

## EVEREST SUPPLEMENTAL APPLICATION

Insured: \_\_\_\_\_ Eff Date: \_\_\_\_\_

### INSURED HISTORY:

Years in business: \_\_\_\_\_ No. of locations \_\_\_\_\_ Description of operations \_\_\_\_\_  
 Hours of operation: \_\_\_\_\_ to \_\_\_\_\_ No. of daily shifts: \_\_\_\_\_  
 Number of employees: Full-time employees \_\_\_\_\_ 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: Full-time \$ \_\_\_\_\_ Part-time \$ \_\_\_\_\_  
 Benefits provided – are ALL employees eligible  Yes  No If not then who is eligible? \_\_\_\_\_

	% 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	_____	_____

### Indicate the safety activities currently established and practiced regularly:

Safety program / IIPP in use compliant with California SB 198  Yes  No  
 Return to light duty plan  Yes  No Includes full wages  Yes  No  
 Return to Full-time modified work plan  Yes  No  
 Designated Full-time safety director  Yes  No Name: \_\_\_\_\_  
 Safety meetings held for all employees  Yes  No Frequency of meetings \_\_\_\_\_  
 Safety training held for all employees  Yes  No Incentive program for employees  Yes  No  
 Personal protective safety equipment provided for all employees  Yes  No  
 CPR training provided  Yes  No  
 Supervisors are held accountable for injuries / accidents  Yes  No  
 Accident investigation program in place  Yes  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

### AUTOMOBILES:

Business Operations include driving by employees for the following purpose(s):  
**Delivery**  Yes  No Frequency of delivery: Daily  Weekly  Other \_\_\_\_\_  
 Delivery radius: < 50 miles  51-100 miles  101-250 miles  >250 miles   
**Travel to or Between Jobsites/Facility Locations**  Yes  No If yes: Frequency: \_\_\_\_\_ Radius \_\_\_\_\_  
 Is there any group transportation of employees?  Yes  No If yes, indicate max # employees per vehicle: \_\_\_\_\_  
**Sales/Service Calls**  Yes  No If yes: Frequency: \_\_\_\_\_ Radius \_\_\_\_\_  
 # of authorized drivers \_\_\_\_\_ # of company vehicles \_\_\_\_\_ # of employee-owned vehicles used in business \_\_\_\_\_  
 Frequency of MVR checks \_\_\_\_\_ Participation in CHP Pull program  Yes  No  
 Driver acceptability standards have been established  Yes  No  
 Vehicles inspection / maintenance program  Yes  No Frequency \_\_\_\_\_  
 Vehicle maintenance is performed by employees  Yes  No  
 Employees take company vehicles home at night  Yes  No

### PAYROLL AND PREMIUM HISTORY:

Payroll: Current Yr. _____	Premium: Current Yr. _____
1 <sup>st</sup> Prior Yr. _____	1 <sup>st</sup> Prior Yr. _____
2 <sup>nd</sup> Prior Yr. _____	2 <sup>nd</sup> Prior Yr. _____
3 <sup>rd</sup> Prior Yr. _____	3 <sup>rd</sup> Prior Yr. _____

**Please complete the appropriate sections below as applicable:**

**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 \_\_\_\_\_% Type of merchandise: \_\_\_\_\_  
 Compensation: Flat salary \_\_\_\_\_ Hourly wage \_\_\_\_\_ Commission \_\_\_\_\_  
 Outside sales employees:  Yes  No Is there assembly:  Yes  No  
 Lifting exposure or repackaging:  Yes  No Lbs: \_\_\_\_\_ Is there installation of product at customer premises?  Yes  No  
 If yes, describe? \_\_\_\_\_ If yes, please also complete Contractor's Section of this application

**MANUFACTURING:**

Machine guarding: Point of operation:  Yes  No Drive mechanism:  Yes  No Moving Parts:  Yes  No  
 Lock-out/Tag-out program in place:  Yes  No  
 Material handling exposure:  Yes  No Lifting:  Below 50 lbs.  Above 50 lbs. \_\_\_\_\_  
 Off premises operations:  Yes  No Percentage \_\_\_\_\_ Where / What: \_\_\_\_\_  
 TYPE OF MACHINES USED? \_\_\_\_\_

**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

**ATTORNEYS**

What type of law: \_\_\_\_\_  
 Any criminal law:  Yes  No Any insurance law:  Yes  No

**RESTAURANT:**

Average Entrée Price: \_\_\_\_\_ Catering  Yes  No % of revenues \_\_\_\_\_  
 Liquor Receipts (% of gross receipts) \_\_\_\_\_ Delivery  Yes  No % of revenues \_\_\_\_\_  
 Separate Lounge:  Yes  No Radius of delivery area \_\_\_\_\_  
 Twenty-four hour operation:  Yes  No Entertainment:  Yes  No If yes, please provide details:  
 Number of: Hosts \_\_\_\_\_ Wait-staff \_\_\_\_\_ Cooks \_\_\_\_\_ Bartenders \_\_\_\_\_ Valet Parkers \_\_\_\_\_

**APARTMENT OWNER OR OPERATOR:**

Total number of maintenance employees: \_\_\_\_\_ Typical duties: \_\_\_\_\_  
 Do employees perform any of the following types of work?  
 At heights over 12 feet:  Yes  No If yes, explain: \_\_\_\_\_  
 Extermination or fumigation:  Yes  No If yes, explain: \_\_\_\_\_  
 Furnace cleaning:  Yes  No If yes, explain: \_\_\_\_\_  
 Is any work subcontracted?  Yes  No If yes, please also complete "Sub-Contracted Work" Section of this application

**LANDSCAPING or LAWN SERVICE:**

Any use of pesticides/herbicides:  Yes  No If yes, explain: \_\_\_\_\_  
 Tree Trimming:  Yes  No If yes: % of total operations: \_\_\_\_\_ Is work performed from ground  or heights  ?  
 If tree trimming work from heights, describe \_\_\_\_\_  
 Work along highways or freeways (including on/off ramps) or conducting traffic diversion:  Yes  No  
 If yes, explain: \_\_\_\_\_  
 Trenching operations and/or work below depth of 4 feet:  Yes  No  
 If yes, explain: \_\_\_\_\_

**CONTRACTORS: (Complete this section for any risk performing contracting, service/repair or installation work)**

General description of work done: \_\_\_\_\_

Indicate % of work in each of the following operations (must equal 100% for each section):

New Construction: Residential \_\_\_% Commercial \_\_\_% Industrial \_\_\_%

Remodeling: Residential \_\_\_% Commercial \_\_\_% Industrial \_\_\_%

Service/Repair Residential \_\_\_% Commercial \_\_\_% Industrial \_\_\_%

Installation: Residential \_\_\_% Commercial \_\_\_% Industrial \_\_\_%

% of Interior work: \_\_\_% % of Exterior Work: \_\_\_% What is the max height of work performed? \_\_\_\_\_

Equipment Used:  Cranes/Booms  Heavy Equipment  Excavation Equipment  Scaffolds  Ladders  Other

If any of the above used, describe: \_\_\_\_\_

Is any work subcontracted?  Yes  No *If yes, please also complete "Sub-Contracted Work" Section of this application*

**SUB-CONTRACTED WORK:**

List each operation sub-contracted to others: \_\_\_\_\_

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

List below current sub-contractors, including contractor's license numbers: (If more than 3 provide a separate list)

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**THIS SECTION MUST BE COMPLETED FOR ALL APPLICANTS THAT ARE INDIVIDUALS, SOLE PROPRIETORSHIPS, HUSBAND AND WIFE, OR PARTNERSHIPS (where the general partners are husband and wife)**

**EMPLOYED RELATIVES\***

Please list below any relatives residing in your household who are employees of your business and to whom your books and records show payments:

<u>Name</u>	<u>Relationship to You</u>	<u>Job Title or Duties</u>	<u>Work Location</u> (indicate whether at residence or commercial business location)	<u>Estimated Annual Remuneration</u>

Check here if there are no relatives residing in your household that are employed in your business

\*Relatives are defined as: spouse, child by birth or adoption, stepchild, grandchild, son-in-law, daughter-in-law, parent, stepparent, parent-in-law, grandparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, sister-in-law, uncle, aunt, nephew, or niece.

Note: Per California Labor Code, as an employer you are required to include in your workers' compensation coverage all relatives residing in your household who are your employees. Any policy issued based on information provided in this application will exclude coverage for residing relatives if none are listed above.

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**Aggregation Information: Must be completed for each location with 100+ employees**

(Use additional pages if more than one location with 100+ employees)

Location # \_\_\_ Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip code: \_\_\_\_\_

Location is: Single building  Multi-building  Urban  Suburban  Rural

Hours of operation: \_\_\_\_\_ Number of shifts: \_\_\_\_\_

Construction: Frame  Joisted Masonry  Non-combustible  Masonry non-combustible  Modified fire resistive  Fire resistive

Age of building: \_\_\_\_\_ Number of floors: \_\_\_\_\_ Specific floors occupied: \_\_\_\_\_

Seismically retrofit?  Yes  No If yes – year completed: \_\_\_\_\_

# of Employees at this location: _____	Class Code(s):						
	Payroll by class code:						

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**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CRIMINAL PENALTIES.**

Completed by (Signature and Title of Applicant): \_\_\_\_\_

Date: \_\_\_\_\_