



ATTORNEYS SUPPLEMENTAL UNDERWRITING QUESTIONNAIRE

Application/Policy# _____

Insured Name: _____ Federal ID #: _____
Effective Date: _____ Web Address: _____ Insurance Contact Email : _____
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.

Table with 4 columns: Class (includes all employees, sales & clerical), 8820, and two blank columns. Rows include YEAR, Current, 1st Prior Yr, 2nd Prior Yr, 3rd Prior Yr, and 4th Prior Yr.

Loss Experience

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

Operational Information

- 1. Type of Practice, provide % breakdown: Any Workers' Compensation, Any Personal Injury, Any Criminal, Any Family Law. If yes, provide explanation.
2. Any Investigators, process servers and/or couriers on staff? If these services are contracted are certificates of W/C obtained? Provide details. Provide % Breakdown of: Phone Investigators, Outside Investigators.
3. Ratio of support staff vs. attorneys: # of Attorneys (including Principals), # of Support Staff.
4. Any involvement in athletic activities? If yes, provide details.
5. Does the firm represent clients in actions against insurance companies, such as bad faith or coverage litigation? If yes, provide details.
6. Does the firm ever sue employers on behalf of workers? If yes, provide details.
7. Does the firm handle applicant or defense workers' compensation cases? If yes, provide details.

General Information

- 1. Current number of permanent employees, Number of temporary/seasonal employees, Number of W2's filed for latest reporting year.
2. Number of employees: Increasing, Decreasing, Stable.
3. Number of part-time employees, Number of full-time employees.
4. Mean wage: For mainstream employees in production operations or services offered \$/hr. For administrative staff (e.g. clerical, sales) \$/hr.
5. How many independent contractors are used? How many 1099 forms are issued to individuals? How many 1099 forms are issued to companies/organizations? If there are independent contractors, what kind of work do they perform? Are independent contractors covered under a statutory Workers' Compensation Insurance policy and do they provide Certificates of Insurance? Yes No.
6. Number of employees working from home, Average number of days per week working from home.
7. Group Medical provided: Yes No, Name of Group Medical Provider, % of employees participating, % of employer contribution, Paid Vacation: Yes No, Paid Sick Leave: Yes No, 401K or Pension: Yes No.

- 8. Safety Program: Yes No
 Safety meetings held for all employees: Yes No
 Personal protective safety equipment provided: Yes No
 Accident investigation program in place: YesNo No
- 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. Percent of Off Premises Operations: _____%

13. Vehicle Exposure: Radius of Operations _____

#Vehicles _____ (comm'l) _____ (private passenger)

Details of use, including specifics as to delivery exposures, if applicable _____

Number of employees regularly driving: * _____

*We define regular as over 10% of all employees time in the aggregate being spent off-premises.

Frequency of all off-premises activity: Daily Less than Daily

What are the average and maximum number of covered employees that travel together in the same vehicle? _____

How often do the maximum number of covered employees travel together in the same vehicle? _____

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* _____

14. Is there any out-of-state travel? Yes No If yes, who travels? _____
Where do they travel? _____ How long do they travel for? _____

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

16. 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 Shifts	Maximum number of employees on premises at one time	# of Stories/ Floor # occupied by this business	Building Construction Type *(see below)
	<u>Full-time</u>	<u>Part-time</u>				
Location (1)	____	____	____	____	____/____	_____
Street _____						
City, State, Zip _____						
Location (2)	____	____	____	____	____/____	_____
Street _____						
City, State, Zip _____						
Location (3)	____	____	____	____	____/____	_____
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

Commission % _____ Participating _____ Program _____ Program Name: _____
 Direct Bill _____ Agency Bill _____
 Producer Authorized Signature _____ Date _____