

Name Insured: _____

Producer: _____

Safety/Loss Control

- 1 Is there a formal safety program in place YES NO
 Is there a formal safety incentive program in place YES NO
- 2 Is there a Safety Director on staff? YES NO With no other job responsibilities? YES NO
 Name of Full-Time Safety Director (owner does not qualify): _____
- 3 Are safety meetings conducted? YES NO
- 4 Is there a formal accident investigation program? YES NO
 If "Yes", is it? Formal Informal
- 5 Is there a Return To Work Program? Formal Informal None
- 6 Does risk have pre-hire and post accident drug testing? YES NO
- 7 MVR's checks (Pre-hire & annually) (select 'Not Applicable' if no driving exposures): YES NO N/A
- 8 Number of employees is: Increasing Decreasing Stable
- 9 Is all machinery properly guarded YES NO
 Describe types of machinery used in operation _____
- 10 Is there a lock out tag out program in place for all machinery YES NO
- 11 Is personal protective equipment provided and used by employees YES NO

Additional Ownership Information

- 9 If you answered 'Yes' to ACORD question #5 (is applicant involved in any other type of business?) Is the risk's business combinable with this entity? YES NO
- 10 Is the other business included on this application or submitted to ICW Group on a separate application YES NO

Catastrophic Exposure

- 11 Does the risk have more than 50 employees in a building that is 4 stories or greater? YES NO

Prior Insurance

- 12 How many years has this risk had Workers' Compensation Insurance? _____ Yrs

Health benefits

- 13 Employee Participation _____ % Employer's Contribution _____ %
- 14 Union? YES NO
- 15 Turnover % last 12 months? _____ %

16 Please provide all four (4) years of premium and payroll information.

Policy Term	Annual Premium	Annual Payroll
Expiring policy	_____	_____
1st prior	_____	_____
2nd prior	_____	_____
3rd prior	_____	_____

- 17 Does insured do pick up and delivery? YES NO
 If yes, answer the following questions:

Number of vehicles _____
 Radius of operation _____
 Fleet maintenance _____

YES NO

18 Does insured do any installation of products YES NO

If yes, describe installation process/material handling

Name of person completing application

Dated