CONTRACTORS BEST INSURANCE SERVICES INC.
20335 Ventura Blvd., Ste 426, Woodland Hills, CA 91364
Phone No: 818-348-4900 FAX No: 866-309-9237
www.ContractorsBestIns.com CA License #0F37560

CONTRACTORS WORKERS COMPENSATION APPLICATION

To be submitted with Insurance Supplemental Application

Note: Throughout this questionnaire the words "you" and "your" include all entities seeking coverage

Name of Applicant: _____

D/B/A: _____

Street Address: _____

_____

P.O Mailing Address: _____

_____

Phone Number: (_____)_____

E-Mail: _____

Web Site: _____

1. Applicant is: ___ Individual ___ Partnership ____ Corporation ____ Other _____
2. FEIN #: _____
3. Contractor License # _____ Class: _____
4. How long has this operation been in business? _____
5. has there been any change in ownership, management or the name of the operation during the last 5 years? __Yes __NO
   If Yes, Provide Details: _____
6. Is the Applicant a subsidiary of another entity or does the applicant have any subsidiaries? …. ……__Yes __NO
   If yes, Provide Details: _____
7. Description of Operations _____
   _____

Owner Information

Owner Name	Social Security Number	Address	% Ownership	Title

8. # of Employees: _____Full _____Part _____Seasonal ____Volunteers
9. How many years of experience do you have in the contracting business? _____ Years in Business of entities seeking coverage? _____

10. Normal Areas/Radius of Operations: _____

11. States in which you operate: _____

12. Have you filed for BANKRUPTCY in the past 5 years? __Yes __NO

13. Is there a formal safety program? __Yes __NO

If Yes, provide details or a copy: _____
_____

14. Have you had any insurance Canceled, Declined, or Non-renewed in the last 3 years? …….
…….__Yes __NO
If Yes, Please explain: _____
_____

15. **PRIOR POLICY INFO**

	TOTAL ANNUAL PAYROLL	CARRIER	POLICY #	PREMIUM
Current Year:	$			$
Prior Year:	$			$
Prior Year:	$			$
Prior Year:	$			$
Prior Year:	$			$

CLASS CODE	CLASS DESCRIPTION	ESTIMATED ANNUAL PAYROLL

OPERATIONS & BENEFITS

16. Hours of Operations: _____
17. # of Shifts: _____
18. Do you allow employees to work more than 3 consecutive 12-hours shifts: __Yes __NO
19. Is there a driving / delivery exposure? __Yes __NO
    If Yes, What is frequency? __ Daily __ Weekly __ Other: _____
20. Any group transportation of employees? __Yes __NO
21. Is a PUC/DMV Filing Required? ___ PUC ___ DMV ___N/A
22. Are Vehicles company owned? __Yes __NO
    If Yes, how provided? ___Car ___Truck ___Van ___Bus
    # of Vehicles: _____ # of Drivers: _____
    Are Vehicles Taken Home? __Yes __NO
    # of Employees Transported per vehicle: _____
23. Is there a vehicle/fleet maintenance program: __Yes __NO
    If Yes, Who does the servicing? __Outside Vendor __In-House Mechanics __Other: _____
    What is the servicing frequency? __Daily __Weekly __Monthly
24. Do employees use personal vehicles for company use? __Yes __NO
25. Do employees work from home? __Yes __NO
26. Any out of state, international or overnight (within state) travel: __Yes __NO
    If Yes, please provide details (why/purpose): _____
    _____
    Who will travel: _____ Where: _____
    Duration: _____ Frequency: _____

27. Do any employees live or work out of state? ___Live ___Work ___ N/A
28. # of employees: Full Time _____ Part Time ____ Seasonal _____ Volunteer _____
29. # of W-2's issued: Last Year: _____ Previous Year _____
30. How are Employees Paid: ___Hourly ___Piece Rate ___ Commission ___Flat Salary ___
    Other: _____
31. % of Union Employees: _____ % of Non-Union Employees _____
32. Any Day Laborers or temporary/Employee Leasing: __Yes __NO
    If Yes, Provide Details: _____
33. Actual Average Hourly Wage for employees in governing class: $ _____/Hour

EMPLOYEE HEALTHCARE INFO

34. Do employees get paid sick leave: __Yes __NO
35. Is a group medical plan provided: __Yes __NO
    If Yes, provide name of healthcare provider: _____
36. What is the % of employees enrolled: _____
37. What is the % paid by the employer: _____
38. Do employees get paid vacation: __Yes __NO
39. Do employees get a retirement or pension plan: __Yes __NO
    If yes, does the employer contribute? __Yes __NO
40. Is a specific medical provider used to treat injured employees: __Yes __NO
41. Are you currently participating in a Medical Provider Network: __Yes __NO
    If Yes, what is the name of the current MPN: _____
42. Is CPR training provided: __Yes __NO
    #of employees certified: _____
43. RTW Program: __Yes __NO If Yes, Does it include Salary Continuation: __Yes __NO

HIRING PRACTICES – EMPLOYEE SELECTION – CLAIMS

44. Written Application: __Yes __NO	45. Pre-Hire drug Testing __Yes __NO
46. Reference Checks: __Yes __NO	47. Post-Accident Drug Testing __Yes __NO
48. Pre-Post Employment Physicals __Yes __NO	49. MVR Checks: __Yes __NO
50. Orthopedic Back Testing __Yes __NO	51. Audio Hearing Tests: __Yes __NO
52. Formal Job Descriptions on File __Yes __NO	53. Formal Written Accident Report __Yes __NO
54. Personnel files documented for pre-existing injuries __Yes __NO	55. Set Procedures for reporting claims __Yes __NO
56. Average claim reporting timeframe:	57. Any interchange of Labor __Yes __NO If Yes, please explain: ____Another Business ___Subsidiary ____Between Dept's ___Other: _____
58. is job-specific training provided __Yes __NO	59. Employee Orientation Program __Yes __NO If Yes, Is Orientation ___Verbal Only ___Verbal & Documented
60. Employee / Supervisor ratio:	
61. Subcontractors used __Yes __NO What work is subcontracted: _____ Are Certificates of Insurance Kept on File: __Yes __NO	
62. Independent Contractors Used: __Yes __NO What work is done by Independent Contractors: _____ How are they paid: _____ 1099's ____other: _____	

SAFETY PROGRAM & ORGANIZATION – WORK PREMISES & ENVIRONMENT

63. Are Owners Active in Daily operations: __Yes __NO
    If Yes, are they excluded from coverage __Yes __NO
64. Active injury and illness prevention program __Yes __NO
65. Loss control services performed in last year __Yes __NO
66. Active safety incentive program __Yes __NO
    If Yes, does this encompass all employees __Yes __NO
    What Type of Incentive: _____
67. Has Cal/Osha visited visited or cited business in last year __Yes __NO
    If Yes, please explain: _____
68. Are safety meetings conducted: __Yes __NO
    If Yes, how often ___Daily ___Weekly ___Monthly ___Quarterly ___Other: _____
69. Do employees receive safety training/orientation: __Yes __NO
    If Yes, is training ___Formal/Documented __Informal
70. Is there a safety director or risk manager: __Yes __NO
    Name: _____ Title _____
    If Yes, is the position: ___Full time ___An additional responsibility of another employee
71. Material Safety Data Sheets available for all chemicals and products used: __Yes __NO
72. Any Material handling exposures __Yes __NO
    If Yes, Please explain: _____
73. Any lift exposure __Yes __NO
    If Yes, ____<25Lbs ___25-40 lbs ___40+ lbs
74. Is all machinery/equipment properly guarded __Yes __NO __N/A
75. Written lock out/tag out/block out procedures in place __Yes __NO __N/A
76. Are all equipment operators trained/certified __Yes __NO __N/A
77. Personal protection equipment provided __Yes __NO __N/A
    If Yes, is strict enforcement of utilization implemented __Yes __NO
    What Type of PPE provided: _____
78. Forklift training provided __Yes __NO
    If Yes, annual certification __Yes __NO
79. Any use of Baler Equipement __Yes __NO
80. Equipment Condition: ____ New ___Good ___Average
81. Respiratory Program in Place __Yes __NO
82. Max Height you will work: _____
    What is used: ____Ladder ___Scaffolding ___Scissor Lift ___N/A
    If Scaffolding used, does insured build their own __Yes __NO
83. # of years at current location _____
84. Is building/Premises ___Owned ___leased
85. Condition of Premises ____Excellent ___Very Good ___Average
86. Age of Building Occupied _____ years

CONTRACTORS

87. Estimated Annual Gross Sales: _____
88. Estimated # of Jobs per year: _____

89. What percentage of your work is: (Each line must add up to 100%)

Residential/Habitational	Commercial	Industrial	Public Works / Government	Total
%	%	%	%	= 100%

New Construction	Structural Remodel/Additions	Non-Structural Remodels	Total
%	%	%	= 100%

Interior Work (Inside Structures)	Exterior Work (Outside Structures)	Total
%	%	= 100%

General Contractor	Construction Manager	Developer / Spec Builder	Artisan Contractor	Total
%	%	%	%	= 100%

90. Do you use Subcontractors? __Yes __NO If YES, Complete the following:
    a. Percentage of your work subcontracted out _____% Annual Costs $ _____
       NOTE: Costs to include BOTH costs of subcontracted Labor and Materials
    b. List the trades of the subcontractors you use and give the % of your work they perform:
       _____% _____% _____%
       _____% _____% _____%
    c. Do you always collect certificates of insurance from subcontractors: __Yes __NO
       What minimum General Liability limit is required? _____
    d. Do you: ___Check Annually ____Directly Supervise Subs
    e. Average # of Certificate collected Annually: _____
    f. Do you always require subs to name you as an additional insured? __Yes __NO
       Do you have a standard formal written contracts with Subcontractors? __Yes __NO
       If YES, does it have a hold harmless/ indemnification agreement in your favor? __Yes __NO
       NOTE: You may be required to provide a copy of an executed subcontract to bind coverage
    g. Have the procedures listed above been followed for at least the past 3 years? __Yes __NO
    h. How long do you maintain records of the above documents? _____
    i. Average # of Waivers of Subrogation Needed: _____
91. Any use of cranes, booms or similar heavy construction equipment __Yes __NO
92. Any work below grade: __Yes __NO
    Max depth in feet: _____ Total % of work: _____
93. Any confined spaces exposures: __Yes __NO
    If Yes, please provide details and include copy of written procedures and details of confined spaces training: _____
94. Any work involving asbestos, hazardous product abatement, chemical/petroleum products, USL&H, underground tank or pipe replacement? __Yes __NO
    If Yes, Please explain: _____
95. Is the applicant involved in “Wrap Up” or “OCIP” projects: __Yes __NO
96. 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): _____
    _____
    _____
97. Indicate % of work conducted in each of the following operations or mark Not Applicable

Blasting:	Drilling:	Light Pole Work:	Demo:	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:
Supervisor Only:	Street/Road Work:	Spray Painting:	Dock/Sea Walls:	

This Application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANTS SIGNATURE: _____ **DATE:** _____

NAME & TITLE: _____

PRODUCER: _____

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