



CONTRACTORS BEST INSURANCE SERVICES INC.

20350 Ventura Blvd., Ste 205, Woodland Hills, CA 91364
 Phone No: 818-348-4900 Toll Free: 888-960-1361 FAX No: 866-309-9237
 CA License #0F37560

CONTRACTORS WORKERS COMPENSATION APPLICATION

To be submitted with the Acord 130

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

1. Applicant: _____

2. PRIOR POLICY INFO

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

OPERATIONS & BENEFITS

3. Hours of Operations: _____
4. # of Shifts: _____
5. Do you allow employees to work more than 3 consecutive 12-hours shifts: Yes NO
6. Is there a driving / delivery exposure? Yes NO
 If Yes, What is frequency? Daily Weekly Other: _____
7. Any group transportation of employees? Yes NO
8. Is a PUC/DMV Filing Required? PUC DMV N/A
9. 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: _____
10. 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
11. Do employees use personal vehicles for company use? Yes NO
12. Do employees work from home? Yes NO
13. 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: _____
14. Do any employees live or work out of state? Live Work N/A
15. # of employees: Full Time _____ Part Time _____ Seasonal _____ Volunteer _____
16. # of W-2's issued: Last Year: _____ Previous Year _____
17. How are Employees Paid: Hourly Piece Rate Commission Flat Salary _____
 Other: _____
18. % of Union Employees: _____ % of Non-Union Employees _____

19. Any Day Laborers or temporary/Employee Leasing: Yes NO

If Yes, Provide Details: _____

20. Actual Average Hourly Wage for employees in governing class: \$ _____/Hour

EMPLOYEE HEALTHCARE INFO

21. Do employees get paid sick leave: Yes NO

22. Is a group medical plan provided: Yes NO

If Yes, provide name of healthcare provider: _____

23. What is the % of employees enrolled: _____

24. What is the % paid by the employer: _____

25. Do employees get paid vacation: Yes NO

26. Do employees get a retirement or pension plan: Yes NO

If yes, does the employer contribute? Yes NO

27. Is a specific medical provider used to treat injured employees: Yes NO

28. Are you currently participating in a Medical Provider Network: Yes NO

If Yes, what is the name of the current MPN: _____

29. Is CPR training provided: Yes NO

#of employees certified: _____

30. RTW Program: Yes NO If Yes, Does it include Salary Continuation: Yes NO

HIRING PRACTICES – EMPLOYEE SELECTION – CLAIMS

31. Written Application: <input type="checkbox"/> Yes <input type="checkbox"/> NO	32. Pre-Hire drug Testing <input type="checkbox"/> Yes <input type="checkbox"/> NO
33. Reference Checks: <input type="checkbox"/> Yes <input type="checkbox"/> NO	34. Post-Accident Drug Testing <input type="checkbox"/> Yes <input type="checkbox"/> NO
35. Pre-Post Employment Physicals <input type="checkbox"/> Yes <input type="checkbox"/> NO	36. MVR Checks: <input type="checkbox"/> Yes <input type="checkbox"/> NO
37. Orthopedic Back Testing <input type="checkbox"/> Yes <input type="checkbox"/> NO	38. Audio Hearing Tests: <input type="checkbox"/> Yes <input type="checkbox"/> NO
39. Formal Job Descriptions on File <input type="checkbox"/> Yes <input type="checkbox"/> NO	40. Formal Written Accident Report <input type="checkbox"/> Yes <input type="checkbox"/> NO
41. Personnel files documented for pre-existing injuries <input type="checkbox"/> Yes <input type="checkbox"/> NO	42. Set Procedures for reporting claims <input type="checkbox"/> Yes <input type="checkbox"/> NO
43. Average claim reporting timeframe: _____	44. Any interchange of Labor <input type="checkbox"/> Yes <input type="checkbox"/> NO If Yes, please explain: _____ Another Business _____ Subsidiary _____ Between Dept's _____ Other: _____
45. is job-specific training provided <input type="checkbox"/> Yes <input type="checkbox"/> NO	46. Employee Orientation Program <input type="checkbox"/> Yes <input type="checkbox"/> NO If Yes, Is Orientation <input type="checkbox"/> Verbal Only <input type="checkbox"/> Verbal & Documented
47. Employee / Supervisor ratio: _____	
48. Subcontractors used <input type="checkbox"/> Yes <input type="checkbox"/> NO What work is subcontracted: _____ Are Certificates of Insurance Kept on File: <input type="checkbox"/> Yes <input type="checkbox"/> NO	
49. Independent Contractors Used: <input type="checkbox"/> Yes <input type="checkbox"/> NO What work is done by Independent Contractors: _____ How are they paid: _____ 1099's _____ other: _____	

SAFETY PROGRAM & ORGANIZATION – WORK PREMISES & ENVIRONMENT

50. Are Owners Active in Daily operations: Yes NO

If Yes, are they excluded from coverage Yes NO

51. Active injury and illness prevention program Yes NO

52. Loss control services performed in last year Yes NO

53. Active safety incentive program Yes NO

If Yes, does this encompass all employees Yes NO

What Type of Incentive: _____

54. Has Cal/Osha visited visited or cited business in last year __Yes __NO
 If Yes, please explain: _____
55. Are safety meetings conducted: __Yes __NO
 If Yes, how often Daily Weekly Monthly Quarterly Other: _____
56. Do employees receive safety training/orientation: __Yes __NO
 If Yes, is training Formal/Documented Informal
57. 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
58. Material Safety Data Sheets available for all chemicals and products used: __Yes __NO
59. Any Material handling exposures __Yes __NO
 If Yes, Please explain: _____
60. Any lift exposure __Yes __NO
 If Yes, <25Lbs 25-40 lbs 40+ lbs
61. Is all machinery/equipment properly guarded __Yes __NO __N/A
62. Written lock out/tag out/block out procedures in place __Yes __NO __N/A
63. Are all equipment operators trained/certified __Yes __NO __N/A
64. Personal protection equipment provided __Yes __NO __N/A
 If Yes, is strict enforcement of utilization implemented __Yes __NO
 What Type of PPE provided: _____
65. Forklift training provided __Yes __NO
 If Yes, annual certification __Yes __NO
66. Any use of Baler Equipement __Yes __NO
67. Equipment Condition: ____ New ____ Good ____ Average
68. Respiratory Program in Place __Yes __NO
69. Max Height you will work: _____
 What is used: Ladder Scaffolding Scissor Lift N/A
 If Scaffolding used, does insured build their own __Yes __NO
70. # of years at current location _____
71. Is building/Premises Owned leased
72. Condition of Premises Excellent Very Good Average
73. Age of Building Occupied _____ years

CONTRACTORS

74. Estimated Annual Gross Sales: _____

75. Estimated # of Jobs per year: _____

76. 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%

77. 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: _____

78. Any use of cranes, booms or similar heavy construction equipment Yes NO

79. Any work below grade: Yes NO

Max depth in feet: _____ Total % of work: _____

80. Any confined spaces exposures: Yes NO

If Yes, please provide details and include copy of written procedures and details of confined spaces training: _____

81. Any work involving asbestos, hazardous product abatement, chemical/petroleum products, USL&H, underground tank or pipe replacement? Yes NO

If Yes, Please explain: _____

82. Is the applicant involved in "Wrap Up" or "OCIP" projects: Yes NO

83. 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): _____

84. 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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