

**Workers' Compensation Supplemental Questionnaire**

CLIENT: \_\_\_\_\_

DO YOU CURRENTLY HAVE A WORKERS' COMPENSATION POLICY WITH THIS OR ANY OTHER COMPANY THAT YOU HAVE SOME TYPE OF OWNERSHIP IN?         YES       NO

Current Carrier: \_\_\_\_\_      Current policy number: \_\_\_\_\_  
 Current Policy Expires: \_\_\_\_\_      Current Agent: \_\_\_\_\_

**EXEMPTIONS:**

DO ANY OF YOUR OWNERS OR OFFICERS CURRENTLY HAVE WORKERS' COMP. EXEMPTIONS?  
   YES       NO

**PARTNERS, OFFICERS, OWNERS TO BE INCLUDED OR EXCLUDED. (REMUNERATION TO BE INCLUDED MUST BE PART OF RATING INFORMATION SECTION.) ATTACH LIST OF ADDITIONS/EXEMPTIONS, IF ANY. PROVIDE COPIES OF EVIDENCE OF EXCLUSIONS / INCLUSIONS. DISCLOSURES OF THE SOCIAL SECURITY NUMBERS IS VOLUNTARY, AS AN ALTERNATIVE, ATTACH A COPY OF EXEMPTION OR INCLUSION FORM FILED WITH THE STATE OF FLORIDA.**

#	Name	DOB	S. S #	Title / Relationship	Own %	Duties	Inc/Exc	Class Code	Remuneration
1									
2									
3									

**LOSS HISTORY (IF ANY):**

CAN YOU PROVIDE LOSS RUNS FROM YOUR PAST AND CURRENT CARRIER FOR THE LAST 3 YEARS?  
   YES       NO

(YOU CAN OBTAIN LOSS RUNS FROM CONTACTING YOUR CURRENT AND PAST CARRIERS DIRECTLY AND REQUESTING THEM)

**NATURE OF BUSINESS OPERATIONS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

INSPECTION CONTACT: \_\_\_\_\_  
 ACCOUNTING CONTACT: \_\_\_\_\_  
 CLAIMS CONTACT: \_\_\_\_\_

**GENERAL INFORMATION:**

1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?  YES  NO
2. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)  YES  NO
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?  YES  NO
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?  YES  NO
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?  YES  NO
6. ARE SUB-CONTRACTORS AND/OR INDEPENDENT CONTRACTORS USED?  YES  NO
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?  YES  NO
8. IS A FORMAL SAFETY PROGRAM IN OPERATION?  YES  NO
9. ANY GROUP TRANSPORTATION PROVIDED?  YES  NO
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?  YES  NO
11. ANY PART TIME OR SEASONAL EMPLOYEES?  YES  NO
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?  YES  NO
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?  YES  NO
14. DO EMPLOYEES TRAVEL OUT OF STATE?  YES  NO
15. ARE ATHLETIC TEAMS SPONSORED?  YES  NO
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?  YES  NO
17. ANY OTHER INSURANCE WITH THIS INSURER?  YES  NO
18. ANY PRIOR COVERAGE DECLINED/CANCELLED/NON-RENEWED (Last 3 years)?  YES  NO
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?  YES  NO
20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?  YES  NO
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?  YES  NO
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?  YES  NO
23. WHAT ARE YOUR ESTIMATED ANNUAL REVENUES? \$ \_\_\_\_\_  YES  NO
24. IS THERE ANY CURRENT OR ANTICIPATED DEBT FOR UNPAID PREMIUMS OWED TO ANY PREVIOUS WORKERS' COMPENSATION PROVIDER?  YES  NO

**RATING INFORMATION:** (Completed by our office)

LOC	CLASS CODE	COM-PANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS	# OF EM-PLOYEES	ACTUAL REMUN-ERATION PAST 12 MONTHS	ESTIMATED REMUNERATION FOR NEXT POLICY PERIOD	RATE	ESTIMATED ANNUAL PREMIUM
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