

Client Company Profile

General Business Information							
Business Name:							
DBA:					Fed Tax ID:		
Physical Address:					Contractors Lic#:		
City, State:					NCCI ID		
Mailing Address:		City, State:		Zip Code:			
Owners Name:		Key Contact:		Safety Contact:			
Phone:		Alternate Phone:		Fax:			
Yrs in business		Type of Business: (Circle one)		Sole Prop Corp LLC LLP Non-Profit			
Website:		Primary Email:					
Owner, Officer, Individual Information							
Name	Title	% Owner	Duties	Inc./Exc.	Class Code	Remuneration	
Nature of Business/Description of Operation [Please be extremely specific]							
Desc. of Operations:							
List states Operating in:							
Employee Information (A separate Payroll run may be provided. Provide complete information for each location.)							
Hazard Group	Class Code	Desired Rate	# of EEs	Duties	Remuneration		
General Liability Expiration Date _____ Copy of GL Certificate Attached _____							
Workers' Compensation History (Attach current loss runs and explanations of all claims over \$15,000)							
Year	Carrier	Policy#	Premium	Mod	# of Claims	Paid Losses	O.S. Reserves
SEE ATTACHED							
I attest that the claims information is, to the best of my knowledge, correct. I also attest that no outstanding premiums are owed to any other Professional Employer Organization.							
Signature & Title _____				Date _____			

General Subscriber Information *(Please provide details for all "yes" answers below)*

IF ANY OF THESE ARE MARKED "YES", PLEASE EXPLAIN BELOW	Yes	No
1. Does applicant own, operate or lease aircraft/watercraft?		
2. Do/Have past, present or discontinued operations involve(d) exposure to chemicals, painting, flammables, explosives or hazardous materials?		
3. Any operations involve exposure to radioactive/nuclear materials?		
4. Any work performed under, on, or above water, barges, vessels, docks, bridges, harbor facility and/or subject to Jones Act, USL&H, or FELA?		
5. Any work performed underground or above 15 feet from ground level?		
If Yes, please answer all of the following questions:		
a. Max. height/depth work is performed:	ANSWER IN FEET IN EXPLANATIONS	
b. Are bucket trucks used?		
c. Is scaffolding used?	Owned or Leased? (Indicate below)	
d. Type of scaffolding/ladder training?		
e. Safety equipment required?	(If yes, describe below)	
f. Safety equipment inspected?	(If yes, by whom and describe below.)	
g. Safety equipment training?	(If yes, by whom and describe.)	
h. Documented safety equipment maintenance program?		
i. How often is safety equipment replaced?		
6. Any operations include: excavation, tunneling, roadboring, earth moving, or other underground work?		
7. Any operations involve storage, treating, discharging, applying, disposing or transporting of hazardous material?		
8. Does operation include trucking?		
If Yes, please answer all of the following questions:		
a. Team drivers used:		
b. Independent contractor drivers used		
Also if yes, Provide details in explanation section below answer the following:		
c. Product hauled:	ANSWER IN EXPLANATIONS	
d. Radius of operations:		
9. Any fatalities in the past five years?		
10. Is applicant involved in any business other than that specified in the		
11. description of operations, subsidiary or entity of another subsidiary?		
12. Any operations in other states?		
13. Does employee turnover exceed 30% annually?		
14. Any employees under 18 or over 60 years of age?		
15. Any part time or seasonal employees?		
16. Do employees work more than 40 hours a week? (If yes, are they paid overtime, if not paid overtime, explain in explanation section.)		
17. Is there any volunteer or donated labor?		
18. Any employees with physical handicaps?		
19. Are athletic teams sponsored?		
20. Do employees participate in any company- sponsored team sports?		
21. Do employees travel out of state or out of the country? If so, scope of Travel? (If yes, Please answer below)		
22. Any group travel, ride-share programs, or tool or vehicle allowances provided?		
23. Are physicals required after offers of employment are made?		
24. Is there labor interchange with any other business/subsidiary?		
25. Do you lease employees to or from other employers?		
26. Do any employees predominantly work at home?		
27. Does the radius of operations vehicles exceed 200 miles? (HOW FAR? WHY? Explain below.)		
28. Are MVRs checked on all drivers?		
29. Is a "managed care" provider utilized?		
30. Is a written safety program in place? (Attach a copy and/or explain below.)		
31. If a program is in place, what is the schedule of safety meetings?		
32. Has applicant been inspected by OSHA in the past three years?		
33. Was applicant cited for any violations?		

34. Was applicant fined? If so, how much? (HOW MUCH? Explain below.)		
35. Is there current or past involvement w/ OCIP? (If yes, What percent of annual revenues?)		
36. Does the company bid or work on any government contracts?		
37. Is a Drug-Free Work Policy currently in place?		
38. Does the company have any FAA or DOT drug testing requirements?		
39. Is an early return/light duty program in place?		
40. Does applicant "full pay" during periods of disability or reduced work?		
41. Are any subcontractors used?		
a. Number of subs used: b. % of subs used: c. Type of work performed by subs:	ANSWER IN EXPLANATIONS	
If Yes, please answer all of the following questions:		
d. Are all subcontractors and their employees insured for Worker's Compensation?		
e. Are copies of certificates kept on file?		
f. Are subcontractors required to carry primary limits equal or greater than their own?		
g. Is applicant named as additional insured on all subcontractors policies?		
h. Does applicant use written subcontractors agreements containing hold harmless/indemnity agreements in favor of the applicant?		
i. Does the applicant verify that all subcontractors follow all industry requirements and applicable state and local codes?		
42. Does the applicant use hat tar in their business? (WHAT PERCENT? Explain below)		
43. Any prior coverage declined, canceled or non-renewed in the past three (3) years? (WHY? Explain below.)		
44. Are employee health plans provided?		
If Yes, please answer all of the following questions:		
a. What plan type?	ANSWER IN EXPLANATIONS	
b. What percent of employees participate?		
c. Are there currently any COBRA participants?		
d. Are dental benefits currently offered? What plan type? (Explain below.)		
e. Is a retirement plan currently offered?		
45. Does the company sponsor a 401(k) or other form of profit sharing or pension plan?		
46. Are union workers or employees covered under a collective bargaining agreement employed?		
47. Is there any current or anticipated debt for unpaid premiums owed to any previous workers' compensation provider or employee leasing/PEO service agreement fees?		
48. Any tax liens or bankruptcy within the last (5) years? (If yes, please specify below.)		
49. Has the company ever had a current or past employee file a charge of discrimination, a wage and hour claim, or any complaint against the company or with a government agency?		
50. Does the applicant get involved in any of the following operations: Dam construction (including cofferdams and caisson building), levee or breakwater construction, subway or tunnel construction, railroad construction, operate or perform work for a railroad, blasting, environmental/pollution work, asbestos abatement work, trucking-interstate or transporting or disposing of hazardous waste, chemical, petrochemical process, oil/gas well and nuclear work, occupational disease exposure, offshore drilling, underground or coal mining of any type, wrecking or demolition of structures, vessels or building exceeding two stories in height, rocket or missile testing or launching, sawmills or logging, window cleaning in excess of two stories, bridge construction or painting, steel erection in excess of two stories, scaffolding-erecting, erection or repair, sand or gravel digging, pesticide operations involving fumigation or tenting, crane operators, repossessing services?		

EXPLANATIONS

Please explain any yes questions in detail. Please write the number (#) of the question you are answering and your answer below.

(ex. 1. Own Cessna 182s for business travel)

Signature_____

Date_____