Republic Indemnity®

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 the **most current experience modification worksheet** if available.

General Information

1. Detailed description of operations, include end product if applicable, processes used and employees' duties:
   _____
   _____
2. Is cannabis in any form involved in any processes, or part of end products, or sold stand-alone? If yes, provide details:
   _____
3. 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 that the Agency/Contractor provides Workers' Compensation? Yes ◯ No ◯
   Number of W2's filed for latest reporting year: _____
4. **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 ◯
5. Number of employees: Increasing _____ Decreasing _____ Stable _____
6. Number of part time employees _____ Number of full time employees _____
7. Mean wage: For mainstream employees in production operations or services offered $_____/hr.
   For administrative staff (e.g. clerical, sales) $_____/hr.
8. Union ◯ Non-Union ◯ % of employees participating_____

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9. Number of employees working from home: _____
   Average number of days per week working from home: _____
10. 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 ○
11. 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 ○
12. Pre-employment physical: Yes ○ No ○
13. Drug Screening Program/Random Drug Testing: Yes ○ No ○
14. Does insured offer modified work? Yes ○ No ○
    If yes, provide details: _____
15. Hiring Practices
    Application: Yes ○ No ○
    Check References: Yes ○ No ○
16. Loss Control Incentive Program: Yes ○ No ○
17. Percent of Off-Premise Operations: _____% (not applicable to contracting risks)
18. Vehicle Exposure: Yes ○ No ○ Radius of Operations: _____ miles
    Number of Commercial Vehicles: _____ Number of Private Passenger Vehicles: _____
    Details of use, include specifics as to delivery exposures: _____
    _____
    Number of employees driving on a regular basis?* _____
    *We define regular as over 10% or more of the employees' time.
    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 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: _____
    _____
19. Is there any out-of-state travel? Yes ○ No ○ If yes, who travels? _____
    Where do they travel? _____ How long do they travel for? _____
20. Does applicant own, operate or lease aircraft? Yes ○ No ○ If yes, provide details: _____
    _____
21. What is the maximum manual weight lifted? _____ What material handling aids are used? _____
    _____
22. Hours of operation: _____
23. 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: _____
    _____

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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.