



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: 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?			
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 <input type="checkbox"/> Suspicion	
Personal Protection Equipment provided?	Yes	No	N/A		
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	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 If yes, please describe:				Other use of heavy equipment: Yes No If yes, please describe:							
Does your work require the use of Scaffolding? If yes, who does the set-up/take down?				Yes No							
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: <input type="checkbox"/>				
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





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	
% New Construction		% Remodel		% Residential	
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	
		% 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?                                    Yes    No                                    If yes, how many EE's hold Qualified Applicator Certificates?

## 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**

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**Title**

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**Dated**

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## Helping you do more

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