



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.

Table with 10 columns and 5 rows for payroll data. Columns are labeled 'Class' and rows are labeled 'Current Year', '1st Year Prior', '2nd Year Prior', '3rd Year Prior', and '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?



- 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)
				# Stories	Floor #	
Full-time	Part-time					

<b>Location (1)</b>							
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Street
City, State, Zip

<b>Location (2)</b>							
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Street
City, State, Zip

<b>Location (3)</b>							
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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: \_\_\_\_\_

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.