



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
<b>Contact information</b>		
Primary contact:	Tel:	
	Email:	
Inspection contact:	Tel:	
	Email:	
Premium audit contact:	Tel:	
	Email:	
Claims contact:	Tel:	
	Email:	
<b>Prior payroll and premium</b>		
	<b>Total annual payroll</b>	<b>Premium</b>
Expiring Year: 2024-2025		
Prior Year: 2023-2024		
Prior Year: 2022-2023		
Prior Year: 2021-2022		
Prior Year: 2020-2021		
Prior Year: 2019-2020		
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%:			
<b>Operations</b>			
Description of operations:		# of locations	
Expected growth/downsizing plans in coming year:			
Hours of operations: From	to	# of shifts	24 hours:
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				
<b>Healthcare practices</b>						
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				
<b>Hiring practices</b>						
Employment Application:	Yes	No	Reference Checks:	Yes	No	
Pre / Post-Employment Physicals:	Yes	No	Background Checks:	Yes	No	
Drug Testing:	Yes	No	Pathogenic Testing:	Yes	No	
Audiometric Testing:	Yes	No	Orthopedic Back Testing:	Yes	No	
New employee orientation:	Yes	No	MVR Checks:	Yes	No	
<b>Safety program and organization</b>						
Is there a designated Safety Director?	Yes	No	Full Time	Part Time		
If yes, Name & Title:						
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? If yes, please describe	Yes	No	N/A		
Manual Lifting – Maximum Weight:					
Is there a Safety Incentive Plan for employees? If yes, please describe:	Yes	No			
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	No
Is work area free of congestion?	Yes	No	Are premises maintained?	Yes	No
<b>General-ops – Auto: (Complete only if you have OWNED vehicles)</b>					
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	No
Vehicles taken home:	Yes	No	Allow Personal use of vehicles:	Yes	No
MVR's reviewed annually:	Yes	No	Participating in CA Pull program:	Yes	No
Drivers under the age of 25:	Yes	No	Fleet Maintenance Program:	Yes	No
Do any vehicles have lift-gates?	Yes	No	Special Equipment attached to vehicles or Trailers:	Yes	No
<b>Contractors</b>					
Contractors' License #:			Specific Trade:		
Years in Trade:			Operations:		

Estimated Gross Payroll:				Gross Receipts: \$							
Sub-Contractor Cost: \$				Do you provide Waivers of Subrogation? Yes No							
Do you require Certificates of Insurance Yes No				Do you require Workers' Compensation? Yes No							
Maximum Height work is performed:				Maximum Depth underground work is performed:							
Average Job Size:				Maximum Job Size:							
Each row must total 100%:											
% Commercial:		% Condo/Apts.:		% Residential:							
% New:		% Remodeling:		% Service/Repair:							
% Exterior:		% Interior:		% Government:							
Do you perform any of the following types of work?											
Asbestos:	Yes	No	Blasting:	Yes	No	Demolition:	Yes	No	Drilling:	Yes	No
Gas Mains:	Yes	No	Highway Work:	Yes	No	Excavation:	Yes	No	Grading:	Yes	No
Sewer:	Yes	No	Tunneling:	Yes	No	Spray Painting:	Yes	No	Roofing:	Yes	No
Framing:	Yes	No	Concrete Tilt-up:	Yes	No	Steel Erection:	Yes	No			
Does your work require the use of Cranes? Yes No				Other use of heavy equipment: Yes No							
If yes, please describe:				If yes, please describe:							
Does your work require the use of Scaffolding? Yes No											
If yes, who does the set-up/take down?											
What type of protective equipment is required?											
<b>Restaurants</b>											
Is there a bar/lounge? Yes No				% of Sales – Liquor:							
% of Sales - Food:											
Special Events Setup: Yes No		If yes, please describe:									
Entertainment Setup: Yes No		If yes, please describe:									

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:					
Are non-slip shoes required?    Yes    No											
<b>Hotels</b>											
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						
<b>Apartments</b>											
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? \$								
<b>Warehouse manufacturing</b>								
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	<b>If yes, please complete General-Ops – Auto section</b>			
<b>Auto dealers and service</b>								
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
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					
<b>Electrical contractors</b>											
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			
<b>HVAC contractors</b>											
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			
<b>Masonry contractors</b>											
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:					
<b>Painting contractors</b>					
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
<b>Plumbing contractors</b>					
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

<b>Landscape contractors</b>					
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		
<b>Carpentry contractors</b>					
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
<b>Woodwork or cabinetry contractors</b>					
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**

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**Title**

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**Dated**

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## Helping you do more

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