



**ITEMS TYPED ON THIS FORM CAN BE SAVED**

**Please e-mail this form by clicking this button:**

## 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>			
	<u>Total Annual Payroll</u>		<u>Premium \$</u>
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 \$ _____	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? <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?  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

Additional Comments you would like to make:

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



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? _____	

Additional Comments you would like to make:

---



---



---



---



---



---



---



**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 ___	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: <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 <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? <input type="checkbox"/> Yes <input type="checkbox"/> No Employees supervised? <input type="checkbox"/> Yes <input type="checkbox"/> No Direct or Roving supervision? _____				



<b>Landscaping</b>			
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 - _____			
<b>Manufacturing – Machine Shops</b>			
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	
<b>Restaurants</b>			
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			
<b>Retail / Wholesale</b>			
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.			

Additional Comments you would like to make:

---



---



---



---



---



---



<b>Trucking</b>			
<b>Type of Authority:</b> 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			
<b>Carrier Operations:</b> <input type="checkbox"/> California Only <input type="checkbox"/> Interstate			
Length of Haul with Total % = 100%:			
Under 50 Miles ___%	50 – 200 ___%	201 – 300 ___%	
301 – 500 ___%	501 – 1,000 ___%	Over 1,000 ___%	
<b>Filings:</b> DOT# ___ PUC# ___ DMV/MCP# ___ <input type="checkbox"/> Not Applicable			
<b>Please Check the Questions and Attached the Applicable Data:</b>			
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 ___			
<b>Drivers:</b> 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			

**ITEMS TYPED ON THIS FORM CAN BE SAVED**

**Please e-mail this form by clicking this button:**

Printed name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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