> No             |
| If yes, are safety cages used?   | <input type="checkbox"/> Yes            | <input type="checkbox"/> No             |
| 6. Is any agriculture/off-road tire work conducted?                      | <input type="checkbox"/> Yes            | <input type="checkbox"/> No             |
| If yes, what is the percentage of work done off premises?                |   | %                                       |
| 7. Is any towing or roadside service provided?                           | <input type="checkbox"/> Yes            | <input type="checkbox"/> No             |
| If yes, are they on call 24 hrs?   | <input type="checkbox"/> Yes            | <input type="checkbox"/> No             |
| 8. Does the insured operate a gas station?                               | <input type="checkbox"/> Yes            | <input type="checkbox"/> No             |
| If yes, please select the one that applies:                              | <input type="checkbox"/> Self Service   | <input type="checkbox"/> Full service   |
| 9. Does the insured operate a Mini Market?                               | <input type="checkbox"/> Yes            | <input type="checkbox"/> No             |
| 10. Is there a restaurant on the premises?                               | <input type="checkbox"/> Yes            | <input type="checkbox"/> No             |
| If yes, does the insured own the restaurant?                             | <input type="checkbox"/> Yes            | <input type="checkbox"/> No             |
| 11. Does the insured operate a car wash?                                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No             |
| If yes, please select the one that applies.                              | <input type="checkbox"/> Self-service   | <input type="checkbox"/> Full Service   |
| 12. Is any window tinting/repair operations conducted?                   | <input type="checkbox"/> Yes            | <input type="checkbox"/> No             |
| 13. Is any auto detailing work conducted?                                | <input type="checkbox"/> Yes            | <input type="checkbox"/> No             |
| 14. Is any auto dismantling work conducted?                              | <input type="checkbox"/> Yes            | <input type="checkbox"/> No             |
| <b>Retail/Wholesale</b>  |   |   |
| 1. What type of merchandise does the insured handle?                     |   |   |
| 2. Is any repackaging work conducted?                                    | <input type="checkbox"/> Yes            | <input type="checkbox"/> No             |
| If yes, describe what type:  |   |   |
| 3. Is there any assembly work conducted?                                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No             |
| If yes, describe what type:  |   |   |
| 4. Is any service, repair or installation done?                          | <input type="checkbox"/> Yes            | <input type="checkbox"/> No             |
| If yes, describe what type:  |   |   |
| If yes, is any service, repair or installation done off premises?        | <input type="checkbox"/> Yes            | <input type="checkbox"/> No             |
| If yes, describe what type:  |   |   |
| 5. Is any power lifting equipment used?                                  | <input type="checkbox"/> Yes            | <input type="checkbox"/> No             |
| If yes, what type:   |   |   |
| 6. How are products received?  | <input type="checkbox"/> Owned Vehicles | <input type="checkbox"/> Common Carrier |
|  | <input type="checkbox"/> Rail Car       | <input type="checkbox"/> Other          |
| 7. How are the products shipped?   | <input type="checkbox"/> Owned Vehicles | <input type="checkbox"/> Common Carrier |
|  | <input type="checkbox"/> Rail Car       | <input type="checkbox"/> Other          |
| <b>Manufacturing/Machining</b>   |   |   |
| 1. What type of product is the insured manufacturing?                    |   |   |
| 2. Is any manufacturing or assembly sub-contracted?                      | <input type="checkbox"/> Yes            | <input type="checkbox"/> No             |
| 3. What is the percentage of CNC or other computer controlled machining: |   | %                                       |
| 4. Are Written Lock Out procedures used?                                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No             |
| 5. Are there any off premise operations?                                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No             |
| If yes, what is the percentage:  | %                                       |   |
| 6. Is there any material finishing work conducted?                       | <input type="checkbox"/> Yes            | <input type="checkbox"/> No             |
| If yes, describe, ie; heat, plating or paint:                            |   |   |
| 7. Does the insured use cranes, hoists or forklifts?                     | <input type="checkbox"/> Yes            | <input type="checkbox"/> No             |
| 8. How are materials received?   | <input type="checkbox"/> Owned Vehicles | <input type="checkbox"/> Common Carrier |
|  | <input type="checkbox"/> Rail Car       | <input type="checkbox"/> Other          |
| 9. How does the insured ship the products?                               | <input type="checkbox"/> Owned Vehicles | <input type="checkbox"/> Common Carrier |
|  | <input type="checkbox"/> Rail Car       | <input type="checkbox"/> Other          |
| 10. What percent of processing equipment is used?                        | drills                                  | %                                       |
|  | shears/blades                           | %                                       |
|  | forming                                 | %                                       |

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|--|--|--|---|--|---|
| 11. Is guarding for all machinery maintained to proper standards? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |   |  |   |
| If yes, what is the maintenance schedule?  |  |  |   |  |   |
| <b>Artisan Contractors/Contractors</b>   |  |  |   |  |   |
| 1. What percentage of the work is done on the following: Residential   |  | %  | Commercial  |  | % |
| 2. What percentage of the work is done on the following? New Const   |  | %  | Remodel   |  | % |
| 3. Are employees working in trenches/excavations:  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |   |
| If yes, what is the feet in depth?   |  |  |   |  |   |
| 4. What type of lifting devices are used? check all that apply: <input type="checkbox"/> ladders <input type="checkbox"/> scaffolding <input type="checkbox"/> cranes <input type="checkbox"/> scissor-lifts <input type="checkbox"/> man-lifts <input type="checkbox"/> forklifts |  |  |   |  |   |
| 5. Will the contractor take on any work that requires an overnight stay? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |   |  |   |
| 6. Is any road/freeway work conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |   |  |   |
| If yes, describe work:   |  |  |   |  |   |
| 7. Are employees continuously supervised at each jobsite? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |   |  |   |
| 8. Is there any tree trimming conducted above ground level? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |   |  |   |
| 9. Is any manual planting done over 15 gallons? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |   |  |   |
| 10. Are any chippers and/or shredders used? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |   |  |   |
| If yes, provide details:   |  |  |   |  |   |
| 11. Is this a union operation? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |   |  |   |
| If yes, indicate what union:   |  |  |   |  |   |
| <b>Agriculture</b>   |  |  |   |  |   |
| 1. Is the employer a farm labor contractor: <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |   |  |   |
| 2. Does the employer use Farm Labor Contractor Workers? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |   |  |   |
| 3. What type of crops are grown by the employer?   |  |  |   |  |   |
| 4. What type of harvesting is done? <input type="checkbox"/> Manual <input type="checkbox"/> Mechanized  |  |  |   |  |   |
| 5. What percentage of fertilizers and or pesticides are applied by the employer?   |  |  |   |  | % |
| 6. What percentage of fertilizers and or pesticides are applied by a subcontractor?  |  |  |   |  | % |
| 7. Is any housing provided by the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |   |  |   |
| If yes, provide details:   |  |  |   |  |   |
| If yes, please describe:   |  |  |   |  |   |
| <b>Service Providers</b>   |  |  |   |  |   |
| 1. Are employees provided any of the following: Car allowance <input type="checkbox"/> Yes <input type="checkbox"/> No Mileage reimbursement <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |   |  |   |
| 2. Does the amount of work by employees away from premises exceed 30%? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |   |  |   |
| 3. Do any employees work unsupervised while away from the employer's principal place of business? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |   |  |   |
| If yes, describe type of work done:  |  |  |   |  |   |
| 4. Does the employer's business result in the need for overnight stays by employees? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |   |  |   |
| If yes, describe:  |  |  |   |  |   |
| 5. Does the employee do any overseas travel?: <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |   |  |   |
| If yes, identify destination(s) and typical length of stay:  |  |  |   |  |   |
| 6. Is the employer an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |   |  |   |
| If yes, describe what type of law is practiced:  |  |  |   |  |   |
| If yes, please provide the following: Number of staff attorneys:   |  |  | Number of clerical and para-professional employees: |  |   |
| 7. Is the employer a technical or trade school?: <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |   |  |   |
| If yes, describe the curriculum:   |  |  |   |  |   |
| 8. Are any spa services provided by the risk? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |   |  |   |

If yes, describe services:

**Printers**

- 1. Indicate items printed or published: Check all that apply:  Book  Catalog  Newspaper  Magazine  Directory  
 Stationary  Business cards  Menus  Social material  Financial/Legal  Other
- 2. Indicate the method of printing:  Screen  Waterless  Offset  Typeset  Litho
- 3. Describe the degreasing and cleaning agents used:
- 4. Are presses inspected on a regular basis by qualified technicians?  Yes  No  
If yes, what is the frequency?  Daily  Twice a week  More than twice a week  Every other week  Monthly  Bi-Monthly
- 5. Are presses and equipment properly guarded?  Yes  No
- 6. Are interlocking system installed on all machines?  Yes  No
- 7. How are products shipped?  Owned Vehicles %  Common Carrier %

**Transportation/Vehicle Operation**

- 1. What type of trucking is being conducted? Check all that apply:  Contract Hauler  Private Carrier  Owner / Operator
- 2. What type of operation is being conducted? Check all that apply:  Haulaway  Towing  Ambulance  Bus  Chauffeur  
 Ready Mix  Dairy/Milk  Taxi  Messenger  Water Truck  
 Food Vendor  Parcel Pick Up  Trucking  Beer or Ale
- 3. What type of units does the insured operate? Check all that apply:  Flatbed  Refrigeration  Bottom Dump  Tandem  Box  
 Stake  Tanker  Container
- 4. Who is conducting the loading and or unloading?  Employees  Driver/Helper  Other
- 5. Is the loading or unloading conducted with a:  Crane  Forklift  Hydraulic Lift  Manually
- 6. Is any rigging being conducted?  Yes  No  
If yes, by whom :  By Others  By Operator
- 7. What are the truck characteristics? Check all that apply:  Sleeper Cab  2 man crew  Deadheading  Scheduled  Backhauling  
 Alarms
- 8. Describe materials that are transported:
- 9. What are the characteristics of the trucker?  Certified  MVR Program  Maintains Checklist  Union