

**Republic  
Indemnity**

**SUPPLEMENTAL WORKERS' COMPENSATION APPLICATION**

Application/Policy# \_\_\_\_\_

Insured Name: \_\_\_\_\_ Federal ID #: \_\_\_\_\_  
Effective Date: \_\_\_\_\_ Web Site Address: \_\_\_\_\_ Insurance Contact E-mail Address: \_\_\_\_\_  
Agency: \_\_\_\_\_ Contact: \_\_\_\_\_

**Payroll Data** - Provide historical payroll data by class (for current and prior 4 years), or submit final audit invoices if available. Applicable only to policy years not insured by Republic Indemnity.

<u>Class:</u>	_____	_____	_____	_____	_____
<u>YEAR</u>					
<u>Current</u>	_____	_____	_____	_____	_____
<u>1<sup>st</sup> Prior Yr</u>	_____	_____	_____	_____	_____
<u>2<sup>nd</sup> Prior Yr</u>	_____	_____	_____	_____	_____
<u>3<sup>rd</sup> Prior Yr</u>	_____	_____	_____	_____	_____
<u>4<sup>th</sup> Prior Yr</u>	_____	_____	_____	_____	_____

**Loss Experience**

If the insured has not been insured by Republic Indemnity for the latest 3-year term, please attach **currently valued loss runs** for any of those three years insured elsewhere **and most current experience modification worksheet** if available.

**Operational Information**

1. Detailed description of operations, include end product if applicable, processes used and employees duties:  
\_\_\_\_\_  
\_\_\_\_\_

2. Current number of permanent employees \_\_\_\_\_

Number of temporary/seasonal employees \_\_\_\_\_

Number of W2's filed for latest reporting year \_\_\_\_\_

3. Number of employees:  Increasing  Decreasing  Stable

4. Number of part time employees \_\_\_\_\_ Number of full time employees \_\_\_\_\_

5. Mean wage: For mainstream employees in production operations or services offered \$ \_\_\_\_\_/hr.

For administrative staff (e.g. clerical, sales) \$ \_\_\_\_\_/hr.

6.  Union  Non-Union % of employees participating \_\_\_\_\_

7. Group Medical provided: Yes  No  Name of Group Health Provider \_\_\_\_\_

% of employees participating \_\_\_\_\_ % of employer contribution \_\_\_\_\_

Paid Vacation: Yes  No  Paid Sick Leave: Yes  No  401K or Pension: Yes  No

8. Medical Provider Network (MPN) - Please select one: (**applicable to California only**)

Blue Cross of California Prudent Buyer Plan Network and Prudent Buyer Comp  Kaiser-on-the-Job

9. Pre-employment physical: Yes  No

10. Drug Screening Program/Random Drug Testing Yes  No

11. Does insured offer modified work?: Yes  No

*If yes, provide details* \_\_\_\_\_

12. Loss Control Incentive Program: Yes  No

13. Percent of Off Premises Operations: \_\_\_\_\_% (not applicable to contracting risks)

14. Vehicle Exposure: Yes  No  Radius of Operations \_\_\_\_\_

#Vehicles \_\_\_\_\_ (comm'l) \_\_\_\_\_ (private passenger) Group Transportation Provided Yes  No

Details of use, *include specifics as to delivery exposures* \_\_\_\_\_

MVR's checked Yes  No  *If yes, please provide details as to procedures in place* \_\_\_\_\_

Is there a disciplinary/termination rule in place based on driving record? Yes  No  *If yes, describe how this is implemented* \_\_\_\_\_

15. Does applicant own, operate or lease aircraft? Yes  No  If yes, provide details \_\_\_\_\_

16. What is the maximum manual weight lifted? \_\_\_\_\_ What material handling aids are used? \_\_\_\_\_

17. Hours of operation \_\_\_\_\_ Number of Shifts \_\_\_\_\_

18. 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   
If yes, provide details \_\_\_\_\_

**Location (s) – Please complete for all locations of business operations:**

	# Employees assigned to location (including those who work off premises)	# of Stories/ Floor # occupied by this business	Building Construction Type *(see below)
<b>Location (1)</b> _____ Street _____ City, State, Zip	_____	_____/____	_____
<b>Location (2)</b> _____ Street _____ City, State, Zip	_____	_____/____	_____
<b>Location (3)</b> _____ Street _____ City, State, Zip	_____	_____/____	_____

**If more than 3 locations, please continue on separate sheet.**

\*Types of Building Construction that closely matches the description of building that Insured occupies.

- |                                      |                                  |
|--------------------------------------|----------------------------------|
| Wood Frame, including masonry veneer | Tilt-up concrete                 |
| Unreinforced masonry                 | Reinforced concrete              |
| Reinforced masonry                   | Light gauge steel frame          |
| Mobile home                          | Protected structural steel frame |

**Policy Specifications**

Non Participating Plan  Participating  Group  Group Name: \_\_\_\_\_  
Commission % \_\_\_\_\_ Direct Bill  Agency Bill

Producer Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_