Republic Indemnity®

ENGINEERS/ARCHITECT SUPPLEMENTAL WORKERS' COMPENSATION APPLICATION

Application/Policy #: _____ Effective Date: _____

Insured Name: _____ Federal ID #: _____
Website: _____ Email: _____
Agency Name:_____ 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.**

	Class		Class		Class		Class		Class	
Current Year										
1st Year Prior										
2nd Year Prior										
3rd Year Prior										
4th Year Prior										

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. Any involvement in construction operations? Yes○ No○
   If yes, describe: _____
   _____
2. How many employees visit job sites? _____
   How often? _____
3. What percentage of travel to job sites is over a 50 mile radius? _____
4. Any exposure to height/high lift equipment? Yes○ No○
   If yes, how often, how high, any fall protection? _____
   _____
5. Any surveying operations? Yes○ No○ If yes, percentage of operations: _____
   Any aerial mapping? Yes○ No○
6. What type of engineering? _____
7. Who are main clients? _____
8. What is the out-of-state exposure? (What states, how often, how long of stay, how many people involved on average?)
   _____
   _____
9. Any soil testing? Yes○ No○
   Any core sampling? Yes○ No○
   Any analytical chemists? Yes○ No○
10. Any visits to remote sites? How many, how often, how far? _____
    _____
11. What chemicals are handled? _____
12. What processes and equipment are used? _____

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13. Percentage of lab exposure? _____
    Percentage of field exposure? _____
14. Any timber cruisers? Yes ◯ No ◯
    Any air flow balancing and testing for air conditioning units? Yes ◯ No ◯

General Information

1. Current number of full-time employees by class code: 8601 _____ 8810 (Drafting) _____ 8810 (Clerical) _____
   Number of temporary, seasonal, and/or leased employees: _____ Are any relatives employed? Yes ◯ No ◯
   Does the insured utilize the services of Temporary Staffing Agencies or Labor Contractors? Yes ◯ No ◯
   If yes, do they require contract language that specifies that the Agency/Contractor provides Workers' Compensation? Yes ◯ No ◯
   Number of W2's filed for latest reporting year: _____
2. **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 ◯
3. Average wages: 8601 _____ 8810 (Drafting) _____ 8810 (Clerical) _____
4. Number of employees: Increasing _____ Decreasing _____ Stable _____
5. Number of part-time employees by class code: 8601 _____ 8810 (Drafting) _____ 8810 (Clerical) _____
6. Union ◯ Non-Union ◯ % of employees participating_____
7. Number of employees working from home: _____
   Average number of days per week working from home: _____
8. Group Medical: 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 ◯
9. Safety Program: Yes◯ No◯
   Safety meetings held for all employees: Yes◯ No◯
   Personal protective safety equipment provided: Yes◯ No◯
   Accident investigation program in place: Yes◯ No◯
10. Hiring Practices
    Application: Yes◯ No◯
    Check References: Yes◯ No◯
11. Pre-employment physical: Yes◯ No◯
12. Drug Screening Program/Random Drug Testing: Yes◯ No◯
13. Does insured offer modified work: Yes◯ No◯
    If yes, provide details: _____
14. Loss Control Incentive Program: Yes ◯ No ◯
15. Vehicle Exposure: Radius of Operations: _____
    Number of Commercial Vehicles: _____ Number of Private Passenger Vehicles: _____
    Details of use, including specifics regarding delivery exposure and towing/roadside assistance, if applicable:
    _____
    Number of employees driving on a regular basis (we define regular as 10% or more of employees' time): _____
    Frequency of 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: _____

16. Is there any out-of-state travel? Yes ◯ No ◯

If yes, who travels? _____

Where do they travel? _____

How long do they travel for? _____

17. Does applicant own, operate or lease aircraft? Yes ◯ No ◯

If yes, provide details: _____

18. What is the maximum manual weight lifted? _____

What material handling aids are used? _____

_____

19. Hours of operation: _____

Number of Shifts: _____

20. 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:

	Number of Employees assigned to the location (including those who work off premises)		**# of Shifts**	**Maximum number of employees on the premises at one time**	**# of Stories and Floor # occupied by this business**		**Building Construction Type** *(see below)
	Full-time	**Part-time**			**# Stories**	**Floor #**	
Location (1)							
Street							
City, State, Zip							
Location (2)							
Street							
City, State, Zip							
Location (3)							
Street							
City, State, Zip							

If there are more than 3 locations, please continue on a separate sheet.

*Types of Building Construction that closely matches the description of the building that the 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 ○

Program: Yes ○ No ○ If yes, Program Name: _____

Commission: _____% Direct Bill ○ Agency Bill ○

Producer Authorized Signature: _____ Date: _____