

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ Email \_\_\_\_\_

=====
Basic Current Policy Information

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Anniversary Date \_\_\_\_\_ Rating Bureau ID \_\_\_\_\_

Agent / Agency \_\_\_\_\_

Length of time with this company and/or agent \_\_\_\_\_

Special circumstances this client has with company and/or agent:

Type of Policy:

- \_\_\_ Standard Market \_\_\_ Self Insured \_\_\_ Assigned Risk Plan \_\_\_ State Fund
\_\_\_ Experience Rated
\_\_\_ Guaranteed Cost Policy
\_\_\_ Loss Sensitive Plan
\_\_\_ Retrospective Rating Plan \_\_\_ Deductible Plan \_\_\_ Dividend Plan

=====
Do you have any operations in these non-NCCI States:

- \_\_\_ California \_\_\_ New Jersey
\_\_\_ Delaware \_\_\_ New York
\_\_\_ Indiana \_\_\_ North Carolina
\_\_\_ Massachusetts \_\_\_ Pennsylvania
\_\_\_ Michigan \_\_\_ Minnesota
\_\_\_ Wisconsin \_\_\_ New Jersey

Do you have any operations in Monopolistic Jurisdictions or Territories:

- \_\_\_ North Dakota \_\_\_ Ohio \*(uses ncci for classifications)
\_\_\_ Puerto Rico \_\_\_ US Virgin Islands
\_\_\_ Washington \_\_\_ Wyoming

List states in which you have operations and briefly describe the operation:

**Yes / No or Describe**

Do you have any written material which describes your business operations or products? Please attach.

Indicate the legal entity under which your business operates:

- Corporation
- LLC
- Individual or Sole Proprietorship
- Partnership
- Other – Describe \_\_\_\_\_

Federal ID # \_\_\_\_\_

**Provide Ownership Information:**

|            |                  |
|------------|------------------|
| Name _____ | %Ownership _____ |
| Name _____ | %Ownership _____ |
| Name _____ | %Ownership _____ |
| Name _____ | %Ownership _____ |

**Fully describe your business operations:**

Total number of years experience in this business as an owner or manager \_\_\_\_\_

Average number of full time employees \_\_\_\_\_

Average number of part time employees \_\_\_\_\_

What was your last calendar year total payroll \_\_\_\_\_

What are you projecting the current year end total payroll excluding executive officers \_\_\_\_\_

Is your business confined to one industry? Describe.

Is your business confined to one product? Describe.

Is your business subject to seasonal fluctuations? Describe.

Do you perform any work at heights? Describe.

Do you perform any roofing operations? Describe.

**Yes / No or Describe**

- Do you remove or handle in any manner asbestos materials or any other hazardous materials? Describe.**
  
- Do you handle explosives or engage in demolition work or handle materials with catastrophic loss potential? Describe.**
  
- Do your employees perform work in hazardous environments? Describe.**
  
- Do you perform any work underground or where your employees are confined into a work pit? Describe.**
  
- Do you perform any work from scaffolds? Describe.**
  
- Fully describe all safeguards you implement regarding work at heights and work underground.**
  
- Specifically describe safeguards you take to prevent falls from working at heights:**
  
- Do you subcontract any work to others? Describe.**  
  
**What is your cost to subcontractors who perform work for you? \_\_\_\_\_**
  
- Are all contracts with subcontractors in writing? Describe.**
  
- Do you require subcontractors to provide you with valid workers compensation certificates? Describe.**
  
- Describe any work you subcontract to others:**
  
- Do your employees operate specialized equipment of any kind? Describe.**
  
- Does your equipment have proper safety guarding? Do you enforce proper use of safety equipment? Describe.**

**Yes / No or Describe**

- Do employees travel out of state? Describe.**
- Have you had extraterritorial or reciprocal agreement issues with other states where your employees perform work duties? Describe.**
- Have you ever secured coverage through another state for workers in those states? Describe.**
- Do family members work in your business? Describe.**
- Do your employees perform work duties away from your business premises? Describe.**
- Do your employees perform work duties on the premises of your clients? Describe.**
- Do you provide health insurance coverage for your employees? Describe. Provide name of insurance company.**
- Is there a company safety program and manual? Describe. Attach a copy.**
- Do you have a written procedure manual? (ie How to file a claim, what doctors to see etc.) Describe and provide a copy.**
- Do you have a formal claim reporting procedure in place? Describe in detail.**
- Do you conduct a formal accident investigation for all workers compensation claims? If so, do you review each claim investigation with your safety committee? Are results discussed in your employee safety meetings?**
- If you have clerical employees, are they physically separated from your plant or main shop operations? Describe.**
- Do your clerical employees have any direct interaction with your customers? Describe.**
- Do you use job descriptions for work your employees perform? Describe and attach all.**

**Yes / No or Describe**

- Are employee leasing or PEO organizations used? Describe.**
- Any use of temporary or voluntary help? Describe.**
- Any employees with physical impairments? Describe.**
- Describe company employee turnover issues and any procedures implemented.**
- Any work performed over or on waterways? Describe.**
- Is there any interchange of labor with any other business? Describe.**
- Have there been any changes in your business operations within the past three years? Describe.**
- Is separation of payroll allowed? Describe.**
- Describe your record keeping methods including payroll and overtime.**
- Has your business ever been inspected by OSHA? Describe.**
- If so, were any violations discovered? Describe.**
- Have all violations been corrected? Describe.**
- Attach a copy of the most recent OSHA report.**
- Has your business been inspected by NCCI or any other rate making authority? Describe.**
- Was a determination of proper classification codes made? Describe.**
- Attach a copy of your most recent NCCI Inspection Report.**
- Have you ever filed an audit dispute? Describe.**

**Describe current problems you may be having with your workers compensation program:**

**Describe any improvements in your workers compensation program you would like to see:**