



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
- 11. Drug Screening Program/Random Drug Testing Yes No
- 12. Does insured offer modified work? Yes No
If yes, provide details _____
- 13. Loss Control Incentive Program: Yes No
- 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 *If yes, provide details* _____
- 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
If yes, provide details _____
- 19. Describe maintenance duties performed by employees:

- 20. If subcontractors are used, are Certificates of Insurance obtained and annually updated? Yes No
- 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>				
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 |

Policy Specifications

Non Participating Plan _____ Participating _____ Group _____ Group Name: _____
 Commission % _____ Direct Bill _____ Agency Bill _____

Producer Authorized Signature _____ Date _____