

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.

YEAR	Class:	2501 (1)	8742 (1)	8810 (1)	_____
<u>Current</u>		_____	_____	_____	_____
<u>1st Prior Yr</u>		_____	_____	_____	_____
<u>2nd Prior Yr</u>		_____	_____	_____	_____
<u>3rd Prior Yr</u>		_____	_____	_____	_____
<u>4th Prior Yr</u>		_____	_____	_____	_____

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

- Describe product line: _____
- Does the insured do:
 - Design only _____
 - Design and sample making _____
 - Design and full production _____
 - Subcontractor, cutting and sewing for others _____
 - If a subcontractor, how many clients does insured work for? _____
 - Warehousing of products? Yes _____ No _____
 - If yes, provide % of workforce performing warehousing _____ Average Wages _____
- How many sewing machines? _____
- Does the insured utilize subcontractors? Yes _____ No _____ Are Certificates of Insurance required? Yes _____ No _____
- Please indicate if any of the following applies:
 - Dyeing of material (other than incidental) _____
 - Laundry and/or stone washing _____
 - Pressing _____
- How many employees in 2501? _____ #Full Time _____ #Part Time _____ #Seasonal _____
- How are employees paid? Hourly \$ _____ Per Hour (Average) _____ Piecework \$ _____ Other \$ _____
- Do employees take work home? Yes _____ No _____

General Information

- Number of W2's filed for latest reporting year _____
- Number of employees: Increasing _____ Decreasing _____ Stable _____
- 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 _____ 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 _____
- 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 _____

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				
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

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