

WORKERS' COMP QUESTIONNAIRE

Please answer the following Yes/No questions.
(Please explain all yes answers in the remarks sections.)

QUESTIONS	YES	NO
1. Does the applicant own, operate or lease aircraft/watercraft?		
2. Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.)		
3. Any work performed underground or above 15 feet?		
4. Any work performed on barges, vessels, docks, bridge over water?		
5. Is applicant engaged in any other type of business?		
6. Are sub-contractors used? (If yes, give % of work subcontracted-- %)		
7. Any work sublet without certificates of insurance?		
8. Is a written safety program in operation?		
9. Any group transportation provided?		
10. Any employees under 18 or over 60 years of age?		
11. Any seasonal employees?		
12. Is there any volunteer or donated labor?		
13. Any employees with physical handicaps?		
14. Do employees travel out of state?		
15. Are athletic teams sponsored?		
16. Are physicals required after offers of employment are made?		
17. Any prior coverage declined/cancelled/non-renewed (last three years)?		
18. Are employee health plans provided?		
19. Is there a labor exchange with any other business/subsidiary?		
20. Do you lease employees to or from other employers?		
21. Do any employees predominantly work at home?		
22. Any tax liens or bankruptcy within the last 5 years?		
23. Any undisputed and unpaid Workers' Comp Premium due from you or any commonly managed or owned enterprises? If yes, explain below providing the entity name(s) and policy numbers.		
24. Use any equipment that bends, forms, shapes, or cuts materials (e.g. power press)?		
25. Employ any relatives?		
26. Make any cash payments to employees or subcontractors?		
27. Provide meals or lodging in lieu of wages?		
28. Pay any employees by the piece?		
29. Have any work at a maritime or offshore facility?		
30. Have any locations/operations for which coverage is not requested?		
31. Have any operations outside of California?		
32. Perform any asbestos removal?		
33. Member of any trade or business association?		
34. Has the principal of the business or business declared bankruptcy in the last seven years?		
35. Was this operation all or part of an existing business that was purchased or acquired?		
MANAGEMENT PRACTICES		
36. Have majority of employees eligible for health insurance (working 30+ hours per week)?		
37. Does employer pays more than 50% of health insurance premium for eligible employees?		
38. Have a written return-to-work program for employees injured on the job?		
39. Received any OSHA citations within the past year?		
40. Do you document—Employee Training?		
41. Do you document—Facilities Inspections?		

Question #	Remarks Section-----Explanation of Yes Answers

Completed by _____, Title _____ Date: _____