

RESEARCH & DEVELOPMENT SUPPLEMENTAL APPLICATION

Application/Policy# _____

Insured Name: _____ Federal ID #: _____
 Effective Date: _____ Website: _____ Contact 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.

Class: (includes all employees, sales & clerical)	_____	_____	_____
YEAR			
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 provide **currently valued loss runs** for any of those three years insured elsewhere **and most current experience modification worksheet** if available.

Operational Information

- Detailed description of operations, include employees' duties, end product if applicable, and processes used.

- Any prototypes manufactured? Yes No
 If yes, provide details _____
- Any manufacturing operations conducted currently? Yes No
 If yes, provide details _____
 If no, is any manufacturing anticipated? Yes No
 If yes, provide details including product description, process, and estimated date to begin manufacturing: _____
- Is research conducted on behalf of:
 A Foundation Yes No
 A government entity(ies) Yes No
 Private-sector firms Yes No
 Other Yes No
 If yes, provide details _____
- Source of funding (e.g. individual, charitable foundation, private firm)? _____

General Information

- Current number of permanent employees _____
 Number of temporary/seasonal employees _____
 Number of W2's filed for latest reporting year _____
- Number of employees: Increasing _____ Decreasing _____ Stable _____
- Number of part time employees _____ Number of full time employees _____
- Mean wage: For mainstream employees in production operations or services offered \$ _____/hr.
 For administrative staff (e.g. clerical, sales) \$ _____/hr.
- 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)
	<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 _____						

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 _____