ALWAYS FAITHFUL INSURANCE AGENCY

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CA Broker License #4476212 | NPN #21686200 | Licensed P&C Broker in 21 States
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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 support@semperfiservicesolutions.com or call 650-489-2592 with questions. Explain any "Yes" answers in the Remarks section on the last page.

Insured: _____ Effective Date: _____

FEIN: _____ SSN (sole proprietors only): _____

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):

☐ Written Application ☐ Reference Checks ☐ Validate Work History ☐ Formal Interview
☐ Criminal Background Check ☐ Audio Testing ☐ Pre/Post Employment Physical ☐ Orthopedic Back Test
☐ Substance Abuse Testing ☐ 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):

☐ Referrals ☐ Word of Mouth ☐ Public Advertisements
☐ Recruiters ☐ Union Hall ☐ Other (Describe): _____

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):

☐ Heat Stroke ☐ Frostbite ☐ Dehydration ☐ 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):

- ☐ Exterior slips, trips or falls
- ☐ Interior slips, trips or falls
- ☐ Falls from elevation
- ☐ Struck by/against objects
- ☐ Motor vehicle accidents
- ☐ Ergonomic/repetitive motion
- ☐ Lifting/manual handling
- ☐ Combative clients

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: ☐ Yes ☐ No
Asbestos Work (removal, covering, etc.): ☐ Yes ☐ No
Blasting or use of Explosives: ☐ Yes ☐ No
Boats/Docks/Marinas: ☐ Yes ☐ No
Bridges: ☐ Yes ☐ No
Caisson or Cofferdam Work: ☐ Yes ☐ No
Crane Rental with or without an Operator: ☐ Yes ☐ No
Demolition Work: ☐ Yes ☐ No
Drainage Projects: ☐ Yes ☐ No
Drilling - Other than Water: ☐ Yes ☐ No
Is any Equipment Rented to Others? ☐ Yes ☐ No
Ethanol or Bio Diesel Plants: ☐ Yes ☐ No
Fire Suppression Systems Installation: ☐ Yes ☐ No
Fireproofing: ☐ Yes ☐ No
Flood Control Projects: ☐ Yes ☐ No
Gas Line Work: ☐ Yes ☐ No
Hazardous Materials Abatement: ☐ Yes ☐ No
Insulation Work: ☐ Yes ☐ No
Irrigation Projects: ☐ Yes ☐ No
Mines, Fracking, Oil Fields or Energy Fields: ☐ Yes ☐ No
Mold Remediation: ☐ Yes ☐ No
Pollution Cleanup: ☐ Yes ☐ No
Power Plants: ☐ Yes ☐ No
Rigging: ☐ Yes ☐ No
Scaffolding (whether owned or rented): ☐ Yes ☐ No
Snow Removal: ☐ Yes ☐ No
Swimming Pool Installation or Repair: ☐ Yes ☐ 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: ☐ Yes ☐ No
Framing: ☐ Yes ☐ No
Gutter Installation: ☐ Yes ☐ No
Gutting of Interior Load Bearing Walls: ☐ Yes ☐ No
Siding Installation: ☐ Yes ☐ No
Roofing: ☐ Yes ☐ No
If "Yes": Commercial %:
Residential %:

Concrete

Commercial Foundations above Three Stories: ☐ Yes ☐ No
Residential Foundations: ☐ Yes ☐ No
Street, Road or Alley Operations: ☐ Yes ☐ No
Tilt Work above Two Stories: ☐ Yes ☐ No
Mix In Transit Operations: ☐ Yes ☐ No

Electrical Work

Electrical Machinery Install/Service/Repair: ☐ Yes ☐ No
Electrical Power Lines: ☐ Yes ☐ No
High Voltage Work (over 480 volts): ☐ Yes ☐ No
Security Systems or Alarm Installation: ☐ Yes ☐ No
Installation of Transformers, Panels or Motors: ☐ Yes ☐ No
Traffic Signal Work: ☐ Yes ☐ No
Underground Cable Work: ☐ Yes ☐ No

Landscaping/Lawn Care

Fertilizer, Herbicide, Pesticide Spraying: ☐ Yes ☐ No
Outdoor Fireplaces: ☐ Yes ☐ No
Tree Trimming from the Ground: ☐ Yes ☐ No
Tree Trimming from above the Ground: ☐ Yes ☐ No
Tree Removal: ☐ Yes ☐ No

Masonry Work

Foundation Work: ☐ Yes ☐ No
Basement Work: ☐ Yes ☐ No
If "Yes," Depth: _____ Feet
Retaining Wall Construction: ☐ Yes ☐ No
Fireplace/Chimney Installation: ☐ Yes ☐ No
Tuck Pointing or Re-Pointing: ☐ Yes ☐ No
If "Yes," Number of Stories in Height Worked:

Metal Erection

Installation on or outside of Building: ☐ Yes ☐ No
Metal Erection - Non-Structural: ☐ Yes ☐ No
Metal Erection - Structural: ☐ Yes ☐ No
If "Yes," Number of Stories:

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: _____