

## CIG® PROGRAM

### SUPPLEMENTAL WORKERS' COMPENSATION APPLICATION

RI Application/Policy# \_\_\_\_\_  
CIG 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.

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

#### General Information

- Detailed description of operations, include end product if applicable, processes used and employees duties:  
\_\_\_\_\_
- Current number of permanent employees \_\_\_\_\_  
Number of temporary/seasonal employees \_\_\_\_\_  
Number of W2's filed for latest reporting year \_\_\_\_\_
- Number of employees: Increasing \_\_\_\_\_ Decreasing \_\_\_\_\_ Stable \_\_\_\_\_
- Number of part time employees \_\_\_\_\_ Number of full time employees \_\_\_\_\_
- Mean Wage: For mainstream employees in production operations or services offered \$ \_\_\_\_\_ /hr.  
For administrative staff (e.g. clerical, sales) \$ \_\_\_\_\_ /hr.
- Union Non-Union % of employees participating \_\_\_\_\_
- 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
- Group Medical provided: Yes No % of employees participating \_\_\_\_\_ % of employer contribution \_\_\_\_\_  
Name of Group Medical Provider: \_\_\_\_\_  
Paid Vacation: Yes No Paid Sick Leave: Yes No 401K or Pension: Yes No
- 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
- Hiring Practices  
Application: Yes No  
Check References: Yes No
- Pre-employment physical: Yes No
- Drug Screening Program/Random Drug Testing: Yes No
- Does insured offer modified work? Yes No  
*If yes, provide details* \_\_\_\_\_
- Loss Control Incentive Program: Yes No
- Percent of Off Premises Operations: \_\_\_\_\_ % (not applicable to contracting risks)

16. Vehicle Exposure: Yes No Radius of Operations \_\_\_\_\_  
 # Vehicles \_\_\_\_\_ (comm'l) \_\_\_\_\_ (private passenger) \_\_\_\_\_  
*Details of use, include specifics as to delivery exposures* \_\_\_\_\_  
 Number of employees regularly driving: \* \_\_\_\_\_  
 \*We define regular as over 10% of all production employees time in the aggregate being spent off-premises.  
 Frequency of off-premises activity: Daily Less Than Daily  
 What are the average and maximum number of covered employees that travel together in the same vehicle? \_\_\_\_\_  
 \_\_\_\_\_  
 How often do the maximum number of covered employees travel together in the same vehicle? \_\_\_\_\_  
 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 \_\_\_\_\_
17. Is there any out-of-state travel? Yes No If yes, who travels? \_\_\_\_\_  
 Where do they travel? \_\_\_\_\_ How long do they travel for? \_\_\_\_\_
18. Does applicant own, operate or lease aircraft? Yes No If yes, provide details \_\_\_\_\_
19. What is the maximum manual weight lifted? \_\_\_\_\_ What material handling aids are used? \_\_\_\_\_
20. Hours of operation \_\_\_\_\_
21. 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 \_\_\_\_\_

**MERCANTILE RISKS**

- Any installation, repair and/or mfg. operations? Yes No If yes, provide details including % of employees time attributable and radius of operations \_\_\_\_\_
- Any instruction provided or classes conducted? Yes No If yes, provide details \_\_\_\_\_
- Any preparation of hot foods, any on premises consumption of food items prepared? Yes No  
 If yes, provide details \_\_\_\_\_
- Any sales to other than consumers, i.e. wholesale or sales to contractors? Yes No If yes, provide details including % of sales vs. retail. \_\_\_\_\_
- Any sponsorship of athletic events? Yes No If yes, provide details \_\_\_\_\_
- 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? \_\_\_\_\_

**OFFICE RISKS**

**Attorneys**

- Type of practice, provide % breakdown \_\_\_\_\_
- |                           |     |    |
|---------------------------|-----|----|
| Any Workers' Compensation | Yes | No |
| Any Personal Injury       | Yes | No |
| Any Criminal              | Yes | No |
| Any Family Law            | Yes | No |
- If yes, provide explanation \_\_\_\_\_
- Any investigators, process servers, and/or couriers on staff Yes No Provide % Breakdown of:  
 If these services are contracted are certificates of W/C obtained? Yes No Phone Investigators \_\_\_\_\_  
 Outside Investigators \_\_\_\_\_
- Provide details \_\_\_\_\_
- Any Out of State and/or Foreign travel? Yes No If yes, provide details \_\_\_\_\_
- Ratio of support staff vs. attorneys: # of Attorneys (including principals) \_\_\_\_\_ # of Support Staff \_\_\_\_\_
- Any involvement in athletic activities? Yes No If yes, provide details \_\_\_\_\_
- Does the firm represent clients in actions against insurance companies, such as bad faith or coverage litigation? Yes No  
 If yes, provide details \_\_\_\_\_
- Does the firm ever sue employers on behalf of workers? Yes No  
 If yes, provide details \_\_\_\_\_
- Does the firm handle applicant or defense workers compensation cases? Yes No  
 If yes, provide details \_\_\_\_\_

**Physicians**

- Type of practice? \_\_\_\_\_
- Number of Doctors \_\_\_\_\_ Number of Front Office Staff \_\_\_\_\_ Number of Back Office Staff \_\_\_\_\_
- Any lab work performed on premises Yes No If yes, provide details \_\_\_\_\_
- Any urgent care/emergency services provided? Yes No If yes, provide details \_\_\_\_\_
- Any out patient surgery performed? Yes No If yes, provide details \_\_\_\_\_

<b>Draftsmen</b>			
Any engineering work performed?	Yes	No	If yes, provide details _____
Any construction site work?	Yes	No	If yes, provide details _____

<b>BUILDING OPERATIONS</b>			
<b>Type of property, i.e. office complex, high-rise building, shopping center</b> _____			
Any maintenance performed by employees?	Yes	No	If yes, provide details _____
Any subcontractors used?	Yes	No	If yes, provide details and whether certificates of w/c insurance are obtained _____
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. _____

<b>HOTEL/MOTEL</b>			<i>Provide details as respects any items marked yes.</i>
Additional operations present	Yes	No	_____
Restaurant	Yes	No	_____
Bar/Lounge/Entertainment	Yes	No	_____
Spa	Yes	No	_____
Banquet facilities	Yes	No	_____
Shuttle/Transportation service	Yes	No	_____
# of stories _____	If multi-story, are there elevators for housekeepers?		Yes No _____

What procedures are in place for turning mattresses? \_\_\_\_\_

What security measures are in place for the night shift? \_\_\_\_\_

<b>PRINTING</b> – Attach CIG Printers Supplemental Application	
If rated with 4299 and 8813, is there physical separation and no interchange of labor between the pre-press/clerical and the printing operations	
Yes	No

<b>RESTAURANTS</b> – Attach CIG Restaurant Questionnaire
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**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

Producer Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_