



350 10th Avenue, Suite 1450
San Diego, CA 92101

Workers' compensation supplemental questionnaire

To be completed with ACORD 130 application

Named insured		Years in business	
Website address		Broker controlled account:	Yes No
Contact information			
Primary contact:		Tel:	
		Email:	
Inspection contact:		Tel:	
		Email:	
Premium audit contact:		Tel:	
		Email:	
Claims contact:		Tel:	
		Email:	
Prior payroll and premium			
	Total annual payroll	Premium	
Expiring Year: 2018-2019			
Prior Year: 2017-2018			
Prior Year: 2016-2017			
Prior Year: 2015-2016			
Prior Year: 2014-2015			
Prior Year: 2013-2014			
Have you had a lapse in your Workers' Compensation coverages during the last two years?		Yes	No

Please explain any annual change in payroll of greater than 15%:		
Operations		
Description of operations:		# of locations
Expected growth/downsizing plans in coming year:		
Hours of operations: From	to	# of shifts 24 hours: Yes No
Any operations outside of CA?		Yes No
Has Insured been in Bankruptcy during the last 5 years?		Yes No
Does applicant allow employees to work more than 3 consecutive 12-hour shifts?		Yes No
Do any employees work from home?		Yes No
Do any employees use noncommercial or chartered air carriers, including helicopters?		Yes No
Do any employees travel outside of California?		Yes No
If yes, please explain:		
Do any employees travel internationally?		Yes No
If yes, please explain:		
Maximum Number of employees at any one location during a shift?		
Do you provide any group transportation for employees?		Yes No
Age of buildings:		
Is any work done at heights?		Yes No
If yes, what is the Maximum height worked?		
If yes, what type of work:		
Total # of employees:	Full time:	Part time:
# of W-2's issued last year:	Seasonal:	Volunteers:
How are Employees paid?	Hourly	Commission Piece rate Flat salary Other
How many employees are:	Union?	Non-union? Day laborers?
If you use Day Laborers please provide details:		
Actual average hourly wage for employees in governing class: \$ ____ /hour		
Annual employee turnover rate: ____%	Average tenure of employees: ____ years	
Do you subcontract any work to subcontractors?	Yes No	
If yes, describe nature of work subcontracted:		

Do you require Certificates of Insurance for Workers' Compensation from subcontractors?	Yes	No
Do you obtain copies of each sub-contractor's license number?	Yes	No
Healthcare practices		
Is a group medical plan provided? If yes, provide name of healthcare provider:	Yes	No
Do employees receive Paid Sick Leave?	Yes	No
Do employees receive Paid Vacation?	Yes	No
Do employees participate in a Retirement or Pension Plan?	Yes	No
Are you currently participating in a Medical Provider Network? If yes, please provide the name of the current MPN:	Yes	No
Does the insured provide CPR training?	Yes	No
Do you have a designated medical clinic where employees are referred for emergency treatment?	Yes	No
Do you have or do you agree to participate in a Return to Work Program for Injured Employees?	Yes	No
Is modified work available for injured employees?	Yes	No
Hiring practices		
Employment Application:	Yes	No
Pre / Post-Employment Physicals:	Yes	No
Drug Testing:	Yes	No
Audiometric Testing:	Yes	No
New employee orientation:	Yes	No
Reference Checks:	Yes	No
Background Checks:	Yes	No
Pathogenic Testing:	Yes	No
Orthopedic Back Testing:	Yes	No
MVR Checks:	Yes	No
Safety program and organization		
Is there a designated Safety Director?	Yes	No
If yes, Name & Title:	Full Time	Part Time
Tenure of Employment:		
Are OSHA logs maintained?	Yes	No
Is there a Written Safety Program in place?	Yes	No
Are safety meetings conducted?	Yes	No
If yes, how often?	Daily	Weekly
	Monthly	Quarterly
	Other	
Is there an accident investigation program in place?	Yes	No

Are there disciplinary procedures for employees who are in violation of Company policy?					Yes	No
How often is Drug Testing conducted?		Never	At Hire	Random	For cause	Suspicion
Personal Protection Equipment provided?					Yes	No
If yes, please describe						
Manual Lifting – Maximum Weight:						
Is there a Safety Incentive Plan for employees?					Yes	No
If yes, please describe:						
Is senior management aware of all Workers' Compensation claims?					Yes	No
Any Catastrophic or Occupational Disease Exposure?					Yes	No
Are claims reported within 24 hours?		Yes	No	Are you SB 198 complaint?		Yes
Is work area free of congestion?		Yes	No	Are premises maintained?		Yes
<h3>General-ops – Auto: (Complete only if you have OWNED vehicles)</h3>						
Is a PUC / DMV Filing Required?		Yes	No	Certificate number:		
# of Light Vehicles:		# of Medium Vehicles:		# of Heavy Vehicles:		
# of Extra-Heavy Vehicles:		Total # of Vehicles:				
Maximum radius of operations:		Any overnight travel?				
Any Out of State Travel?					Yes	No
If any Out of State travel, please provide details:						
Do drivers unload vehicles?		Yes	No	Motor Carrier Filings:		Yes
Vehicles taken home:		Yes	No	Allow Personal use of vehicles:		Yes
MVR's reviewed annually:		Yes	No	Participating in CA Pull program:		Yes
Drivers under the age of 25:		Yes	No	Fleet Maintenance Program:		Yes
Do any vehicles have lift-gates?		Yes	No	Special Equipment attached to vehicles or Trailers:		
Contractors' License #:		Specific Trade:				
Years in Trade:		Operations:				

Catering or Delivery: Yes No If yes, please describe:									
Maximum Delivery Radius					Delivery Hours:				
Do you perform MVR checks on drivers?					Vehicles used:		Personal Company Both		
Number of Wait staff:			Number of Bartenders:			Number of Cooks:			
Average entrée price: \$					Multiple floors:		Yes No		
Valet Service: Yes No			Employees:			Sub-Contractors: <input type="checkbox"/>			
Are non-slip shoes required? Yes No									
<h2>Hotels</h2>									
Year built:					Number of Stories:				
Number of Rooms:					Average Room Rate: \$				
Restaurant on site: Yes No			Conference Center:				Yes No		
Shuttle Service Provided: Yes No If yes, type and number of vehicles									
Manager on site 24 hours a day: Yes No			Security Cameras on site:				Yes No		
Do on-site managers evict tenants themselves?			Yes No		Armed Security on site:		Yes No		
Any Robberies or Burglaries in the last 3 years?			Yes No		Weapons kept on site:		Yes No		
List of operations Sub-Contracted to Others (check all that apply):									
Window Cleaning:		Yes No		Tree Trimming:		Yes No		Pool Cleaning: Yes No	
Roofing:		Yes No		Landscaping:		Yes No		Lifeguard: Yes No	
Maximum Height work is performed:									
Housekeeping Exposures:									
Moving of Furniture:			Yes No						
Mattress Flipping or rotating:			Yes No						
If yes to either, do you require more than 1 person?					Yes No				
<h2>Apartments</h2>									
Year Built:					Number of Stories:				
Number of Units:					Average Rental Rate:				
List of Operations Sub-Contracted to Others:									

Window Cleaning:	Yes	No	Tree Trimming:	Yes	No	Above ground work:	Yes	No		
Roofing:	Yes	No	Landscaping:	Yes	No	Mowing:	Yes	No		
Carpet Cleaning:	Yes	No	Pool Cleaning:	Yes	No	Security Guards:	Yes	No		
Do on-site managers evict tenants themselves:				Yes	No	Manager on site 24 hours a day:			Yes	No
When showing Units to prospective tenants, what Safety Procedures are in place?										
If Lodging is provided by the Employer, what is the Market Value of such lodging to the Employee? \$										
Warehouse manufacturing										
Mechanical Equipment Used:										
Cranes:	Yes	No	Overhead Cranes:	Yes	No	Conveyors	Yes	No		
Forklifts:	Yes	No	Pallet Jacks:	Yes	No	Electroplating:	Yes	No		
Scissor Lifts:	Yes	No	If yes, fall-protection plan:		Yes	No				
Certified forklift operator training:				Yes	No					
Number of Certified forklift operators:										
Manual Lifting – Maximum weight:					Maximum Height worked:					
Maximum Storage Height:					Ladder Height:					
Machine Guarding: Lock Out/ Tag Out:			Point of operation		Drive mechanism		Moving parts			
Punch Press:	Yes	No	Number of Punch Presses:		Age of Punch Presses:					
Are they properly guarded?		Yes	No							
Describe Personal Protection Equipment if provided or in use:										
Any use of flammable, explosive, chemical, or gaseous materials?								Yes	No	
Loading/Unloading at insured facility performed by employees:								Yes	No	
Loading/Unloading at customer facility performed by employees:								Yes	No	
Offsite Delivery with owned vehicles:				Yes	No	If yes, please complete General-Ops – Auto section				
Auto dealers and service										
Franchised:	Yes	No	Sell:	ATV's	Boats	Motorcycles (Check all that apply)				
Percentage Sales:		% New car		% Used car		% Body shop				
		% Parts		% Repair						

# of vehicles used in Parts Delivery (if applicable):									
Number of Drivers Under Age 25:									
Number of Salespersons:									
Are salespersons provided a company vehicle for personal use?					Yes	No			
Any of the following?		Towing:		Yes	No	Roadside Assistance:		Yes	No
Auto Transport:		Yes	No	Tire Repair:		Yes	No	Caged Tire Repair process:	
		Yes	No			Yes	No		
If you have a Body Shop with a Paint Booth:									
Do you have an UL approved Spray Booth?					Yes	No			
Do employees wear/use respiratory protection?					Yes	No			
Are employees properly trained in the use of respiratory equipment?					Yes	No			
Electrical contractors									
Percentage of Work:		% Industrial		% Commercial		% Residential			
		% New Construction				% Remodel			
Are you Licensed?		Yes	No	License #					
Do you perform work on Power Lines?		Yes	No	Do you perform work on Transformers?		Yes	No		
Maximum Height Exposure:		Percentage of Aerial Work:		%					
Do you own a Bucket Truck or Trailer?		Yes	No	Involved in any underground work:		Yes	No		
HVAC contractors									
Percentage of Work:		% Industrial		% Commercial		% Residential			
		% New Construction				% Remodel			
		% Electric		% Gas		% LPG			
Are you Licensed?		Yes	No	License #:					
Do you remove or repair Boilers?		Yes	No	Are you involved in asbestos removal?		Yes	No		
Masonry contractors									
Percentage of Work:		% Industrial		% Commercial		% Residential			
		% New Construction		% Remodel					
Maximum height work is performed:				Involved in Sandblasting:		Yes	No		
				% of business					

What type of personal protection equipment is provided?					
Are you involved in Demolition of Buildings?				Yes	No
Do you work with scaffolding?				Yes	No
If yes, up to what height:					
Painting contractors					
Percentage of Work:		% Industrial	% Commercial	% Residential	
		% Remodel	% New Construction		
Do you perform Sandblasting?	Yes	No	Do you perform any Bridge Work?	Yes	No
Do you work in the interior of tanks or work in confined spaces?					
Do you provide any transportation for employees?					
Maximum height work is performed: Interior:			Exterior:		
Are all flammables and paint stored in accordance with all state and federal regulations?				Yes	No
Plumbing contractors					
Percentage of Work:		% Industrial	% Commercial	% Residential	
		% Interior	% Exterior		
Are you Licensed?	Yes	No	License #:		
Do you work in refineries, large manufacturing facilities, or wastewater plants?				Yes	No
Do you work with asbestos removal or pipe insulation?				Yes	No
Do you work on LPG equipment?				Yes	No
Do you work on gas lines outside of buildings?				Yes	No
Any trenching or excavating?		Yes	No	If yes, at what depth:	
How are utilities identified, please describe?					
Do you offer 24-hour service?	Yes	No	Do you clean sewers or industrial drains?	Yes	No

Landscape contractors					
Percentage of Work:	% Industrial		% Commercial		% Residential
Do you build retaining walls?	Yes	No	Do you trim trees?	Yes	No
Are day laborers used in your operations?	Yes	No	Is work seasonal?	Yes	No
What type of mechanical equipment do you use, please describe?					
How are utilities identified, please describe?					
Maximum height and depth of work:	Does your work ever require blasting?			Yes	No
Do you work near major highways or interstates?				Yes	No
Are you involved in Reclamation Work or Clearing of Land?				Yes	No
Do you take precautionary measures to protect and prevent a collapse?				Yes	No
Do you use pesticides and fertilizers? Applicator Certificates?	Yes	No	If yes, how many EE's hold Qualified		
Carpentry contractors					
Percentage of Work:	% Industrial		% Commercial		% Residential
	% New		% Remodel		
Maximum height work is performed:					
Do you install trusses?				Yes	No
Are day laborers used?				Yes	No
Residential Framing?				Yes	No
Woodwork or cabinetry contractors					
Delivery of product:	Yes	No	Installation of product:	Yes	No
Operations OSHA compliant:	Yes	No	Equipment properly guarded:	Yes	No
Raw materials and Flammables properly stored:	Yes	No	Dust Collection System in place:	Yes	No
Use of mechanical aids for material handling:	Yes	No	All trucks equipped with lifts:	Yes	No
Spray booth UL Approved with proper ventilation:	Yes	No	Max Weight Lifted, per Indiv:		

Are proper PPE's (including eye protection and respiratory equipment) provided to employees?

Signed by

Title

Dated

Helping you do more

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