



Workers' Compensation

Supplemental Application

To be completed with ACORD 130 Application

Named Insured:		Web Address:	
Insured's FEIN:			
CONTACT NAME		PHONE NUMBER	
Inspections:			
Premium Audit:			
Claims:			
PRIOR PAYROLL AND PREMIUM INFORMATION			
	Total annual Payroll	Premium \$	
Current Year:			
Prior Year:			
Prior Year:			
Prior Year:			
Prior Year:			
OPERATIONS AND BENEFITS			
Broker controlled account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please provide a detailed description of the operation:			
Years in business?			
Number of shifts:			
Is there a driving or delivery exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		Radius of operations/Travel: <input type="checkbox"/> < 10 Miles <input type="checkbox"/> 11-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100+	
If yes, at what frequency?		Any group transportation of employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a PUC/DMV filing required? <input type="checkbox"/> PUC <input type="checkbox"/> DMV <input type="checkbox"/> N/A		If yes, how provided? <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Bus	
Are vehicles company owned? <input type="checkbox"/> Yes <input type="checkbox"/> No		No. of employees transported per vehicle:	
If yes, types of vehicles:		Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
If yes, are vehicles taken home: <input type="checkbox"/> Yes <input type="checkbox"/> No		Is insured enrolled in DMV Pull Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Vehicles:	No. of Drivers	Are driver acceptability standards in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle/Fleet maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details:	
If yes, who does the servicing?			
Outside vendor: <input type="checkbox"/> In-house Mechanics: <input type="checkbox"/>			
Other: <input type="checkbox"/>			
Does insured have and enforce the following policies for drivers:			
Alcohol/drug use: <input type="checkbox"/> Yes <input type="checkbox"/> No		Seat belt use: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Distracted Driving: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any out-of-state, international or overnight (within state) travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		if yes, provide details:	
Why/purpose?			
Who will Travel?		Where?	
Duration?		Frequency?	
No of employees: (verify number is consistent w/ACORD application):		Full-Time:	
Part-Time:	Seasonal:	Volunteers:	
Any interchange of labor? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, please explain: ___ Another business ___ Subsidiary ___ Between departments			
Other:			
Any laborers or temporary/employee leasing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Group medical provided? <input type="checkbox"/> Yes <input type="checkbox"/> No			

If group medical is provided, who is the provider?	
% of employees enrolled:	
Do you have a wellness program (ie encourages and promotes employee health programs) in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you provide paid sick leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No
CPR training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Return to Work Program (RTW) in place? <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of employees certified?	Does it include salary continuation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the ownership of the applicable entity changed within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details:	
HIRING PRACTICES - EMPLOYEE SELECTION - CLAIMS	
Written application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-hire drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reference checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Post-accident drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Background checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	MVR checks? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pre/post employment physicals? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a formal written accident report? <input type="checkbox"/> Yes <input type="checkbox"/> No
Formal job descriptions on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there set procedures for reporting claims? <input type="checkbox"/> Yes <input type="checkbox"/> No
Average claim reporting time frame:	
Are supervisors held accountable for injuries/accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is job specific specific training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Orientation Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the orientation: <input type="checkbox"/> Verbal only? <input type="checkbox"/> Verbal and documented?	
Employee to Supervisor ratio: <input type="checkbox"/> Better than 4-1 <input type="checkbox"/> 5-1 <input type="checkbox"/> 6-1 <input type="checkbox"/> 7-1 <input type="checkbox"/> >7-1	
Subcontractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for what purpose?
If yes, are certificates of insurance obtained and kept on file?	Percentage of work subcontracted?
Independent contractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what purpose?
If yes, how are they paid? <input type="checkbox"/> 1099s? <input type="checkbox"/> Other? Please Explain:	
SAFETY PROGRAM AND ORGANIZATION - WORK PREMESIS AND ENVIRONMENT	
Are owners active in daily operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are they excluded from coverage?
Active injury & illness prevention program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Heat illness prevention program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Active safety incentive program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has loss control services been performed in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does it encompass all employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Cal/OSHA visited/cited business in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No
What type of incentive?	If yes, please provide detailed explanation in separate page.
Do employees receive safety training/orientation?	Are safety meetings conducted?
If yes, is the training: <input type="checkbox"/> Formal / Documented? <input type="checkbox"/> Informal	Frequency? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Qrtly <input type="checkbox"/> Other
Do you have a safety director or risk manager? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and title:
If yes, is the position full time or an additional responsibility of another employee?	
MSDS (Material Safety Data Sheets) available for all chemicals and products used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any material handling exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Please explain:
Any lifting exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No	Forklift training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, <input type="checkbox"/> <25lbs <input type="checkbox"/> 25-40 <input type="checkbox"/> 40+	If yes, annual certification?
If 40+, manual lifting or with assistance?	
Is all machinery/equipment properly guarded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any use of Baler equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Written lockout/tagout/blockout procedures in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Condition of equipment? <input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Average

Respiratory program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	Age of equipment? <input type="checkbox"/> 0-5 Years <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 20+	
What is the maximum height employees will work at?		
What is used? <input type="checkbox"/> Ladder <input type="checkbox"/> Scaffolding <input type="checkbox"/> Bucket Trucks <input type="checkbox"/> Scissor lifts <input type="checkbox"/> N/A		
If scaffolding is used, does insured build their own? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do employees wear safety harnesses in Scissor Lift or Bucket Trucks? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there an emergency stop switch in both? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If insured builds their own scaffolding, provide % of annual operations involving scaffolding setup and teardown compared to total operations:		
Written Fall Protection Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are all equipment operators trained/certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal protection equipment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, strict enforcement utilization?	
What type of PPE (personal Protective Equipment)? <input type="checkbox"/> Hats <input type="checkbox"/> Gloves <input type="checkbox"/> Ear plugs <input type="checkbox"/> Back belts		
LANDSCAPING (IF APPLICABLE)		
Contractors License Number:		
Does operation include tree-trimming? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, percentage of payroll:	
Any climbing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Maximum height:	
Any boulder removal greater than 50 pounds or tree removal greater than 10 feet performed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
And use of tractors, loaders or similar equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any use of chippers, mulchers, cherry pickers, booms or other similar equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
And use of uncontrolled pesticides? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you have the proper certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details:		
Any debris removal or land clearing activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
Are there more than 100 employees at any one location/job site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
Any highway or median work conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, percentage of payroll: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details:		
Indicate percentage of work conducted in each of the following operations: (must equal 100% for each line)		
Residential:	Commercial:	
Maintenance:	New Installation:	
Any work below grade? <input type="checkbox"/> Yes <input type="checkbox"/> No	Max depth in feet:	Percent of total work:
Is the applicant involved in "Wrap up" or "OCIP" projects? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what percentage of annual payroll is dedicated to a wrap up/OCIP project?		
If yes, who provides the coverage for the wrap up project?		
DEPTH EXPOSURE (IF APPLICABLE)		
Any work being performed below 8ft? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is the trenching/excavation maximum depth of work below grade?		
How many years of trenching experience does your firm have?		
Do you meet OSHA requirements for safety training for excavation workers before they can begin work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
On average, about how many trenches/excavation does your firm dig each year?		
Who is responsible for training new employees? What are that persons qualifications?		
Is 811 called before digging so that utility lines can be marked, the "pot-holed" to determine their exact location and depth prior to digging? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a designated, trained competent person at all worksites involving trenching or excavating? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does a competent person determine what type of protective system will be used for a trench or excavation and ensure that it is in place prior to any workers entering the space? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the approximate average years of trenching experience of competent persons employed by your firm?		

Does a competent person perform atmospheric testing in excavations that are 4 feet (1.2 meters) in depth where oxygen deficiency or a hazardous atmosphere could reasonably exist? Yes No

What type of protective systems are used? Support Systems Sloping and Shoring Systems Shield Systems Boxes

Do you protect the area from cave in, material that could fall or roll from an excavation face or into an excavation, or from the collapse of adjacent structure, including by keeping excavated soil (spoils), and/or equipment at least 2 feet away from the edge of excavations? Yes No

Do you ensure that ladders and other means of exit from the trench are positioned so that they are never more than 25 feet away from any worker in the trench? Yes No

Are open trenches signed, barricaded or fenced off so the public and employees know there is a trench/excavation area/fall hazard? Yes No

Do you assign a signal person to direct excavating operations and follow the movements of any pedestrians in the construction area? Yes No

Are employees who work at the edge of excavations 6 feet (1.8 meters) or more in depth protected from falling by guardrail systems, fences, or barricades? Yes No

Note: all information provided is subject to verification by way of an underwriting survey or inspection. NIP Group must be notified of any significant change in operations or payroll. Terms of insurance coverage may be cancelled for misrepresentation if information provided is inaccurate.

FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison (or any combination thereof**). *Applies in MD Only. **Applies in AL Only

Applicable in CA: For your protection California law requires the following to appear on this application. Fraud Statement: 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.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL, ID, IN: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony *of the third degree. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

Applicable in KY, NY and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation*). *Applies in NY Only.

Applicable in ME, TN, VA and WA:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may*) include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NH: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in OR: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

FRAUD STATEMENT (All Other States):

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or



incomplete, notice of such change, will be reported in writing to the Insurer immediately. The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THE APPLICATION AND FRAUD WARNINGS.

I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that I may be inspected by the Insurance Company at any time.

Applicant/Print Name: _____ Title: _____

Signature: _____ Date: _____

Name and Address of Producing Agency: _____

Signature of Producing Agent: _____ License #: _____ Date: _____