



Workers Compensation Supplemental Application



Named Insured:		Carrier:	Experience Mod:
Address		Description of operations:	
Federal ID#			
Contact Name and Phone Number			
Inspections:			
Premium Audit:			
Claims:			
Prior Payroll and Premium Information			
	TOTAL PAYROLL	PREMIUM	Class Codes/Position
Current Year:			ie. 8810 / Clerical
Prior Year:			
Operations and Benefits			
Years in business? _____ Hours of operation- _____ to _____ # of Shifts - _____			
Is there a driving/delivery exposure? Yes No		Radius of operations/travel:	
If yes, what is frequency: Daily Weekly Other:		Any group transportation of employees? Yes No	
Are vehicles company owned? Yes No		If yes, how provided?	
If yes, are vehicles taken home? Yes No		# of employees transported per vehicle	
# Of vehicles? _____ # Of drivers? _____		# of vehicles used to transport	
Vehicle/fleet maintenance program? Yes No		Frequency:	
If yes, who does the servicing? Outside vendor In-house mechanics Other:			
Do employees use personal vehicles for company business? Yes No		Do any employees work from home? Yes No	
Any out of state, international or overnight (within state) travel? Yes No		List the # of employees who live or work out of state:	
If yes, please provide details -		_____ Live _____ Work	
Why/purpose?			
Who will travel?			
Where?			
Duration?			
Frequency?			
# of employees: Full time _____ Part-time _____ Seasonal _____ Volunteers _____			
# of W-2's issued - Last year _____ Previous year _____		How are employees paid? Hourly Piece rate	
Any day laborers or temporary/employee leasing? Yes No		Commission Flat salary	
If yes, please provide details on separate page.		Other:	
% of union employees _____ % of non-union _____		Paid Sick Leave? Yes No	
Actual average hourly wage for employees in governing class \$ _____ /hour		Paid Vacation? Yes No	
Retirement / Pension plan? Yes No Does employer contribute? Yes No			
Group medical provided? Yes No		% of employees enrolled	
If yes, name of healthcare provider -		% paid by employer	
Do you use a specific medical provider to treat injured employees? Yes No			
If yes, Clinic Physician Emergency Room Other:			
CPR training provided? Yes No		RTW Program? Yes No	
# of employees certified?		Does it include salary continuation? Yes No	
Hiring Practices – Employee Selection - Claims			
Written Application?	Yes No	Pre-hire drug testing?	Yes No
Reference Checks?	Yes No	Post Accident drug testing?	Yes No
Pre/post employment Physicals?	Yes No	MVR Checks?	Yes No
Orthopedic back testing?	Yes No	Audio hearing tests?	Yes No
Formal job descriptions on file?	Yes No	Do you have a formal written accident report?	Yes No
Are personnel files documented for pre-existing injuries?	Yes No	Are there set procedures for reporting claims?	Yes No

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Average claim reporting time frame -		Any Interchange of labor? Yes No	
Is job specific training provided? Yes No		If yes, please explain Another business Subsidiary	
Employee Orientation Program? Yes No		between departments Other:	
If yes, is the orientation Verbal only? Verbal and Documented?			
Supervisor to Employee ratio -			
Subcontractors used? Yes No If yes, for what purpose?			
If yes, are certificates of insurance obtained and kept on file? Yes No			
Independent contractors used? Yes No If yes, for what purpose?			
If yes, how are they paid? 1099's? Other? Please explain			
Safety Program and Organization – Work premises and Environment			
Are owners active in daily operations? Yes No		If yes, are they excluded from coverage? Yes No	
Active injury & illness prevention program? Yes No		Has loss control services been performed in the last year? Yes No	
Active safety incentive program? Yes No		Has Cal/OSHA visited or cited your business in the last year? Yes No	
If yes, does it encompass all employees? Yes No		If yes, please provide explanation on separate page.	
What type of incentive?		Are safety meetings conducted? Yes No	
Do employees receive safety training/orientation? Yes No		If yes, how often?	
If yes, is the training -		Other:	
Do you have a safety director or risk manager? Yes No		Name and title:	
If yes, is the position full time or an additional responsibility of another employee?			
MSDS (Material Safety Data Sheets) available for all chemicals and products used? Yes No N/A			
Any material handling exposures? Yes No If yes, please explain			
Any lifting exposures? Yes No		Forklift training provided? Yes No N/A	
If yes,		If yes, annual certification? Yes No	
If 40+, manual lifting or with assistance? Please explain			
Is all machinery/equipment properly guarded? Yes No N/A		Any use of Baler equipment? Yes No	
Written Lock out / tag out / block out procedures in place? Yes No N/A		Condition of equipment?	
Respiratory program in place? Yes No N/A		Are all equipment operators trained/ certified? Yes No N/A	
What is the maximum height at which you will work?		Personal protection equipment provided? Yes No N/A	
What is used?		If yes, strict enforcement of utilization? Yes No	
If scaffolding used, does the insured build their own? Yes No		What types of PPE?	
Is the building / premises - Owned or Leased?		# Of years at current location?	
Condition of premises?		Age of building occupied? ___ year(s)	
Retail / Wholesale			
Type of Merchandise?			
Gross Receipts: Wholesale ___ % Retail ___ %		Warehousing? Yes No	
Any repacking or repackaging operations? Yes No			
If yes, please explain operations:			
Assembly exposure? Yes No			
If yes, please explain exposure:			
Any distribution exposure? Yes No If yes, by common carrier or does insured have a trucking exposure? Please explain on separate page.			
Restaurants			
Entertainment provided?		Yes No	
Fast Food?		Yes No	
Number of: ___ Hosts ___ Waitpersons ___ Bartenders		Bar or separate lounge area? Yes No	
___ Valet ___ Busboys ___ Cooks		Any catering? Yes No	
Average price of entrée?		If yes, radius of operations: ___ miles % of exposure -	
Servicing, cleaning of hoods/filters/grease traps or related systems provided by:		Any delivery? Yes No Delivery hours ___ to	
		If yes, radius of operations: ___ miles % of exposure -	

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Provide any additional explanation(s):

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