

Please complete and fax to 1-866-313-9739 Ph: 1-888-411-7679

**Workers Compensation Insurance Questionnaire**

Owner(s) Name(s): \_\_\_\_\_ Doing Business As(DBA): \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip: \_\_\_\_\_

Location Street Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Years at this Location: \_\_\_\_\_ Years Experience: \_\_\_\_\_

Individual  Corporation  Partnership  Joint Venture  LLC Federal Tax ID/ SS# Number: \_\_\_\_\_

DESCRIBE THE BUSINESS OPERATION IN DETAIL INCLUDING A DESCRIPTION OF GOODS OR SERVICES PROVIDED. IF APPLICABLE, INDICATE WHAT PERCENTAGE OF THE OPERATION IS RETAIL, WHOLESALE OR MANUFACTURING:

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

# of Active Owners/Officers/Partners: \_\_\_\_ # of active family members: \_\_\_\_ #of Full Time Employees: \_\_\_\_

# Part-Time\_\_ Employees (under 20 hours weekly): \_\_\_\_\_

Estimated Annual Payroll (Excluding Owners) Current Year: \$ \_\_\_\_\_ Owners/Officers Payroll (If any) \_\_\_\_\_

Estimated Annual Gross Receipts/Sales/Rental Current Year: \$ \_\_\_\_\_ Previous Year \$ \_\_\_\_\_

Hrs. of Operations: Sat \_\_\_\_\_ Sun \_\_\_\_\_ M-F \_\_\_\_\_

Number of Loss Payees and Mortgagees: # \_\_\_\_\_ Number of Additional Insured (Landlord or any other entities)# \_\_\_\_\_

Are you involved in any other business operations?  Yes  No If yes, describe in Remarks

Do you or others operate any other business on the premises  Yes  No If yes, describe in Remarks.

Is a formal safety program in operation?  Yes  No

Are any guard/pet dogs kept on the premises?  Yes  No

Do you keep firearms on the premises?  Yes  No

Do you own the Building?  Yes  No



## Workers' Compensation Supplemental Application

Named Insured: _____		Web Address: _____	
Insured's FEIN: _____			
<b>Contact Name and Phone Number</b>			
Inspections: _____	( )	-	
Premium Audit: _____	( )	-	
Claims: _____	( )	-	
<b>Prior Payroll and Premium Information</b>			
	Total Annual Payroll		Premium \$
Current Year: _____	_____	_____	_____
Prior Year: _____	_____	_____	_____
Prior Year: _____	_____	_____	_____
Prior Year: _____	_____	_____	_____
<b>Operations and Benefits</b>			
Please provide a detailed description of the operation: _____			
_____			
Years in business? _____ Hours of operation- _____ to _____ # of Shifts - _____			
Is there a driving/delivery exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		Radius of operations/travel: <input type="checkbox"/> <50 miles <input type="checkbox"/> 50-100 <input type="checkbox"/> 100+	
If yes, what is frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____		Any group transportation of employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a PUC/DMV filing required? <input type="checkbox"/> PUC <input type="checkbox"/> DMV <input type="checkbox"/> N/A			
Are vehicles company owned? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how provided? <input type="checkbox"/> car <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Bus	
If yes, are vehicles taken home? <input type="checkbox"/> Yes <input type="checkbox"/> No		# of employees transported per vehicle _____	
# Of vehicles? _____ # Of drivers? _____		# of vehicles used to transport _____	
Vehicle/fleet maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
If yes, who does the servicing? <input type="checkbox"/> Outside vendor <input type="checkbox"/> In-house mechanics <input type="checkbox"/> Other: _____			
Do employees use personal vehicles for company business? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do any employees work from home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any out of state, international or overnight (within state) travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		List the # of employees who live or work out of state:	
If yes, please provide details -		_____ Live _____ Work	
Why/purpose? _____			
Who will travel? _____			
Where? _____			
Duration? _____			
Frequency? _____			
# of employees: Full time _____ Part-time _____ Seasonal _____ Volunteers _____ (Verify number is consistent with the number on Acord App)			
# of W-2's issued - Last year _____ Previous year _____		How are employees paid? <input type="checkbox"/> Hourly	
Any day laborers or temporary/employee leasing? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Piece rate <input type="checkbox"/> Commission <input type="checkbox"/> Flat salary	
If yes, please provide details on separate page.		<input type="checkbox"/> Other: _____	
% of union employees _____ % of non-union _____		Paid Sick Leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Actual average hourly wage for employees in governing class \$ ____/hour		Paid Vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Retirement / Pension plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Does employer contribute? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Group medical provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		% of employees enrolled _____	
If yes, name of healthcare provider - _____		% paid by employer _____	
Do you use a specific medical provider to treat injured employees? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Are you currently participating in a MPN (Medical Provider Network)?  Yes  No  
 If yes, please provide the name of current MPN: \_\_\_\_\_

CPR training provided?  Yes  No      RTW Program?  Yes  No  
 # of employees certified? \_\_\_\_\_      Does it include salary continuation?  Yes  No

Has the ownership of the applicable entity changed within the past 5 years?  Yes  No  
 If yes, please provide details: \_\_\_\_\_

**Hiring Practices – Employee Selection - Claims**

Written Application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-hire drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reference Checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Post Accident drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pre/post employment Physicals? <input type="checkbox"/> Yes <input type="checkbox"/> No	MVR Checks? <input type="checkbox"/> Yes <input type="checkbox"/> No
Orthopedic back testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Audio hearing tests? <input type="checkbox"/> Yes <input type="checkbox"/> No
Formal job descriptions on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a formal written accident report? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are personnel files documented for pre-existing injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there set procedures for reporting claims? <input type="checkbox"/> Yes <input type="checkbox"/> No
Average claim reporting time frame - _____	Any Interchange of labor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is job specific training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain <input type="checkbox"/> Another business <input type="checkbox"/> Subsidiary
Employee Orientation Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> between departments <input type="checkbox"/> Other: _____
If yes, is the orientation <input type="checkbox"/> Verbal only? <input type="checkbox"/> Verbal and Documented?	
Supervisor to Employee ratio - <input type="checkbox"/> Better than 4-1 <input type="checkbox"/> 5-1 <input type="checkbox"/> 6-1 <input type="checkbox"/> 7-1 <input type="checkbox"/> >7-1	
Subcontractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what purpose? _____	
If yes, are certificates of insurance obtained and kept on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Independent contractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what purpose? _____	
If yes, how are they paid? <input type="checkbox"/> 1099's? <input type="checkbox"/> Other? Please explain- _____	

**Safety Program and Organization – Work premises and Environment**

Are owners active in daily operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are they excluded from coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Active injury & illness prevention program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has loss control services been performed in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Active safety incentive program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Cal/OSHA visited or cited your business in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does it encompass all employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide explanation on separate page.
What type of incentive? _____	Are safety meetings conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees receive safety training/orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how often? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
If yes, is the training - <input type="checkbox"/> Formal / Documented <input type="checkbox"/> Informal	<input type="checkbox"/> Other: _____
Do you have a safety director or risk manager? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and title: _____
If yes, is the position full time or an additional responsibility of another employee? _____	
MSDS (Material Safety Data Sheets) available for all chemicals and products used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Any material handling exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____	
Any lifting exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No	Forklift training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, <input type="checkbox"/> <25 lbs. <input type="checkbox"/> 25-40 <input type="checkbox"/> 40+	If yes, annual certification? <input type="checkbox"/> Yes <input type="checkbox"/> No
If 40+, manual lifting or with assistance? Please explain _____	
Is all machinery/equipment properly guarded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Any use of Baler equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Written Lock out / tag out / block out procedures in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Condition of equipment? <input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Average
Respiratory program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are all equipment operators trained/ certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
What is the maximum height at which you will work? _____	Personal protection equipment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

What is used? <input type="checkbox"/> Ladder <input type="checkbox"/> Scaffolding <input type="checkbox"/> Scissor lifts <input type="checkbox"/> N/A	If yes, strict enforcement of utilization? <input type="checkbox"/> Yes <input type="checkbox"/> No
If scaffolding used, does the insured build their own? <input type="checkbox"/> Yes <input type="checkbox"/> No	What types of PPE? _____
Is the building / premises - <input type="checkbox"/> Owned or <input type="checkbox"/> Leased?	# Of years at current location? _____
Condition of premises? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Average	Age of building occupied? _____ year(s)

**Agriculture - Farming**

Is harvesting mechanized or manual? _____	
Do you use contracted labor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is housing provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, % of use? _____	If yes, # of employees housed - _____
Any seasonal workers used for operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does all farm machinery have safety guards intact? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details of when season begins and ends, # of seasonal employees hired, and if same employees used each season	
Are employees transported by any vehicles on or off the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on separate page.	
Any use of pesticides or fertilizers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any crop dusting operations? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, applications by <input type="checkbox"/> Employees? <input type="checkbox"/> Outside Vendor?	If yes, services provided by <input type="checkbox"/> Employees? <input type="checkbox"/> Outside Vendor?
Do any family members work in operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any work off premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on separate page.
<b>Dairy Farms:</b>	
What is the size of dairy herd? _____	Number of Bulls over 3 years old? _____
Does risk grow their own feed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does risk deliver any of their own milk products? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is milking barn - <input type="checkbox"/> Flat? <input type="checkbox"/> Elevated?	Protective Barriers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Average number of milkings per day? _____	Do any employees conduct or complete work on sump pumps? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees allowed to enter stem pipes around lagoon? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are proper safety procedures in place for working near stem pipes, lagoons or sump pumps? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any confined spaces exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details on separate page - include copy of written procedures and details of Confined Spaces Training.	

**Automotive Services**

Any towing services provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any road repair assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, any contract towing? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, 24 hour exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a mini-market on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any fueling operations? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, any sales of Alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any security/surveillance cameras on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
Open 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any test driving of customers' vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is cashier's booth bullet proof? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any transportation of customers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Access to Freeway? <input type="checkbox"/> 0-1 mile <input type="checkbox"/> 1-2 miles <input type="checkbox"/> 2+ miles	
Are employees ASE trained and certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many employees? _____

### Contractors

Contractors license number? \_\_\_\_\_ Years experience in trade? \_\_\_\_\_  
Estimated annual gross sales? \_\_\_\_\_ Estimated # of jobs per year? \_\_\_\_\_  
Percentage of work sub-contracted out? \_\_\_ % What type? \_\_\_\_\_  
If subs used, does insured:  Check annually?  Directly supervise subs?  
Average # of certificates collected annually? \_\_\_\_\_ Average # of Waivers of Subrogation needed? \_\_\_\_\_  
Indicate % of work conducted in each of the following operations (must equal 100% for each):  
1) New Construction \_\_\_\_\_ Remodeling \_\_\_\_\_ Service/Repair \_\_\_\_\_  
2) Commercial \_\_\_\_\_ Apts/Condos/Tract Homes \_\_\_\_\_ Single Custom Homes \_\_\_\_\_  
3) Interior \_\_\_\_\_ Exterior \_\_\_\_\_ If exterior work done, what is the maximum height exposure? \_\_\_\_\_  
Any use of cranes, booms or similar heavy construction equipment?  Yes  No  
Any work below grade?  Yes  No Max Depth in feet - \_\_\_\_\_ % of total work - \_\_\_\_\_  
Any confined spaces exposures?  Yes  No If yes, please provide details on separate page - include copy of written procedures and details of Confined Spaces Training. \_\_\_\_\_  
Any work involving asbestos, hazardous product abatement, chemical/petroleum products, USL&H, underground tank or pipe replacement?  
 Yes  No If yes, please explain - \_\_\_\_\_  
Does this risk conduct work for the government or city municipality?  Yes  No  
Is the applicant involved in "Wrap Up" or "OCIP" projects  Yes  No If yes, please provide percentage of total payroll dedicated to these projects, and advise detailed procedures on how applicant determines employee split between these projects and other contracts/projects (not involving "wrap up" or "OCIP". \_\_\_\_\_

Indicate % of work conducted in each of the following operations or Mark not applicable -  N/A

Blasting	_____	Drilling	_____	Light Pole Work	_____	Demolition	_____	Tunneling	_____
Grading	_____	Wrecking	_____	Multi Story Buildings	_____	Gas Mains	_____	Crane Work	_____
Asbestos	_____	Highway Work	_____	Scaffold set-up	_____	Roofing	_____	Concrete Tilt-up	_____
Sewer	_____	Exterior Framing	_____	Structural Steel	_____	Bridge Work	_____	Excavation	_____
Supervisory only	_____	Street/road work	_____	Spray painting	_____	Dock/Sea Walls	_____		_____

### Hotel/Motel

Number of guest rooms? \_\_\_\_\_ Room rates:  <\$50  \$50-\$100  \$100+ Rent rooms -  Daily  Weekly  Monthly  
Any shuttle, limo or similar service?  Yes  No If yes, please explain - \_\_\_\_\_  
Any Restaurant exposures?  Yes  No Does it include 24 hour room service?  Yes  No Bar or Lounge Area?  Yes  No  
Any entertainment provided?  Yes  No If yes, please explain - \_\_\_\_\_  
Housekeeping exposures: Moving of furniture?  Yes  No Mattress flipping or rotating?  Yes  No  
If yes, how often and # of employees involved in process? \_\_\_\_\_

### Janitorial Contractors

Check appropriate exposures in the following areas:  Education Facilities  Nursing Homes  Apartment houses  
 Hospitals  Airports  Office Buildings  Stores  Fire/Flood/Restoration  
 Government  Museums  Medical Offices  Hotels  Manufacturing Plants  
Indicate % of services provided (must equal 100%):  
General cleaning\* \_\_\_\_\_ Chimney cleaning \_\_\_\_\_ Debris Clearing \_\_\_\_\_ Exterior window cleaning above 1<sup>st</sup> floor \_\_\_\_\_  
Industrial cleaning \_\_\_\_\_ Ceiling Tile cleaning \_\_\_\_\_ landscaping \_\_\_\_\_ Heating, A/C ventilation service \_\_\_\_\_  
Carpet Cleaning \_\_\_\_\_ Elevator maintenance \_\_\_\_\_ Parking lot cleaning \_\_\_\_\_ Aircraft service and maintenance \_\_\_\_\_  
Snow removal \_\_\_\_\_ Maid/housekeeping services \_\_\_\_\_ Fire/flood restoration \_\_\_\_\_ Servicing/cleaning of hoods/filters/grease traps/etc \_\_\_\_\_  
Pest control \_\_\_\_\_ Floor waxing and refinishing \_\_\_\_\_ Crime scene clean-up \_\_\_\_\_ Pressure or steam washing operations \_\_\_\_\_

\* General Cleaning includes operations such as vacuuming, dusting, wastebasket trash pick up, floor and rug cleaning, restroom clean-up  
Do employees work in pairs or more?  Yes  No Employees supervised?  Yes  No Direct or Roving supervision? \_\_\_\_\_

**Landscaping**

Any tree trimming performed that is off the ground?  Yes  No      Any boulder or tree removal performed?  Yes  No  
Any use of tractors, loaders or similar equipment?  Yes  No      Any highway or median work conducted?  Yes  No  
Any use of chippers, mulchers, cherry pickers, booms or other similar equipment?  Yes  No  
If yes, please explain - \_\_\_\_\_  
Any use of pesticides or fertilizers?  Yes  No  
If yes, is the application completed by -  Employee?  Outside Vendor?  
Any debris removal or land clearing activities?  Yes  No  
If yes, please explain - \_\_\_\_\_

**Manufacturing – Machine Shops**

Any punch press or press brake machinery/equipment?  Yes  No      Machine Guarded:  Point of operation  Drive Mechanism  
Age of machinery:  <2 yrs  2-5 yrs  5-10 yrs  10+ yrs      Accessible moving parts guarded on machinery/equipment?  Yes  No  
Types of machines (must equal 100%) - Heavy \_\_\_\_\_ Mid \_\_\_\_\_ Light \_\_\_\_\_      Any Computer Network Controlled (CNC) machinery?  Yes  No  
% of off-premise operations: \_\_\_\_\_ If yes, where/what for? \_\_\_\_\_  
Is building properly ventilated?  Yes  No      Is proper dust collection system in place?  Yes  No

**Restaurants**

Entertainment provided?  Yes  No      Bar or separate lounge area?  Yes  No  
Fast Food?  Yes  No      Any catering?  Yes  No  
Number of: \_\_\_\_\_ Hosts \_\_\_\_\_ Waitpersons \_\_\_\_\_ Bartenders      If yes, radius of operations: \_\_\_\_\_ miles % of exposure - \_\_\_\_\_  
\_\_\_\_\_ Valet \_\_\_\_\_ Busboys \_\_\_\_\_ Cooks      Any delivery?  Yes  No      Delivery hours - \_\_\_\_\_ to \_\_\_\_\_  
Average price of entrée?  <\$5  \$5-\$15  \$15+      If yes, radius of operations: \_\_\_\_\_ miles % of exposure - \_\_\_\_\_  
Servicing, cleaning of hoods/filters/grease traps or related systems provided by:  Outside vendor  Employees

**Retail / Wholesale**

Type of Merchandise? \_\_\_\_\_  
Gross Receipts: Wholesale \_\_\_\_\_ %      Retail \_\_\_\_\_ %      Warehousing?  Yes  No  
Any repacking or repackaging operations?  Yes  No  
If yes, please explain operations: \_\_\_\_\_  
Assembly exposure?  Yes  No  
If yes, please explain exposure: \_\_\_\_\_  
Any distribution exposure?  Yes  No      If yes, by common carrier or does insured have a trucking exposure? Please explain on separate page.

**Trucking**

**Type of Authority:** a)  Common Carrier  Contract Carrier  Private  Brokerage  Exempt

b)  Regular Route  Irregular Route

**Carrier Operations:**  California Only  Interstate

Length of Haul with Total % = 100%:

Under 50 Miles ___ %	50 - 200 ___ %	201 - 300 ___ %
301 - 500 ___ %	501 - 1,000 ___ %	Over 1,000 ___ %

**Filings:** DOT# \_\_\_\_\_ PUC# \_\_\_\_\_ DMV/MCP# \_\_\_\_\_  Not Applicable

**Please Check the Questions and Attached the Applicable Data:**

Motor Carrier Identification Report, MCS-150:  Attached or  Not Applicable

Cargo Classification:  See attached MCS-150 or  See below (check all that apply):

- |   |  |  |   |  |
|---|--|--|---|--|
| <input type="checkbox"/> General Freight            | <input type="checkbox"/> Logs, Poles Beams, Lumber | <input type="checkbox"/> Liquids/Gases         | <input type="checkbox"/> Grain, Feed, Hay       | <input type="checkbox"/> Chemicals               |
| <input type="checkbox"/> Household Goods            | <input type="checkbox"/> Building Materials        | <input type="checkbox"/> Intermodal Containers | <input type="checkbox"/> Coal, Coke             | <input type="checkbox"/> Commodities Dry Bullion |
| <input type="checkbox"/> Metal Sheets, Coils, Rolls | <input type="checkbox"/> Mobile Homes              | <input type="checkbox"/> Passengers            | <input type="checkbox"/> Meat                   | <input type="checkbox"/> Refrigerated Food       |
| <input type="checkbox"/> Motor Vehicles             | <input type="checkbox"/> Machinery, Large Objects  | <input type="checkbox"/> Oilfield Equipment    | <input type="checkbox"/> Garbage, Refuse, Trash | <input type="checkbox"/> Beverages               |
| <input type="checkbox"/> Driveway/Towaway           | <input type="checkbox"/> Fresh Produce             | <input type="checkbox"/> Livestock             | <input type="checkbox"/> U.S. Mail              | <input type="checkbox"/> Paper Products          |
| <input type="checkbox"/> Other _____                |  |  |   |  |

**Drivers:** a) Number of Drivers \_\_\_\_\_ b) Number of Owner/Operators used \_\_\_\_\_

- Percentage where the Motor Carrier will provide workers' compensation for the Owner/Operators \_\_\_\_\_ %

- Percentage where the Motor Carrier will agree with the Owner/Operator that the Owner/Operator

assumes the responsibilities of an Employer for the performance of work: \_\_\_\_\_ %

c) If Owner/Operators used, please attach copy of contract:  Attached or  Not Applicable

d) Number of company drivers with Motor Carrier at least 12 months: \_\_\_\_\_

Number of Owner/Operator with Motor Carrier at least 12 months: \_\_\_\_\_ or  Not Applicable

e) Number of Non-Union: \_\_\_\_\_ Union: \_\_\_\_\_

f) Do the drivers load and unload their trucks?  No  Yes (please provide detail of the types of materials loaded/unloaded and any equipment used: \_\_\_\_\_)

Is the applicant enrolled in the DMV Pull Program?  Yes  No If so, how often? \_\_\_\_\_

Is the applicant enrolled in the CHP BIT Program?  Yes  No

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Producer: \_\_\_\_\_ Date: \_\_\_\_\_