



SUPPLEMENTAL APPLICATION

Maroevich, O'Shea & Coghlan Insurance Services, Inc.
 44 Montgomery Street, Suite 1700, San Francisco, CA 94104
 Phone 415-957-0600 Fax 415-957-0577
 License # 0589960

BROKER CONTACT: **WORKERS' COMPENSATION**
 Direct:
 Fax:
 Email:

Insured Name: _____ **Eff. Date:** _____ **FEIN:** _____
Contact Name: _____ **Years in Business:** _____ **Number of Locations:** _____
Phone: _____ **Website:** _____
Fax: _____

Description of Operations: _____

GENERAL INFORMATION:

Current No. of Employees: _____ Full-Time _____ Part-Time _____ Seasonal _____ Volunteers _____
 % of Employee turnover in last 12 months _____ Full-Time _____ Part-time _____
 Employee staffing expectation over next 12 months _____
 Average hourly wage in Governing Class: Full-Time \$ _____ Part-Time \$ _____
 Average hourly wage in Clerical Class (8810): Full-Time \$ _____ Part-Time \$ _____
 Average hourly wage in Sales class (8742): Full-Time \$ _____ Part-Time \$ _____
 Has insured every filed bankruptcy? Yes No
 Union: Yes No _____ % Participating

BENEFITS:

Are ALL employees eligible? Yes No _____ % Paid by Employer _____ % of Participation

Group Health	Yes	No	Vacation	Yes	No
Paid Sick Leave	Yes	No	Retirement/Pension Plan	Yes	No
CPR Training provided	Yes	No	Name of Healthcare provider:		

HIRING PRACTICES:

Employment Application	Yes	No	Drug/substance abuse	Yes	No
Reference Checks	Yes	No	Audiometric Testing	Yes	No
Motor Vehicle Record Check	Yes	No	Pre/Post Employment Physical	Yes	No
Volunteer Labor used	Yes	No	Pathogenic test (i.e. lead)	Yes	No
Temporary Labor used	Yes	No	Orthopedic back test	Yes	No

SAFETY PROGRAM:

Safety Program/IIPP compliant with SB 198	Yes	No	Protective safety equipment provided	Yes	No
Modified work available to employees?	Yes	No	Supervisor accountability plans	Yes	No
Do you have an incentive program?	Yes	No	Accident investigation program	Yes	No
Designated full time Safety Director	Yes	No	Health & Wellness Program	Yes	No
Safety meetings/training held for all EEs	Yes	No			



SUPPLEMENTAL APPLICATION CONTINUED

License # 0589960

OPERATIONS:

Hours of Operation: _____ to _____ Number of shifts: _____
Is there driving/delivery? Yes No **If NO, please skip this section.**
 Are vehicles provided? Yes No **If Yes, types of vehicles driven?**

Reason(s) for driving (delivery, sales calls, etc.)? _____

Employees use their own autos? Yes No Trucks? Yes No Motorcycles? Yes No
 Is there a vehicle inspection/maintenance program? Yes No Frequency Daily Weekly Other
 Frequency of MVR Checks _____ Delivery Radius (in miles) _____
 Driver acceptability standards? Yes No Employees take vehicles home Yes No
 Motor Carrier Permit (MCP) Filing Number: _____

PAYROLL AND PREMIUM HISTORY:

Payroll:	2007-2008	_____	Premium:	_____
	2006-2007	_____		_____
	2005-2006	_____		_____
	2004-2005	_____		_____
	2003-2004	_____		_____

LOCATIONS:

LOCATION (1)
 Street: _____
 City, State, Zip: _____

LOCATION (2)
 Street: _____
 City, State, Zip: _____

LOCATION (3)
 Street: _____
 City, State, Zip: _____

Are any of the insured's operations located within a Federal or State government owned building that is over 35% occupied by Governmental offices or National Landmarks? Yes No

Signed by: _____ Title: _____ Dated: _____