

Workers Comp Questionnaire for .

Please complete the following and fax to us so we can get you your Workers Comp quotation.

FEIN # _____

Business Name			
Mailing Address			
Business Address			
TEL # / Fax #			
Busines Structure	Sole	Partnership	Corp
	Other-explain >	Years in business ____	
Description of business			
License # if any			
Do you pay more than 50% of health insurance for employees?			

LIST THE OWNERS BELOW & complete

Name	Percent Ownership	Title	SS #
1.			
2.			
3.			
4.			

Was this operation all or part of an existing business that was purchased or acquired. If so, please explain below.

Employee Estimated Annual Payroll (group together such as clerical, mechanic etc.)

NUMBER OF EMP				Job Duty	Annual Estimated Payroll
# FULL TIME	# PART TIME	Class Code			
					\$
					\$
					\$
					\$
					\$

EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES THE APPLICANT OWN, OPERATOR LEASE AIRCRAFT/WATERCRAFT?		
2. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL?		
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?		
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?		
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?		
6. ARE SUB-CONTRACTORS USED? (IF YES, GIVE % OF WORK SUBCONTRACTED)		
7. ANY WORK SUBLET WITHOUT CERTIFICATES?		
8. IS A FORMAL SAFETY PROGRAM IN OPERATION?		
9. ANY GROUP TRANSPORTATION PROVIDED?		
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?		
11. ANY SEASONAL EMPLOYEES?		
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?		
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?		
14. DO EMPLOYEES TRAVEL OUT OF STATE?		
15. ARE ATHLETIC TEAMS SPONSORED?		
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?		
17. ANY PRIOR COVERAGE DECLINED/CANCELLED/NON-RENEWED (LAST 3 YEARS)		
18. ARE EMPLOYEE HEALTH PLANS PROVIDED?		
19. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?		
20. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		
21. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?		
22. PLEASE INDICATE IF YOU OFFER EMPLOYEE ASSISTANCE PROGRAM []		
23. PLEASE INDICATE IF YOU OFFER PAID VACATIONS [] PAID SICK LEAVE []		
24. DO YOU HAVE AN INJURY AND ILLNESS PREVENTION PROGRAM?		
25. HAVE YOU RECEIVED ANY OSHA CITATIONS WITHIN THE PAST YEAR?		
26.		
27. PLEASE CHECK OFF THE HIRING PRACTICES IMPLEMENTED BY YOUR COMPANY: JOB DESCRIPTIONS [] PRE-PLACEMENT MEDICAL SCREENING [] PRE-PLACEMENT DRUG TESTING [] DRUG-FREE WORKPLACE [] PRE-EMPLOYMENT REFERENCE CHECK [] UNION EMPLOYEES []		

Explain any "YES" answers here

PRIOR INSURANCE? (WE WILL REQUIRE LOSS RUNS)

INSURANCE CO./Policy #	1.
	2.

WAS THIS OPERATION ALL OR PART OF AN EXISTING BUSINESS THAT WAS PURCHASED OR ACQUIRED? YES [] NO [] SKIP THIS IS NOT APPLICABLE.

IF YES:

WHAT PERCENTAGE OF THE BUSINESS WAS ACQUIRED? []
DATE OWNERSHIP CHANGED []

PRIOR BUSINESS OWNER'S NAME ADDRESS

NAME _____

ADDRESS _____

NAME OF BUSINESS _____

IS THE PRIOR OWNER(S) RELATED TO THE NEW OWNERS(S)? NO []
YES [] RELATIONSHIP _____

REQUIRED
PAYROLL HISTORY

Provide total payroll amount (all classes combined) for expiring year plus three prior:

YEAR	TOTAL PAYROLL
2002	
2001	
1999	
1998	
1997	

MOVIE PRODUCTION SUPPLEMENTAL QUESTIONNAIRE

- 1. Please provide the location of the film shoot.**

- 2. Is this application for a continuous policy, or a short term film production?**

- 3. Please provide the duration of the film production? (i.e., the number of days, weeks or months if possible give us the dates):**

- 4. If you are using unpaid employees, please provide a written list indicating the number of actors* and crew**, and please estimate payroll based on what they would be paid if being paid (this estimate is needed in order to provide a quote):**
** A minimum of \$231 per day per actor/actress will be assessed as payroll.*
*** A minimum of \$75 per day per production crew member will be assessed as payroll.*

- 5. If you are using paid employees, please provide a written list indicating the number of actors and crew, and estimated payroll.**

Applicant's Signature

Date