



CALIFORNIA CONDO/CO-OP APARTMENT SAFETY ASSOCIATION
WORKER'S COMPENSATION SUPPLEMENTAL APPLICATION

Application/Policy# \_\_\_\_\_

Insured Name: \_\_\_\_\_ Federal ID #: \_\_\_\_\_
Effective Date: \_\_\_\_\_ Web Site: \_\_\_\_\_ Contact Email Address: \_\_\_\_\_
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.

Table with 6 columns: YEAR, Class, and four blank columns for data entry. Rows include Current, 1st Prior Year, 2nd Prior Year, 3rd Prior Year, and 4th Prior Year.

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. Detailed description of operations, including total number of units and employees duties:
2. Type of property, i.e. office complex, high-rise building, shopping center
3. Number of resident managers/employees on site
4. Any maintenance performed by employees? Yes No If yes, provide details
5. Any subcontractors used? Yes No If yes, provide details and whether certificates of w/c insurance are obtained
6. Any security guards on premises? Yes No If yes, provide details, armed or unarmed, employed or contracted, if contracted are certificates of w/c coverage obtained

General Information

- 1. Current number of permanent employees
Number of temporary/seasonal employees
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 % of employees participating % of employer contribution
Name of Group Health Provider
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
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- 11. Drug Screening Program/Random Drug Testing
 

	Yes	No
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- 12. Does insured offer modified work?
 

	Yes	No
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*If yes, provide details* \_\_\_\_\_
- 13. Loss Control Incentive Program:
 

	Yes	No
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- 14. Percent of Off Premises Operations: \_\_\_\_\_% (not applicable to contracting risks)
- 15. Vehicle Exposure:
 

Yes	No	MVR's checked	Yes	No	Radius of Operations	_____
#Vehicles	_____ (comm'l)	_____ (private passenger)	Group Transportation Provided	Yes	No	

*Details of use, include specifics as to delivery exposures* \_\_\_\_\_
- 16. Does applicant own, operate or lease aircraft?
 

Yes	No	<i>If yes, provide details</i>	_____
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- 17. Hours of operation \_\_\_\_\_ Number of Shifts \_\_\_\_\_
- 18. 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
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*If yes, provide details* \_\_\_\_\_
- 19. Describe maintenance duties performed by employees:
 

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- 20. If subcontractors are used, are Certificates of Insurance obtained and annually updated?
 

Yes	No
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- 21. Are any employees responsible for security? If yes, provide details \_\_\_\_\_
- 22. What valet services do employees provide? \_\_\_\_\_
- 23. What type of security is provided by the employer? (lobby attendants, cameras, etc.) \_\_\_\_\_

**Location (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)
	<u>Full time</u>	<u>Part-time</u>				
<b>Location (1)</b> _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/____	_____
<b>Location (2)</b> _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/____	_____
<b>Location (3)</b> _____ 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 |

**Policy Specifications**

Non Participating Plan \_\_\_\_\_ Participating \_\_\_\_\_ Group \_\_\_\_\_ Group Name: \_\_\_\_\_  
 Commission % \_\_\_\_\_ Direct Bill \_\_\_\_\_ Agency Bill \_\_\_\_\_

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.