



# ALWAYS FAITHFUL INSURANCE AGENCY

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CA Broker License #4476212 | NPN #21686200 | Licensed P&C Broker in 21 States

Temecula, CA | 650-489-2592 | info@semperfiservicesolutions.com | semperfiservicesolutions.com

California Certified Disabled Veteran Business Enterprise & Small Business #2045250

## WORKERS' COMPENSATION CONTRACTORS SUPPLEMENTAL APPLICATION

Please complete every section that applies to your operations and return this form to info@semperfiservicesolutions.com or call 650-489-2592 with questions. Explain any "Yes" answers in the Remarks section on the last page.

Insured:  Effective Date:

Contact Name:  Phone:  Email:

### GENERAL INFORMATION

Current number of employees: Full time:  Part time:  Seasonal:

Percent of employee turnover in the last twelve (12) months: Full time %:  Part time %:

Hiring Practices (Check all that apply):

- |                                                    |                                                |                                                       |                                               |
|----------------------------------------------------|------------------------------------------------|-------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Written Application       | <input type="checkbox"/> Reference Checks      | <input type="checkbox"/> Validate Work History        | <input type="checkbox"/> Formal Interview     |
| <input type="checkbox"/> Criminal Background Check | <input type="checkbox"/> Audio Testing         | <input type="checkbox"/> Pre/Post Employment Physical | <input type="checkbox"/> Orthopedic Back Test |
| <input type="checkbox"/> Substance Abuse Testing   | <input type="checkbox"/> Child Abuse Clearance |                                                       |                                               |

Do you perform drug and alcohol screening as follows:

- Pre-placement? ..... ☐ Yes ☐ No
- Post-accident? ..... ☐ Yes ☐ No
- Random testing? ..... ☐ Yes ☐ No

How are potential new employees hired? (Check all that apply):

- |                                     |                                        |                                                                 |
|-------------------------------------|----------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Referrals  | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Public Advertisements                  |
| <input type="checkbox"/> Recruiters | <input type="checkbox"/> Union Hall    | <input type="checkbox"/> Other (Describe): <input type="text"/> |

Do you offer a majority of your employees who work over thirty (30) hours a week Health Insurance? ..... ☐ Yes ☐ No

If "Yes," do you pay at least fifty percent (50%) of the Health Insurance Premium? ..... ☐ Yes ☐ No

### SAFETY

Do you have a written Safety Program? ..... ☐ Yes ☐ No

(Subject to review for compliance with OSHA/industry regarding weather protection, fire prevention/smoking control, provisions for and enforced use of other protective equipment, ladder/fall protection, manual material handling practices/training, vehicle rigging, warranty compliance, etc.)

Are your foremen trained to recognize signs of (Check all that apply):

- |                                      |                                    |                                      |                                             |
|--------------------------------------|------------------------------------|--------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Heat Stroke | <input type="checkbox"/> Frostbite | <input type="checkbox"/> Dehydration | <input type="checkbox"/> Vapor Intoxication |
|--------------------------------------|------------------------------------|--------------------------------------|---------------------------------------------|

Designated full time safety director? ☐ Yes ☐ No Name:

Who is responsible for job site activities?

Who is responsible for investigating accidents and near misses?

How do you ensure that corrective actions are completed?

Are foremen certified in First Aid and CPR? ..... ☐ Yes ☐ No

Are your foremen part of a working crew? ..... ☐ Never ☐ Sometimes ☐ Always

Do you have a designated safety committee? ..... ☐ Yes ☐ No

If "Yes," how frequently does the committee meet? ..... ☐ Daily ☐ Weekly ☐ Monthly ☐ Annually

Does the safety committee present their findings to a management team? ..... ☐ Yes ☐ No

What is reviewed by the safety committee during their meetings?

Safety meetings held for all employees? ☐ Yes ☐ No Frequency:

Safety training program in place for employees? ..... ☐ Yes ☐ No



Safety incentive program? ☐ Yes ☐ No What is the incentive?

Slip and Fall prevention program? ☐ Yes ☐ No

Proper lifting program? ☐ Yes ☐ No

Are your employees required to wear Personal Protective Equipment? (Check all that apply):

☐ Hard Hats

☐ Hearing Protection

☐ Gloves

☐ Safety Glasses

☐ Steel Toed Boots

☐ Other:

Equipment safeguards utilized? ☐ Yes ☐ No

Equipment inspection/maintenance program? ☐ Yes ☐ No

If "Yes," describe:

Hazardous materials communication program? ☐ Yes ☐ No

Accident investigation program? ☐ Yes ☐ No

Are supervisors held accountable for injuries? ☐ Yes ☐ No

**Important Note: You may be asked to provide a copy of your Safety Program or a copy of the Table of Contents of your Safety Manual/Program with this application.**

☐ Attached

☐ No Written Program

Individual in charge of risk management or your safety program, and contact telephone number:

### MANAGEMENT

Do you have a written return to work program including modified duty or early return-to-work? ☐ Yes ☐ No

With full pay? ☐ Yes ☐ No

Return to work program is: ☐ Written ☐ Informal

Are you willing to implement safety recommendations made by the carrier and/or loss control? ☐ Yes ☐ No

Please indicate if you offer:

☐ Employee Assistance Program

☐ Paid Vacations

☐ Paid Sick Leave

Do you have a minimum of two employees? ☐ Yes ☐ No

### PREMISES

Is a regular inspection for housekeeping hazards and condition of equipment performed? ☐ Yes ☐ No

If so, how often and by whom?

Do employees perform maintenance, custodial work, and/or landscaping or yardwork at your facilities? ☐ Yes ☐ No

### VEHICLE / DRIVING EXPOSURE

Is there a driver safety program? ☐ Yes ☐ No

Are MVRs run? ☐ Yes ☐ No How often?

Describe MVR acceptability criteria and procedures for dealing with unacceptable drivers and violations:

What is the driving distance? ☐ Less than 50 miles ☐ 51-100 miles ☐ More than 100 miles

Frequency of driving? ☐ Daily ☐ Weekly ☐ Other:

Number of company vehicles:  Number of employees authorized to operate company vehicles:

What is the purpose of the driving exposure?

Do more than three employees travel together in any one vehicle? ☐ Yes ☐ No

Do employees take company vehicles home? ☐ Yes ☐ No

Vehicle inspection/maintenance program? ☐ Yes ☐ No



### RISK MANAGEMENT CONTROLS

Which of the following best represent your organization's top injury type? (Check all that apply):

- |                                                         |                                                      |                                                  |
|---------------------------------------------------------|------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Exterior slips, trips or falls | <input type="checkbox"/> Struck by/against objects   | <input type="checkbox"/> Lifting/manual handling |
| <input type="checkbox"/> Interior slips, trips or falls | <input type="checkbox"/> Motor vehicle accidents     | <input type="checkbox"/> Combative clients       |
| <input type="checkbox"/> Falls from elevation           | <input type="checkbox"/> Ergonomic/repetitive motion |                                                  |

### OPERATIONS

Do you perform asbestos removal, hazardous material abatement or pollution cleanup? ..... ☐ Yes ☐ No

If "Yes," explain in the Remarks section.

Please complete the table below (numbers should total one hundred percent [100%]):

| Type of Work Performed | Percentage New Construction | Percentage Renovation or Repair |
|------------------------|-----------------------------|---------------------------------|
| Commercial             | %                           | %                               |
| Industrial             | %                           | %                               |
| Residential            | %                           | %                               |

Do you participate in projects where another contractor or the project owner provides coverage for all contractors involved in the project (also known as OCIP/wrap up projects)? ..... ☐ Yes ☐ No

If residential work is performed, please indicate the percentage of the following related to your residential operations:

New Tract Homes %:  New Custom Homes %:  Condos/Townhomes %:

Apartments %:  Other %:  Describe:

### USE OF SUBCONTRACTORS

Do you use subcontractors? ..... ☐ Yes ☐ No

If you answered "Yes," please complete below:

Do all of your subcontractors carry their own Workers' Compensation Insurance? ..... ☐ Yes ☐ No

Do you always collect a certificate of insurance showing WC coverage or proof of exemption from subcontractors? ..... ☐ Yes ☐ No

Do you issue IRS form 1099 or its equivalent to your subcontractors? ..... ☐ Yes ☐ No

Do you pay subcontractors in cash or barter exchange? ..... ☐ Yes ☐ No

Do you maintain complete and accurate records of funds you pay to subcontractors? ..... ☐ Yes ☐ No

### EMPLOYEES

Do you lease any employees from any temporary agency, PEO, staffing agency or any other entity? ..... ☐ Yes ☐ No

If you answer "Yes" to any of the questions below, please explain in the Remarks section:

Do you use any equipment that advances, forms, shapes, or cuts materials (such as a power press)? ..... ☐ Yes ☐ No

Do you pay any employees by the piece? ..... ☐ Yes ☐ No

Do you use scaffolding in your operation? ..... ☐ Yes ☐ No

If "Yes," indicate whether you use an outside contractor to erect scaffolding and the percentage outsourced:



## EXPANDED CONTRACTORS SUPPLEMENT

### OPERATIONS

Do you currently do, or have you ever done work involving any of the following? (Explain any "Yes" answers in Remarks):

|                                                 |                                                          |                                                     |                                                          |
|-------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|
| Aircraft/Airports: .....                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Flood Control Projects: .....                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Asbestos Work (removal, covering, etc.): .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Gas Line Work: .....                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Blasting or use of Explosives: .....            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hazardous Materials Abatement: .....                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Boats/Docks/Marinas: .....                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Insulation Work: .....                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bridges: .....                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Irrigation Projects: .....                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Caisson or Cofferdam Work: .....                | <input type="checkbox"/> Yes <input type="checkbox"/> No | Mines, Fracking, Oil Fields or Energy Fields: ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Crane Rental with or without an Operator: ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | Mold Remediation: .....                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Demolition Work: .....                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pollution Cleanup: .....                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Drainage Projects: .....                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Power Plants: .....                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Drilling - Other than Water: .....              | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rigging: .....                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is any Equipment Rented to Others? .....        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Scaffolding (whether owned or rented): .....        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ethanol or Bio Diesel Plants: .....             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Snow Removal: .....                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fire Suppression Systems Installation: .....    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Swimming Pool Installation or Repair: .....         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fireproofing: .....                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                     |                                                          |

### SPECIFIC OPERATIONS

Please answer the section(s) that apply to your specific operations. Do you currently perform, or have you ever performed, work involving any of the following? (Explain any "Yes" answers in Remarks):

#### Carpentry

|                                               |                                                          |
|-----------------------------------------------|----------------------------------------------------------|
| Fire and/or Water Damage Restoration: .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Framing: .....                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gutter Installation: .....                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gutting of Interior Load Bearing Walls: ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Siding Installation: .....                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Roofing: .....                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If "Yes": Commercial %:

Residential %:

#### Concrete

|                                                  |                                                          |
|--------------------------------------------------|----------------------------------------------------------|
| Commercial Foundations above Three Stories: .... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Residential Foundations: .....                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Street, Road or Alley Operations: .....          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tilt Work above Two Stories: .....               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mix In Transit Operations: .....                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

#### Electrical Work

|                                                      |                                                          |
|------------------------------------------------------|----------------------------------------------------------|
| Electrical Machinery Install/Service/Repair: .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Electrical Power Lines: .....                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| High Voltage Work (over 480 volts): .....            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Security Systems or Alarm Installation: .....        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Installation of Transformers, Panels or Motors: .... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Traffic Signal Work: .....                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Underground Cable Work: .....                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |

#### Landscaping/Lawn Care

|                                                  |                                                          |
|--------------------------------------------------|----------------------------------------------------------|
| Fertilizer, Herbicide, Pesticide Spraying: ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Outdoor Fireplaces: .....                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tree Trimming from the Ground: .....             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tree Trimming from above the Ground: .....       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tree Removal: .....                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |

#### Masonry Work

|                                                                    |                                                          |
|--------------------------------------------------------------------|----------------------------------------------------------|
| Foundation Work: .....                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Basement Work: .....                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," Depth: <input type="text"/> Feet                         |                                                          |
| Retaining Wall Construction: .....                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fireplace/Chimney Installation: .....                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tuck Pointing or Re-Pointing: .....                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," Number of Stories in Height Worked: <input type="text"/> |                                                          |

#### Metal Erection

|                                                   |                                                          |
|---------------------------------------------------|----------------------------------------------------------|
| Installation on or outside of Building: .....     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Metal Erection - Non-Structural: .....            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Metal Erection - Structural: .....                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," Number of Stories: <input type="text"/> |                                                          |



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## Workers' Compensation Contractors Supplemental Application

### Excavation and Grading of Land

Excavation - Basement: ..... ☐ Yes ☐ No  
Excavation - Gas Lines: ..... ☐ Yes ☐ No  
Excavation - Septic: ..... ☐ Yes ☐ No  
Excavation - Sewer Lines: ..... ☐ Yes ☐ No  
Excavation - Street or Road Work: ..... ☐ Yes ☐ No  
Excavation - Water Lines: ..... ☐ Yes ☐ No  
Excavation - Other (describe in Remarks): ..... ☐ Yes ☐ No  
Are Excavations Marked and Guarded? ..... ☐ Yes ☐ No  
Any Work requiring Flagging? ..... ☐ Yes ☐ No  
Digging next to Foundations or Structures: ..... ☐ Yes ☐ No  
Depth of Digging: ..... Feet  
Conduit Construction: ..... ☐ Yes ☐ No  
Directional Boring: ..... ☐ Yes ☐ No

### Heating and Air Conditioning

Boiler Work: ..... ☐ Yes ☐ No  
Number of Boilers Under 15 PSI: .....  
Number of Boilers Over 15 PSI: .....  
Boilers Installed Annually: .....  
Boilers Serviced Annually: .....  
Systems using LP Gas as an Energy Source: ..... ☐ Yes ☐ No

### Painting

Inside %: .....  
Outside %: .....  
Any Work above Three Stories? ..... ☐ Yes ☐ No  
If "Yes," Number of Stories in Height: .....  
Percentage of Work: ..... %  
Spray Painting: ..... ☐ Yes ☐ No  
If "Yes," Percentage Exterior Work: ..... %  
Is any Lead Paint Removal Done? ..... ☐ Yes ☐ No  
Any Painting of Bridges and Towers? ..... ☐ Yes ☐ No  
If "Yes," Percentage of Work: ..... %  
Any Painting of Water or Gas Tanks? ..... ☐ Yes ☐ No  
If "Yes," Percentage of Work: ..... %  
Any Application of EIFS (Exterior Insulation): ..... ☐ Yes ☐ No  
Any Plaster/Stucco Work? ..... ☐ Yes ☐ No

### Plumbing

Interior Sprinkler System Installation: ..... ☐ Yes ☐ No  
If "Yes," Percentage of Work: ..... %  
Underground Sprinkler Installation: ..... ☐ Yes ☐ No  
If "Yes," Percentage of Work: ..... %  
Medical Gas Work: ..... ☐ Yes ☐ No  
Process Pipe Work: ..... ☐ Yes ☐ No  
Sewer Main Work: ..... ☐ Yes ☐ No  
Water Main Work: ..... ☐ Yes ☐ No

### REMARKS

Please explain any "Yes" answers (attach additional pages if needed):

### APPLICANT SIGNATURE

**Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.**

The undersigned states that the information provided in this application is true and complete to the best of their knowledge, and authorizes Always Faithful Insurance Agency to submit it to insurance companies for the purpose of obtaining a quotation.

Applicant Name (print): ..... Title: .....

Applicant Signature: ..... Date: .....