DAYCARE SUPPLEMENTAL
WORKERS' COMPENSATION APPLICATION

Application/Policy #: __________________ Effective Date: __________

Insured Name: ______________________________ Federal ID #: ______________
Website: ______________________________ Email: ______________________________
Agency Name:______________________________ 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.**

	Class		**Class**		**Class**		**Class**		**Class**	
Current Year										
1st Year Prior										
2nd Year Prior										
3rd Year Prior										
4th Year Prior										

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: ______________________________
   Age range that the facility is licensed for: ______________________________
   Is the insured a Non-Profit entity? Yes No
   Hours of Operation: ______________________________
2. Does the insured handle "special needs" children? Yes No
   If yes, provide details, including number of children: ______________________________
3. Any residence-based facilities or in-home day care? Yes No
   If yes, provide details: ______________________________
4. Is the facility operated by a religious organization? Yes No
   If yes, provide details: ______________________________

Staffing

1. Current number of permanent employees: ___________ Number of Managers/Supervisors: ______________
   Number of employees under 18: _________ If any are under 16, work permits on file? Yes No
   Number of temporary/seasonal employees: ___________ Are any relatives employed? Yes No
   Does the insured utilize the services of Temporary Staffing Agencies or Labor Contractors? Yes No
   If yes, do they require contract language that specifies that the Agency/Contractor provides Workers' Compensation? Yes No
   Number of W2's filed for latest reporting year: ___________
2. Average Hourly Wage: 9059 Full-time: $______ Part-time: $______
   8810 Full-time: $______ Part-time: $______

3. **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
4. Number of employees: Increasing __________ Decreasing __________ Stable __________
5. Are volunteers used? Yes No
   If yes, provide number of volunteers: ________ Details: ____
   ____
6. Does the insured prepare meals on premises? Yes No
   If yes, provide details: ____
7. Are there any janitorial and/or maintenance employees? Yes No
   If no, who provides the maintenance for the facility? ____
8. Designated full-time safety director? Yes No Name: _______________________________________
9. Safety meetings held for all employees? Yes No Frequency: ___________________________________
10. Accident investigation program in place? Yes No
11. Group Medical: 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

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Hiring

1. Do you meet all state and federal hiring procedures to include fingerprints and background checks? Yes No
2. Drug Screening Program/Random Drug Testing: Yes No
3. Pre-employment physicals: Yes No
4. Does insured offer modified work? Yes No
5. Is there a probationary period? Yes No Length of time: ________days

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Auto

1. Does insured transport children? Yes No
2. Vehicle Exposure: Yes No Radius of Operations: ________miles MVR's checked: Yes No
   If yes, provide number of autos: ________ Type of autos: ____
3. Does insured provide field trips and/or off-premise activities? Yes No
   If yes, average number of trips per year: _________ Any over night trips? Yes No
   Describe the mode of transportation: ____
4. Does applicant own, operate or lease an aircraft? Yes No
   If yes, provide details: ____
5. 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: ____

Locations(s) – Please complete for all locations of business operations:

	Number of Employees assigned to the location (including those who work off premises)		# of Shifts	Maximum number of employees on the premises at one time	# of Stories and Floor # occupied by this business		Building Construction Type *(see below)
	Full-time	Part-time			# Stories	Floor #	
Location (1)							
Street							
City, State, Zip							
Location (2)							
Street							
City, State, Zip							
Location (3)							
Street							
City, State, Zip							

If there are more than 3 locations, please continue on a separate sheet.

*Types of Building Construction that closely matches the description of the building that the 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

Program: Yes No If yes, Program Name: ____

Commission: __________% Direct Bill Agency Bill

Producer Authorized Signature: ____ Date: ________________

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.