

**ENGINEERS/ARCHITECT
SUPPLEMENTAL WORKERS' COMPENSATION APPLICATION**

Insured Name: _____ Policy/App # _____
Effective Date: _____ Website: _____ Insured Contact Email: _____
Agency: _____ Contact: _____
Federal ID #: _____

Payroll Data – Provide historical payroll data by class (2005, 2004, 2003, 2002), or submit final audit invoices if available. **Applicable only to policy years not insured by Republic Indemnity.**

Class: YEAR	8601	8810 (Drafting)	8810 (Clerical)
2011	_____	_____	_____
2010	_____	_____	_____
2009	_____	_____	_____
2008	_____	_____	_____

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. Any involvement in construction operations? Yes No If yes, describe _____
2. How many employees visit job sites? _____ How often? _____
3. What % of travel to job sites is over a 50 mile radius? _____
4. Any exposure to height/high lift equipment? Yes No
If yes, how often, how high, any fall protection? _____
5. Any surveying operations? Yes No If yes, percentage of operations _____
Any aerial mapping? Yes No
6. What type of engineering? _____
7. Who are main clients? _____
8. What is the out of state exposure? (What States, how often, how long of stay, how many people involved on average?) _____
9. Any soil testing? Yes No
Any core sampling? Yes No
Any analytical chemists? Yes No
10. Any visits to remote sites? How many, how often, how far? _____
11. What chemicals are handled? _____
12. What processes and equipment are used? _____
13. Percentage of lab exposure? _____
Percentage of field exposure? _____
14. Any timber cruisers? Yes No
Any air flow balancing and testing for air conditioning units? Yes No

General Information

1. Current number of full time employees by class code: 8601 _____ 8810 (Drafting) _____ 8810 (Clerical) _____
 Number of temporary, seasonal, and/or leased 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 the Agency/Contractor provide Workers' Comp? Yes No
 Number of W-2's in the last reporting year: _____
2. Average wages: 8601 _____ 8810 (Drafting) _____ 8810 (Clerical) _____
3. Number of employees: Increasing _____ Decreasing _____ Stable _____
4. Number of part time employees by class code: 8601 _____ 8810 (Drafting) _____ 8810 (Clerical) _____
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 Name of Group Health Provider: _____
 % of employees participating _____ % of employer contribution _____
 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. Pre-employment physical: Yes No
 Drug Screening Program/Random Drug Testing: Yes No
 Does insured offer modified work? Yes No
 If yes, provide details _____
10. Hiring Practices
 Application: Yes No Check References: Yes No
11. Loss Control Incentive Program: Yes No
12. Vehicle Exposure: Yes No Radius of Operations _____
 #Vehicles _____ (comm'l) _____ (private passenger)
 Details of use, include specifics as to delivery exposures _____

 Number of employees driving: * _____
 * We define regular as over 10% of all production employees time in the aggregate being spent off-premises.
 Frequency of all off-premises activity: Daily Less than Daily
 What are the average and maximum number of covered employees that travel together? _____

 How often does the maximum number of covered employees travel together in the same vehicle? _____

 MVR's checked Yes No If yes, please provide details as to the procedures in place _____

 Is there a disciplinary/termination rule in place based on driving record? Yes No If yes, describe how this is
 implemented _____
13. Is there any out-of-state travel? Yes No If yes, who travels? _____
 Where do they travel? _____ How long do they travel? _____
14. Does applicant own, operate or lease aircraft? Yes No If yes, provide details _____
15. What is the maximum manual weight lifted? _____ What material handling aids are used? _____

16. Hours of operation _____ Number of Shifts _____
 17. Are any of the insured's operations located within a Federal or State government owned building that is 35% occupied by governmental offices or National Landmarks? Yes No
 If yes, provide details _____

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 _____	_____	_____	_____	_____	_____/____	_____
Location (4) _____ Street _____ City, State, Zip _____	_____	_____	_____	_____	_____/____	_____

If more than 4 locations, please continue on separate sheet.

*Types of Building Construction:
 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 _____ Program Name: _____
 Commission % _____ Direct Bill _____ Agency Bill _____

Producer Authorized Signature _____ Date _____