



## Workers Compensation Supplemental Application

(To be Completed with Acord 130 application)

Named Insured: _____		Web Address: _____	
Insured's FEIN: _____		Proposed Effective Date: _____	
<b>Contact Name and Phone Number</b>			
Inspections: _____	_____	( _____ )	-
Premium Audit: _____	_____	( _____ )	-
Claims: _____	_____	( _____ )	-
<b>Prior Payroll and Premium Information</b>			
	<u>Total Annual Payroll</u>		<u>Premium \$</u>
Current Year: _____	_____	_____	_____
Prior Year: _____	_____	_____	_____
Prior Year: _____	_____	_____	_____
Prior Year: _____	_____	_____	_____
Prior Year: _____	_____	_____	_____
<b>Operations and Benefits</b>			
Please provide a detailed description of the operation: _____			
_____			
_____			
Years in business? _____	Hours of operation- _____ to _____	# of Shifts - _____	
Is there a driving/delivery exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Radius of operations/travel: <input type="checkbox"/> <50 miles <input type="checkbox"/> 50-100 <input type="checkbox"/> 100+		
If yes, what is frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____	How many drivers does the applicant have? _____		
Is a PUC/DMV filing required? <input type="checkbox"/> PUC <input type="checkbox"/> DMV <input type="checkbox"/> N/A	Any group transportation of employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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		
If yes, are vehicles taken home? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of employees transported per vehicle _____		
# Of vehicles? _____ # Of drivers? _____	# of vehicles used to transport _____		
Vehicle/fleet maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		
If yes, who does the servicing? <input type="checkbox"/> Outside vendor <input type="checkbox"/> In-house mechanics <input type="checkbox"/> Other: _____			
Do employees use personal vehicles for company business? <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	List the # of employees who live or work out of state:		
If yes, please provide details -	_____ Live		_____ Work
Why/purpose? _____			
Who will travel? _____			
Where? _____			
Duration? _____			
Frequency? _____			
# of employees: Full time _____ Part-time _____ Seasonal _____			
Volunteers _____	(Verify number is consistent with the number on Acord App)		
# of W-2's issued – Last year _____ Previous year _____	How are employees paid? <input type="checkbox"/> Hourly		
Any day laborers or temporary/employee leasing? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Piece rate <input type="checkbox"/> Commission <input type="checkbox"/> Flat salary		
If yes, please provide details on separate page.	<input type="checkbox"/> Other: _____		
% of union employees _____ % of non-union _____	Paid Sick Leave? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Actual average hourly wage for employees in governing class \$_____/hour	Paid Vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Retirement / Pension plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does employer contribute? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Group medical provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	% of employees enrolled _____		% paid by employer _____
If yes, name of healthcare provider - _____			
Do you use a specific medical provider to treat injured employees? <input type="checkbox"/> Yes <input type="checkbox"/> No			



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Are you currently participating in a MPN (Medical Provider Network)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the name of current MPN: _____	
CPR training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No # of employees certified? _____	RTW Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Does it include salary continuation? <input type="checkbox"/> Yes <input type="checkbox"/> No
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	Pre-hire drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reference Checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Post Accident drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pre/post employment Physicals? <input type="checkbox"/> Yes <input type="checkbox"/> No	MVR Checks? <input type="checkbox"/> Yes <input type="checkbox"/> No
Orthopedic back testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Audio hearing tests? <input type="checkbox"/> Yes <input type="checkbox"/> No
Formal job descriptions on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a formal written accident report? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are personnel files documented for pre-existing injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there set procedures for reporting claims? <input type="checkbox"/> Yes <input type="checkbox"/> No
Average claim reporting time frame - _____	Any Interchange of labor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is job specific training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain <input type="checkbox"/> Another business <input type="checkbox"/> Subsidiary
Employee Orientation Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> between departments <input type="checkbox"/> Other: _____
If yes, is the orientation <input type="checkbox"/> Verbal only? <input type="checkbox"/> Verbal and Documented?	
Supervisor to Employee 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, for what purpose? _____	
If yes, are certificates of insurance obtained and kept on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Independent contractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what purpose? _____	
If yes, how are they paid? <input type="checkbox"/> 1099's? <input type="checkbox"/> Other? Please explain- _____	

### Safety Program and Organization – Work premises and 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 & illness prevention program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has loss control services been performed in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Active safety incentive program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Cal/OSHA visited or cited your business in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does it encompass all employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide explanation on separate page.
What type of incentive? _____	Are safety meetings conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees receive safety training/orientation? <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
If yes, is the training - <input type="checkbox"/> Formal / Documented <input type="checkbox"/> Informal	<input type="checkbox"/> Other: _____
Do you have a safety director or risk manager? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and title: _____
If yes, is the position full time or an additional responsibility of another employee? _____	
MSDS (Material Safety Data Sheets) available for all chemicals and products used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Any material handling exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____	
Any lifting exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No	Forklift training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, <input type="checkbox"/> <25 lbs. <input type="checkbox"/> 25-40 <input type="checkbox"/> 40+	If yes, annual certification? <input type="checkbox"/> Yes <input type="checkbox"/> No
If 40+, manual lifting or with assistance? Please explain _____	
Is all machinery/equipment properly guarded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Any use of Baler equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Written Lock out / tag out / block out procedures in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Condition of equipment? <input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Average
Respiratory program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are all equipment operators trained/ certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
What is the maximum height at which you will work? _____	Personal protection equipment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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What is used? <input type="checkbox"/> Ladder <input type="checkbox"/> Scaffolding <input type="checkbox"/> Scissor lifts <input type="checkbox"/> N/A	If yes, strict enforcement of utilization? <input type="checkbox"/> Yes <input type="checkbox"/> No
If scaffolding used, does the insured build their own? <input type="checkbox"/> Yes <input type="checkbox"/> No	What types of PPE? _____
Is the building / premises - <input type="checkbox"/> Owned or <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? _____ year(s)
<b><i>Agriculture - Farming</i></b>	
Is harvesting mechanized or manual? _____	
Do you use contracted labor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is housing provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, % of use? _____	If yes, # of employees housed - _____
Any seasonal workers used for operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does all farm machinery have safety guards intact? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on separate page.	
Any use of pesticides or fertilizers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any crop dusting operations? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, applications by <input type="checkbox"/> Employees? <input type="checkbox"/> Outside Vendor?	If yes, services provided by <input type="checkbox"/> Employees? <input type="checkbox"/> Outside Vendor?
Do any family members work in operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any work off premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on separate page.
<b>Dairy Farms:</b>	
What is the size of dairy herd? _____	Number of Bulls over 3 years old? _____
Does risk grow their own feed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does risk deliver any of their own milk products? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is milking barn - <input type="checkbox"/> Flat? <input type="checkbox"/> Elevated?	Protective Barriers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Average number of milkings per day? _____	Do any employees conduct or complete work on sump pumps? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees allowed to enter stem pipes around lagoon? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are proper safety procedures in place for working near stem pipes, lagoons or sump pumps? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any confined spaces exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details on separate page - include copy of written procedures and details of	
Confined Spaces Training.	
<b><i>Automotive Services</i></b>	
Any towing services provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any road repair assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, any contract towing? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, 24 hour exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a mini-market on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any fueling operations? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, any sales of Alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any security/surveillance cameras on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
Open 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any test driving of customers' vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is cashier's booth bullet proof? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any transportation of customers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Access to Freeway? <input type="checkbox"/> 0-1 mile <input type="checkbox"/> 1-2 miles <input type="checkbox"/> 2+ miles	
Are employees ASE trained and certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees? _____	
Is there a car wash on the premises? _____ If yes, Full Service, Self Service, or Automated? _____	
Any work performed on trucks over 1 ton? _____ Any Split Rim work performed? _____	
Number of service bays: _____ Is tire repair or installation performed? _____ If yes, what percentage? _____ Any tire Recapping performed? _____	
Are spray booths mechanically ventilated & Air Quality District certified? _____ Personal protective equipment provided and usage enforced _____	
Is there a formal written respirator program? _____ Respirators & filters approved/certified by OSHA? _____	
Is there a formal written respirator program? _____	
Are paints, cleaning agents, and flammable fluids properly stored? _____ Is there an eye wash and body wash facility? _____	
Are routine scheduled inspections & maintenance on shop equipment performed? _____	

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## Contractors

Contractors license number? _____		Type of License: _____	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: <input type="checkbox"/> Check annually? <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any work below grade? <input type="checkbox"/> Yes <input type="checkbox"/> No	Max Depth in feet - _____	% of total work - _____	
Any confined spaces exposures? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain - _____			
Does this risk conduct work for the government or city municipality? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the applicant involved in "Wrap Up" or "OCIP" projects <input type="checkbox"/> Yes <input type="checkbox"/> 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 - <input type="checkbox"/> N/A			

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

## Hotel/Motel

Number of guest rooms? _____	Room rates: <input type="checkbox"/> <\$50 <input type="checkbox"/> \$50-\$100 <input type="checkbox"/> \$100+	Rent rooms - <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Any shuttle, limo or similar service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain - _____		
Any Restaurant exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No Does it include 24 hour room service? <input type="checkbox"/> Yes <input type="checkbox"/> No Bar or Lounge Area? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any entertainment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain - _____		
Housekeeping exposures: Moving of furniture? <input type="checkbox"/> Yes <input type="checkbox"/> No Mattress flipping or rotating? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, how often and # of employees involved in process? _____		

## Janitorial Contractors

Check appropriate exposures in the following areas:		<input type="checkbox"/> Education Facilities	<input type="checkbox"/> Nursing Homes	<input type="checkbox"/> Apartment houses
<input type="checkbox"/> Hospitals	<input type="checkbox"/> Airports	<input type="checkbox"/> Office Buildings	<input type="checkbox"/> Stores	<input type="checkbox"/> Fire/Flood/Restoration
<input type="checkbox"/> Government	<input type="checkbox"/> Museums	<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	_____ Crime 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



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<b>Landscaping</b>			
Any tree trimming performed that is off the ground?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any boulder or tree removal performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any use of tractors, loaders or similar equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any highway or median work conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any use of chippers, mulchers, cherry pickers, booms or other similar equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain - _____			
Any use of pesticides or fertilizers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, is the application completed by - <input type="checkbox"/> Employee? <input type="checkbox"/> Outside Vendor?			
Any debris removal or land clearing activities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain - _____			
<b>Manufacturing – Machine Shops</b>			
Any punch press or press brake machinery/equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Machine Guarded:	<input type="checkbox"/> Point of operation <input type="checkbox"/> Drive Mechanism
Age of machinery: <input type="checkbox"/> <2 yrs <input type="checkbox"/> 2-5 yrs <input type="checkbox"/> 5-10 yrs <input type="checkbox"/> 10+ yrs		Accessible moving parts guarded on machinery/equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Types of machines (must equal 100%) - Heavy ___ Mid ___ Light ___		Any Computer Network Controlled (CNC) machinery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
% of off-premise operations: ___ If yes, where/what for? _____			
Is building properly ventilated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is proper dust collection system in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Restaurants</b>			
Entertainment provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bar or separate lounge area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fast Food?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any catering?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of: _____ Hosts ___ Waitpersons ___ Bartenders		If yes, radius of operations: _____ miles % of exposure - _____	
_____ Valet ___ Busboys ___ Cooks		Any delivery?	<input type="checkbox"/> Yes <input type="checkbox"/> No Delivery hours - _____ to _____
Average price of entrée? <input type="checkbox"/> <\$5 <input type="checkbox"/> \$5-\$15 <input type="checkbox"/> \$15+		If yes, radius of operations: ___ miles % of exposure - ___	
Servicing, cleaning of hoods/filters/grease traps or related systems provided by: <input type="checkbox"/> Outside vendor <input type="checkbox"/> Employees			
<b>Retail / Wholesale</b>			
Type of Merchandise? _____			
Gross Receipts: Wholesale _____ %		Retail _____ % Warehousing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any repacking or repackaging operations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain operations: _____			
Assembly exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain exposure: _____			
Any distribution exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by common carrier or does insured have a trucking exposure? Please explain on separate page.			

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<b>Trucking</b>		
<b>Type of Authority:</b> a) <input type="checkbox"/> Common Carrier <input type="checkbox"/> Contract Carrier <input type="checkbox"/> Private <input type="checkbox"/> Brokerage <input type="checkbox"/> Exempt		
b) <input type="checkbox"/> Regular Route <input type="checkbox"/> Irregular Route		
<b>Carrier Operations:</b> <input type="checkbox"/> California Only <input type="checkbox"/> Interstate		
Length of Haul with Total % = 100%:		
Under 50 Miles ___%	50 – 200 ___%	201 – 300 ___%
301 – 500 ___%	501 – 1,000 ___%	Over 1,000 ___%
<b>Filings:</b> DOT# ___ PUC# ___ DMV/MCP# ___ <input type="checkbox"/> Not Applicable		
<b>Please Check the Questions and Attached the Applicable Data:</b>		
Motor Carrier Identification Report, MCS-150: <input type="checkbox"/> Attached or <input type="checkbox"/> Not Applicable		
Cargo Classification: <input type="checkbox"/> See attached MCS-150 or <input type="checkbox"/> See below (check all that apply):		
<input type="checkbox"/> General Freight	<input type="checkbox"/> Logs, Poles Beams, Lumber	<input type="checkbox"/> Liquids/Gases
<input type="checkbox"/> Household Goods	<input type="checkbox"/> Building Materials	<input type="checkbox"/> Intermodal Containers
<input type="checkbox"/> Metal Sheets, Coils, Rolls	<input type="checkbox"/> Mobile Homes	<input type="checkbox"/> Passengers
<input type="checkbox"/> Motor Vehicles	<input type="checkbox"/> Machinery, Large Objects	<input type="checkbox"/> Oilfield Equipment
<input type="checkbox"/> Driveway/Towaway	<input type="checkbox"/> Fresh Produce	<input type="checkbox"/> Livestock
<input type="checkbox"/> Other ___		
<b>Drivers:</b> 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: <input type="checkbox"/> Attached or <input type="checkbox"/> 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 <input type="checkbox"/> Not Applicable		
e) Number of Non-Union: ___ Union: ___		
f) Do the drivers load and unload their trucks? <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide detail of the types of materials loaded/unloaded and any equipment used: ___)		
Is the applicant enrolled in the DMV Pull Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how often? ___		
Is the applicant enrolled in the CHP BIT Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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: \_\_\_\_\_