Republic Indemnity

CABINET SHOP
WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

Application/Policy#_____

Insured Name: _____ Federal ID #: _____
Effective Date: _____Website:_____ Insurance Contact Email:_____
Agency:_____ Contact: _____

Payroll Data - Provide historical payroll data by class (for current and prior 4 years), or submit final audit invoices if available. **Applicable only to policy years not insured by Republic Indemnity.**

	Class:				
YEAR					
Current					
1st Prior Yr					
2nd Prior Yr					
3rd Prior Yr					
4th Prior Yr					

Loss Experience

If the insured has not been insured by Republic Indemnity for the latest 3-year term, please attach **currently valued loss runs** for any of those three years insured elsewhere **and most current experience modification worksheet** if available.

Operational Information

1. What kinds of items are manufactured?
   _____
2. Is this a custom shop or production shop? _____
3. What is the average and maximum weight manually handled? Average _____ Maximum _____
4. Describe material handling controls in place (e.g. forklifts, hoists, carts, etc.)
   _____
5. Type of machinery used in production (select all that apply and indicate number):
   - ☐ CNC (computer-numeric controlled) _____
   - ☐ Table Saws _____
   - ☐ Band Saws _____
   - ☐ Planers Drill _____
   - ☐ Presses _____
   - ☐ Lathes _____
   - ☐ Other (provide details) _____
6. Is all machinery guarded? Yes ○ No ○
7. Are any of the following done? If yes, provide number of employees involved and details.
   Painting Yes ○ No ○ # of employees:_____ Is there an approved paint booth?_____
   Assembly Yes ○ No ○ # of employees:_____
8. Does insured have a formal safety plan? Yes ○ No ○
9. PPE (Personal Protective Equipment) provided or required? Yes ○ No ○ If yes, provide details _____
   _____

General Information

1. Current number of permanent employees _____ Seasonal Employees _____
   Number of temporary and/or leased employees _____
   Does the insured utilize the services of Temporary Staffing Agencies or Labor Contractors? Yes ○ No ○
   If yes, do they require contract language that specifies the Agency/Contractor provide Workers' Comp? Yes ○ No ○
   Number of W2's filed for latest reporting year_____
2. Number of employees: ___ Increasing ____ Decreasing ____ Stable

3. Number of part time employees _____ Number of full time employees_____
4. Mean wage: For mainstream employees in production operations or services offered $_____/hr.
   For administrative staff (e.g. clerical, sales) $_____/hr.
5. Union ○ Non-Union ○ % of employees participating_____
6. **How many independent contractors are used?** _____
   How many 1099 forms are issued to individuals? _____
   How many 1099 forms are issued to companies/organizations? _____
   If there are independent contractors, what kind of work do they perform?_____
   Are independent contractors covered under a statutory Workers' Compensation Insurance policy and do they provide Certificates of Insurance? Yes○ No○
7. Group Medical provided: Yes ○ No ○ Name of Group Health Provider_____
   % of employees participating _____ % of employer contribution _____
   Paid Vacation: Yes ○ No ○ Paid Sick Leave: Yes ○ No ○ 401K or Pension: Yes ○ No ○
8. Safety Program: Yes ○ No ○
   Safety meetings held for all employees: Yes ○ No ○
   Personal protective safety equipment provided: Yes ○ No ○
   Accident investigation program in place: Yes ○ No ○
9. Hiring Practices
   Application: Yes ○ No ○
   Check References: Yes ○ No ○
10. Pre-employment physical: Yes ○ No ○
    Drug Screening Program/Random Drug Testing: Yes ○ No ○
11. Does insured offer modified work?: Yes ○ No ○
    *If yes, provide details*_____
12. Loss Control Incentive Program: Yes ○ No ○
13. Percent of Off Premises Operations: _____%
    Delivery: Yes ○ No ○ Number of Employees Involved: _____
    Number of Vehicles Utilized: _____ Radius of Operations _____
    Installation: Yes ○ No ○ Number of Employees Involved: _____
    Number of Vehicles Utilized: _____ Radius of Operations _____
    Group Transportation Provided: Yes ○ No ○
    Details of use, *include specifics as to delivery exposures*_____
    _____
    MVR's checked Yes ○ No ○ *If yes, please provide details as to procedures in place* _____
    _____
    Is there a disciplinary/termination rule in place based on driving record? Yes ○ No ○ *If yes, describe how this is implemented* _____
14. Does applicant own, operate or lease aircraft? Yes ○ No ○ *If yes, provide details* _____
    _____
15. Hours of operation _____
16. Did producer pre-inspect the premises: Yes ○ No ○
17. Are any of the insured's operations located within a Federal or State government owned building that is over 35% occupied by governmental offices or National Landmarks? Yes ○ No ○
    If yes, provide details _____

Locations(s) - Please complete for all locations of business operations:

	# Employees assigned to location (including those who work off premises)		# of Shifts	Maximum number of employees on premises at one time	# of Stories/ Floor # occupied by this business	Building Construction Type *(see below)
	Full-time	Part-time				
Location (1) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/_____	_____
Location (2) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/_____	_____
Location (3) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/_____	_____

If more than 3 locations, please continue on separate sheet.

*Types of Building Construction that closely matches the description of building that Insured occupies.

Wood Frame, including masonry veneer	Tilt-up concrete
Unreinforced masonry	Reinforced concrete
Reinforced masonry	Light gauge steel frame
Mobile home	Protected structural steel frame

Producer Authorized Signature _____Date_____

For your protection California law requires the following to appear on this form. 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.