

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.

<u>YEAR</u>	Class:	_____	_____	_____	_____	_____
<u>Current</u>						
<u>1st Prior Year</u>		_____	_____	_____	_____	_____
<u>2nd Prior Year</u>		_____	_____	_____	_____	_____
<u>3rd Prior Year</u>		_____	_____	_____	_____	_____
<u>4th Prior Year</u>		_____	_____	_____	_____	_____

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: _____
- 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>				
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.

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|--------------------------------------|----------------------------------|
| 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 _____