



American Team Managers Insurance Services

Workers' Compensation Supplemental Application

Named Insured:		Web Address:	
Insured's FEIN:			
Contact Name and Phone Number			
Inspections:	_____	()	-
Premium Audit:	_____	()	-
Claims:	_____	()	-
Prior Payroll and Premium Information			
	<u>Total Annual Payroll</u>		<u>Premium \$</u>
Current Year:	_____	_____	_____
Prior Year:	_____	_____	_____
Prior Year:	_____	_____	_____
Prior Year:	_____	_____	_____
Operations and Benefits			
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			



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Are you currently participating in a MPN (Medical Provider Network)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide the name of current MPN:			
CPR training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		RTW Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
# of employees certified?		Does it include salary continuation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the ownership of the applicable entity changed within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> 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



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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.
Dairy Farms:	
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?	



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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: <input type="checkbox"/> Check annually? <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any work below grade? <input type="checkbox"/> Yes <input type="checkbox"/> No		Max Depth in feet -	% of total work -
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.			
Any work involving asbestos, hazardous product abatement, chemical/petroleum products, USL&H, underground tank or pipe replacement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain -			
Does this risk conduct work for the government or city municipality? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the applicant involved in "Wrap Up" or "OCIP" projects <input type="checkbox"/> Yes <input type="checkbox"/> 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 - <input type="checkbox"/> N/A			
Blasting	Drilling	Light Pole Work	Demolition
Grading	Wrecking	Multi Story Buildings	Gas Mains
Asbestos	Highway Work	Scaffold set-up	Roofing
Sewer	Exterior Framing	Structural Steel	Bridge Work
Supervisory only	Street/road work	Spray painting	Dock/Sea Walls
Tunneling	Crane Work	Concrete Tilt-up	Excavation

Hotel/Motel

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

Janitorial Contractors

Check appropriate exposures in the following areas:		<input type="checkbox"/> Education Facilities	<input type="checkbox"/> Nursing Homes	<input type="checkbox"/> Apartment houses
<input type="checkbox"/> Hospitals	<input type="checkbox"/> Airports	<input type="checkbox"/> Office Buildings	<input type="checkbox"/> Stores	<input type="checkbox"/> Fire/Flood/Restoration
<input type="checkbox"/> Government	<input type="checkbox"/> Museums	<input type="checkbox"/> Medical Offices	<input type="checkbox"/> Hotels	<input type="checkbox"/> Manufacturing Plants
Indicate % of services provided (must equal 100%):				
General cleaning*	Chimney cleaning	Debris Clearing	Exterior window cleaning above 1 st 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Employees supervised? <input type="checkbox"/> Yes <input type="checkbox"/> No Direct or Roving supervision?				



American Team Managers

Insurance Services

Landscaping			
Any tree trimming performed that is off the ground?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any boulder or tree removal performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any use of tractors, loaders or similar equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any highway or median work conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any use of chippers, mulchers, cherry pickers, booms or other similar equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain -			
Any use of pesticides or fertilizers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, is the application completed by - <input type="checkbox"/> Employee? <input type="checkbox"/> Outside Vendor?			
Any debris removal or land clearing activities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain -			
Manufacturing – Machine Shops			
Any punch press or press brake machinery/equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Machine Guarded: <input type="checkbox"/> Point of operation <input type="checkbox"/> Drive Mechanism	
Age of machinery: <input type="checkbox"/> <2 yrs <input type="checkbox"/> 2-5 yrs <input type="checkbox"/> 5-10 yrs <input type="checkbox"/> 10+ yrs	Accessible moving parts guarded on machinery/equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Types of machines (must equal 100%) - Heavy Mid Light	Any Computer Network Controlled (CNC) machinery? <input type="checkbox"/> Yes <input type="checkbox"/> No		
% of off-premise operations: If yes, where/what for?			
Is building properly ventilated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is proper dust collection system in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Restaurants			
Entertainment provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bar or separate lounge area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fast Food?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any catering? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of: Hosts Waitpersons Bartenders	If yes, radius of operations: miles % of exposure -		
Valet Busboys Cooks	Any delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No Delivery hours - to		
Average price of entrée? <input type="checkbox"/> <\$5 <input type="checkbox"/> \$5-\$15 <input type="checkbox"/> \$15+	If yes, radius of operations: miles % of exposure -		
Servicing, cleaning of hoods/filters/grease traps or related systems provided by: <input type="checkbox"/> Outside vendor <input type="checkbox"/> Employees			
Retail / Wholesale			
Type of Merchandise?			
Gross Receipts: Wholesale % Retail %	Warehousing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any repacking or repackaging operations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain operations:			
Assembly exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain exposure:			
Any distribution exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by common carrier or does insured have a trucking exposure? Please explain on separate page.			



American Team Managers Insurance Services

<i>Trucking</i>			
Type of Authority: a) <input type="checkbox"/> Common Carrier <input type="checkbox"/> Contract Carrier <input type="checkbox"/> Private <input type="checkbox"/> Brokerage <input type="checkbox"/> Exempt			
b) <input type="checkbox"/> Regular Route <input type="checkbox"/> Irregular Route			
Carrier Operations: <input type="checkbox"/> California Only <input type="checkbox"/> Interstate			
Length of Haul with Total % = 100%:			
Under 50 Miles	%	50 – 200	%
301 – 500	%	501 – 1,000	%
		201 – 300	%
		Over 1,000	%
Filings:	DOT#	PUC#	DMV/MCP# <input type="checkbox"/> Not Applicable
Please Check the Questions and Attached the Applicable Data:			
Motor Carrier Identification Report, MCS-150: <input type="checkbox"/> Attached or <input type="checkbox"/> Not Applicable			
Cargo Classification: <input type="checkbox"/> See attached MCS-150 or <input type="checkbox"/> 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: <input type="checkbox"/> Attached or <input type="checkbox"/> 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 <input type="checkbox"/> Not Applicable			
e) Number of Non-Union: _____ Union: _____			
f) Do the drivers load and unload their trucks? <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide detail of the types of materials loaded/unloaded and any equipment used:			
Is the applicant enrolled in the DMV Pull Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how often?			
Is the applicant enrolled in the CHP BIT Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Signature of Applicant: _____ Date: _____

Signature of Producer: _____ Date: _____