

PROPERTY MANAGEMENT WORKERS' COMPENSATION APPLICATION

Application/Policy# _____

Insured Name: _____ Federal ID #: _____
Effective Date: _____ Web Site: _____ Insurance 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.**

<u>YEAR</u>	<u>Class:</u>	_____	_____	_____	_____	_____
Current		_____	_____	_____	_____	_____
1 st Prior Yr		_____	_____	_____	_____	_____
2 nd Prior Yr		_____	_____	_____	_____	_____
3 rd Prior Yr		_____	_____	_____	_____	_____
4 th Prior Yr		_____	_____	_____	_____	_____

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

1. What type(s) of property does the insured manage? (select all that apply)

Commercial/Industrial

Apartments/Condos (individual- properties with 3 units or less)

Apartments/Condos (individual- properties with more than 3 units)

Apartments/Condo (complexes)

Single family homes

Residential/Commercial mixed use

Other: _____

2. What are the employees' duties? (select all that apply)

Processing invoices, rent payments, and other paperwork from the office only, not at managed properties

Coordinating maintenance and repair work from the office only, not at managed properties

Handling tenant communication from the office only, not at managed properties

Rental or leasing of property from the office only (no property management)

Showing properties to prospective tenants

Visiting properties periodically (e.g. for inspections, to meet with on-site staff and/or tenants, monitor maintenance/repair activities, etc.)

Maintenance/repair/cleanup of buildings

Landscape maintenance/groundskeeping

Other: _____

3. Do employees have duties at both commercial and residential locations? Yes No N/A

4. Number of employees residing at managed properties? _____

5. Is there any height exposure, i.e. tree trimming, exterior window cleaning, work involving roofs?

If yes, provide details _____

6. Current number of permanent employees _____ Seasonal Employees _____
 Number of temporary 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 W2's filed for latest reporting year _____
7. Number of employees: Increasing _____ Decreasing _____ Stable _____
8. Number of part time employees _____ Number of full time employees _____
9. Mean wage: For mainstream employees in production operations or services offered \$ _____/hr.
 For administrative staff (e.g. clerical, sales) \$ _____/hr.
10. Union Non-Union % of employees participating _____
11. 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
12. 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
13. 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
14. Pre-employment physical: Yes No
15. Drug Screening Program/Random Drug Testing: Yes No
16. Does insured offer modified work? Yes No
 If yes, provide details _____
17. Hiring Practices
 Application: Yes No
 Check References: Yes No
18. Loss Control Incentive Program: Yes No
19. Percent of Off Premises Operations: _____% (not applicable to contracting risks)

20. 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 in the same vehicle?

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 procedures in place _____

Is there a disciplinary/termination rule in place based on driving record? Yes No *If yes, describe how this is implemented* _____

21. Is there any out-of-state travel? Yes No If yes, who travels? _____
Where do they travel? _____ How long do they travel for? _____

22. Does applicant own, operate or lease aircraft? Yes No *If yes, provide details* _____

23. What is the maximum manual weight lifted? _____ What material handling aids are used? _____

24. Hours of operation _____

25. 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 _____

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.

- | | |
|--------------------------------------|----------------------------------|
| 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 _____