

**Description of Operations, Hiring, Employment & Safety Characteristics**

Applicant Name _____ **Proposed Effective Date** _____
FEIN _____ **Company Website** _____

Description of Operations**Misc. (Explain any gaps in coverage, cancellations, significant fluctuations in payroll, etc.)****Employee Breakdown (Top Classes by Payroll Excluding 8810/8742)**

Class Code	# FT	# PT	# Seasonal	# Other	Union?	Avg. Wage Per Hour
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Hiring Practices**Check Yes ONLY if Applicable to 75%+ of Labor**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Written Application
<input type="checkbox"/> Yes <input type="checkbox"/> No	Written Job Description
<input type="checkbox"/> Yes <input type="checkbox"/> No	Background/Reference Check
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Hire Drug Testing
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Hire Physical Fitness Test

Safety Practices**Check Yes ONLY if Applicable to 75%+ of Labor**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Formal Injury & Illness Prevent. Plan
<input type="checkbox"/> Yes <input type="checkbox"/> No	Formal Return to Work Plan
<input type="checkbox"/> Yes <input type="checkbox"/> No	Quarterly (or More) Safety Meetings
<input type="checkbox"/> Yes <input type="checkbox"/> No	Quarterly (or More) Safety Training
<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Incentive Plan

Management Practices, Loss Control, Claims Handling & Benefits

<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the ownership active in the day-to-day operations of the company?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a full-time risk/safety manager employed whose job is 50%+ safety related?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a formal and random drug testing program for all employees?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a formal post-accident drug testing program for all workplace injuries?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Upon termination are personnel files documented for any potential workplace injuries?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a formal accident investigation and claims reporting process?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do more than 50% of employees receive group health through you that is 50%+ employer paid?

Details / Descriptions / Notes



Construction & Contracting Exposures

Client Type (by %) [Must add up to 100%]	
Single Family Home	
Apartment/Condo/Multi-Unit	
Warehouse/Similar	
Manufacturing/Industrial	
Other Commercial Facility	
Land/Road Space	
Other (Please Detail Below)	

Job Type (by %) [Must add up to 100%]	
New Construction	
Demolition/Tear Out	
Repair/Remodel (No Demolition)	
Other (Please Detail Below)	

Job Location (by %) [Must add up to 100%]	
Interior	
Exterior (on Roof Surface)	
Exterior (not on Roof Surface)	
Other (Please Detail Below)	

Check All Applicable Job Types		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Asbestos/Lead Remediation	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Blasting	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Confined Space Exposures	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Crane Operations/Crane Rental	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire/Flood/Mold Restoration	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Highway/Roadway Work	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Iron/Steel Erection	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Piers/Docks/Caissons/Seawall	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pollution/Spill Remediation	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Prevailing Wage/Union	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Scaffolding Setup/Teardown	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Ship Breaking	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Solar Panel Installation	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Structural Framing	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Tank Entry	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Utility/Light Pole Work	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Welding	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wildfire Work (Pre or Post Fire)	

Details / Descriptions / Notes

Height & Depth Exposures

Height [Must add up to 100%]	% of Ops	How Are Heights Accessed? (Check All that Apply)
20+ Feet Below Grade		N/A
8-20 Feet Below Grade		N/A
0-8 Feet Below Grade		N/A
0 Feet At Grade		N/A
0-12 Feet Above Grade		<input type="checkbox"/> Ladder <input type="checkbox"/> Scaffold <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Other
12-24 Feet Above Grade		<input type="checkbox"/> Ladder <input type="checkbox"/> Scaffold <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Other
24-40 Feet Above Grade		<input type="checkbox"/> Ladder <input type="checkbox"/> Scaffold <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Other
40+ Feet Above Grade		<input type="checkbox"/> Ladder <input type="checkbox"/> Scaffold <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Other

Details / Descriptions / Notes (Please Also Note the Maximum Height & Depth Worked At)

**Subcontracting Exposure****Subcontracting & Independent Contracting**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you subcontract any work? If so, what % _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you keep certificates of Workers Comp. Insurance for all subcontractors?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is payroll for <u>uninsured</u> (no Workers Comp.) subcontractors included in your payroll estimate?

Details / Descriptions / Notes

Note, any payment made to subcontractors who cannot evidence their own currently-valid workers compensation coverage is subject to inclusion in your audit premium. Auditors will request to see all subcontractor certificates.

Recent & Upcoming (Likely) Jobs

	Name	Begin/End (Mo/Yr)	Description (e.g., Trades, Unique Features, etc.)
1			
2			
3			
4			
5			

Note: All Information provided is subject to verification by way of an underwriting survey or inspection. XPT Specialty must be notified of any significant change in operations or payroll. Terms of insurance coverage may be canceled for misrepresentation or inaccurate information.

Signature of Applicant_____
Date Signed_____
Signature of Agent_____
Date Signed