

AARIS SUPPLEMENTAL APPLICATION 2006

Insured: _____ Eff. Date: _____

Contact Name & Title: _____ Tel. #: _____ Fax #: _____ Website Address : _____

GENERAL INFORMATION:

Years in business: _____ # of locations _____
 Description of operations _____
 Current number of employees: Full time _____ Part time _____ Seasonal _____ Volunteers _____
 Percent of employee turnover in the last 12 months Full time _____ Part time _____
 Employee staffing expectation over the next 12 months Full time _____ Part time _____
 Average hourly wage in Governing Class: Full time \$ _____ Part time \$ _____
 Average hourly wage in Clerical class: Full time \$ _____ Part time \$ _____
 Average hourly wage in Sales class: Full time \$ _____ Part time \$ _____
 Has the insured ever been in bankruptcy? Yes No If yes, explain _____

BENEFITS:

Are ALL employees eligible Y/N; if no then who? _____

	% paid by employer	% of participation
Group Health <input type="checkbox"/> Yes <input type="checkbox"/> No		
Paid sick leave <input type="checkbox"/> Yes <input type="checkbox"/> No	Vacation <input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement / Pension Plan <input type="checkbox"/> Yes <input type="checkbox"/> No

 Name of Healthcare provider: _____
 Do you use a specific: Clinic _____ Physician _____ Emergency room _____
 Full time nurse maintained on staff: Yes No
 CPR training provided? Yes No

SAFETY PROGRAM:

Indicate the safety activities currently established and practiced regularly:

Safety program / IIPP compliant with SB 198	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Return to light duty plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Return to full time modified work plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Designated full time safety director	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name: _____
Safety meetings held for all employees	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency of meetings _____
Safety training held for all employees	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Incentive program for employees <input type="checkbox"/> Yes <input type="checkbox"/> No
Personal protective safety equipment provided	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Supervisors are held accountable for injuries / accidents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Accident investigation program in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

HIRING PRACTICES:

Employment application	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Drug/substance abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reference checks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Audiometric Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Motor Vehicle Record Check	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pre/Post employment physical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Volunteer Labor used	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pathogenic test (i.e. lead)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Temporary labor used	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Orthopedic back test	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OPERATIONS:

Hours of operation: _____ to _____ Number of daily shifts: _____
 Operation includes driving? Yes No Number of authorized drivers _____ No. of vehicles _____
 Types of vehicles driven _____
 Reason(s) for driving (delivery, sales calls, etc.)? _____
 Frequency of driving: Daily Weekly Other _____
 Driving radius: < 50 miles 51-100 miles 101-250 miles 250 miles
 Frequency of MVR checks _____ Participation in CHP Pull program Yes No
 Driver acceptability standards have been established Yes No

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Vehicles inspection / maintenance program Yes No Frequency _____
Vehicle maintenance performed is performed by employees Yes No
Employees take vehicles home Yes No

PAYROLL AND PREMIUM HISTORY:

Payroll: 2005 _____ Premium: 2005 _____
2004 _____ 2004 _____
2003 _____ 2003 _____
2002 _____ 2002 _____

Any travel out of state? Yes No No. of employees who travel: _____
Frequency _____

Purpose: _____

HOTEL / MOTEL:

Number of guest rooms: _____ Room rate: Under \$50 \$50-74.95 \$75-99 Over \$100
Food service: Operate own: Yes No Subcontract: Restaurant Bar Both
Gross receipts: Food _____% Liquor _____%
Entertainment: Yes No Lounge: Yes No Armed Security: Yes No
Operation: Year round Seasonal Conference center: Yes No
Shuttle service: Yes No How many vans: _____
How are maids compensated: Salary Hourly wage Flat rate per room
Who flips the mattresses and how are they turned: _____

RETAIL / WHOLESALE:

Gross receipts: Wholesale _____% Retail _____% Compensation: Flat salary _____ Hourly wage _____
Type of merchandise: _____ Commission _____
Palletized: Yes No Outside sales employees: Yes No
Lifting exposure or repackaging: Yes No Lbs: _____ Is there assembly: Yes No If yes, what? _____
Forklift exposures describe: _____

MANUFACTURING & ASSEMBLING:

Machine guarding: Point of operation: Yes No Material handling exposure: Yes No
Drive mechanism: Yes No Lifting: Below 50 lbs. Above 50 lbs. _____
Moving Parts: Yes No Lock out/tag out: Yes No Off premises operations: Yes No Percentage _____
% of - Point of operation guarding: _____
Moving parts _____ Drive Mechanism: _____
TYPE OF MACHINES USED? _____
Where / What: _____
Personal Protection Equipment provided? Yes No
Use enforced? Yes No
Any piece-work or home-based work? Yes No
If yes, explain: _____

SERVICE STATIONS / AUTO REPAIR SHOPS / TRANSMISSION SHOPS:

Hours of Operation _____ Mini-Market: Yes No Liquor sold? Yes No
Gas operation: Full Service Self service Bullet proof cashier booth: Yes No
Repair operation: Yes No Drop safe or registers: Yes No
 Tire repair/installation Over 1-ton truck (yes/no) Car Wash: Yes No If yes, self serve full serve
Towing: Yes No Contract tow: Yes No Access to freeway: 0-1 mile 1-2 miles 2+ miles
Road Repair: Yes No

ATTORNEYS

What type of law: _____
Any criminal law: Yes No _____ Percentage Any insurance law: Yes No _____ Percentage

RESTAURANT:

Average Entrée Price: _____ Separate Lounge: Yes No

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Liquor Receipts (% of gross receipts) _____
 Entertainment: Yes No If yes, please provide details: _____
 Catering: Yes No % of revenues: _____
 Radius: _____
 Delivery: Yes No % of revenues: _____
 Radius: _____

Twenty-four hour operation: Yes No
 Multiple Floor levels Yes No
 Number of: Hosts _____ Valet Parkers _____
 Waitpersons _____ Bartenders _____
 Cooks _____ Take-out: Yes No

APARTMENT OWNER OR OPERATOR:

List of operations sub-contracted to others: _____
 Current employees perform sub-contracted operations for you? Yes No If yes, please list: _____
 The following items are maintained and kept current for all sub-contractors:
 Certificate of workers' compensation insurance Yes No
 Copy of each sub-contractor's license number Yes No

JANITORIAL:

Percentage of revenues from: Office Buildings _____ Manufacturing Plants _____ Medical Properties _____ Other _____
 Pressure cleaning? Yes No Concrete cleaning or sealing? Yes No Roof or gutter cleanup? Yes No
 Window Washing requiring ladder or other device for heights Yes No Large Debris hauling Yes No
 Other work requiring ladders Yes No Multiple Locations per night Yes No Group Transportation Yes No
 Confined Space (vents, etc) Yes No Buffing waxing carpet cleaning Yes No

CONSTRUCTION: (Includes Landscapers and Artisan Contractors)

Contractor's License # _____ Copy Included Yes No Classification _____
 Detailed Description of Operation _____

Estimated Gross Receipts _____ Estimated Subcontractors Receipts _____
 Sub-contractors Certificates sent to agent Yes No
 Residential % _____ Commercial % _____ Re-model % _____ New Contract % _____
 Types of machinery and hand tools used _____
 Proper guarding & maintenance in place Yes No
 Any work performed above 2 stories: Yes No If yes, explain _____
 Any Roof Exposure: Yes No If yes, explain _____
 Details of Interior and/or Exterior work performed _____
 Any use of Cranes: Yes No If yes, explain _____
 Any use of Scaffolds: Yes No If yes, are the ee's certified? _____
 Safety training provided Yes No Details: _____

Level of Supervision _____ # of staff to Supervisors _____
 Personal protective wear available? Yes No Examples: _____
 Type of vehicles _____ # of Vehicles _____ Transportation of employees? Yes No
 # of Drivers _____

FARMING OPERATIONS:

Row Crops: _____% Trees/Vines: _____% Dairy/Cattle: _____%
 Is housing provided? Yes No If yes, how many employees? _____
 How many acres: 160 or less 161-499 500-999 1000+
 Transportation of employees: Yes No If yes, how: Van Bus Other ; Frequency: Daily Weekly Monthly Radius
 Use Labor Contractor? Yes No
 How are employees paid? Hourly rate _____ Piece rate _____ Combination _____ Other _____
 Dairy Barn: Elevated Carousel Flat Other _____

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- Number of milking cows _____
- Number of bulls _____ Number of bulls 3 years and older _____
- Outside Veterinary Services Yes No
- Artificial Insemination: Yes No Subcontracted? Yes No
- Hoof trimming: Yes No Subcontracted? Yes No
- De-horning: Yes No Subcontracted? Yes No
- Does insured harvest for others? Yes No If yes, own equipment used? Yes No