



CLOTHING MANUFACTURING
SUPPLEMENTAL UNDERWRITING QUESTIONNAIRE

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

Insured Name: \_\_\_\_\_ Federal ID #: \_\_\_\_\_
Effective Date: \_\_\_\_\_ Website: \_\_\_\_\_ Insurance 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 5 columns: YEAR, Class, 2501 (1), 8742 (1), 8810 (1), and a blank header column. Rows include Current, 1st Prior Yr, 2nd Prior Yr, 3rd Prior Yr, and 4th Prior Yr.

Loss Experience

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

Operational Information

- 1. Describe product line: \_\_\_\_\_
2. Does the insured do: Design only, Design and sample making, Design and full production, Subcontractor, cutting and sewing for others, etc.
3. How many sewing machines? \_\_\_\_\_
4. Does the insured utilize subcontractors? Yes No Are Certificates of Insurance required? Yes No
5. Please indicate if any of the following applies: Dyeing of material (other than incidental), Laundry and/or stone washing, Pressing
6. How many employees in 2501? #Full Time #Part Time #Seasonal
7. How are employees paid? Hourly \$ Per Hour (Average) Piecework \$ Other \$
8. Do employees take work home? Yes No

General Information

- 1. Number of W2's filed for latest reporting year \_\_\_\_\_
2. Number of employees: Increasing Decreasing Stable
3. Union Non-Union % of employees participating
4. 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
5. Group Medical provided: Yes No Name of Group Medical Provider % of employees participating % of employer contribution Paid Vacation: Yes No Paid Sick Leave: Yes No 401K or Pension: Yes No
6. 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

7. Hiring Practices:     Application:             Yes     No  
   References Checked:   Yes     No
8. Pre-employment physical:                    Yes     No
9. Drug Screening Program/Random Drug Testing     Yes     No
10. Does insured offer modified work?         Yes     No  
       *If yes, provide details* \_\_\_\_\_
11. Loss Control Incentive Program:   Yes     No
12. Percent of Off Premises Operations: \_\_\_\_\_%
13. 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 does the maximum number of covered employees travel together in the same vehicle? \_\_\_\_\_  
       Is there any out-of-state travel?   Yes     No     If yes, describe \_\_\_\_\_  
       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. Is there any out-of-state travel?   Yes     No                     If yes, who travels? \_\_\_\_\_  
       Where do they travel? \_\_\_\_\_                     How long do they travel for? \_\_\_\_\_
15. Does applicant own, operate or lease aircraft?   Yes     No     *If yes, provide details* \_\_\_\_\_
16. Did producer pre-inspect the premises:             Yes     No
17. Hours of Operation \_\_\_\_\_
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. What is the maximum manual weight lifted? \_\_\_\_\_ What material handling aids are used? \_\_\_\_\_

**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)
	Full time	Part-time				
<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**

Commission % \_\_\_\_\_ Participating \_\_\_\_\_ Program \_\_\_\_\_ Program Name: \_\_\_\_\_  
 Direct Bill \_\_\_\_\_ Agency Bill \_\_\_\_\_  
 Producer Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_