



RESEARCH & DEVELOPMENT SUPPLEMENTAL APPLICATION

Application/Policy# \_\_\_\_\_

Insured Name: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Website: \_\_\_\_\_ 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), YEAR, Current, 1st Prior Yr, 2nd Prior Yr, 3rd Prior Yr, 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. Detailed description of operations, include employees' duties, end product if applicable, and processes used.
2. Any prototypes manufactured? Yes No
3. Any manufacturing operations conducted currently? Yes No
4. Is research conducted on behalf of: A Foundation, A government entity(ies), Private-sector firms, Other
5. Source of funding (e.g. individual, charitable foundation, private firm)?

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. 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
7. Number of employees working from home Average number of days per week working from home

- 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: Yes No

- 9. Hiring Practices
  - Application: Yes No
  - Check References: Yes No

- 10. Pre-employment physical: Yes No
- 11. Drug Screening Program/Random Drug Testing Yes No
- 12. Does insured offer modified work?: Yes No

*If yes, provide details* \_\_\_\_\_

- 13. Percent of Off Premises Operations: \_\_\_\_\_ %

- 14. Vehicle Exposure: Yes No 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 production employees time in the aggregate being spent off-premises.

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 \_\_\_\_\_

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

- 16. Does applicant own, operate or lease aircraft? Yes No *If yes, provide details* \_\_\_\_\_

- 17. 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* \_\_\_\_\_

- 18. What is the maximum manual weight lifted? \_\_\_\_\_ What material handling aids are used? \_\_\_\_\_

**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>				
<b>Location (1)</b>	_____	_____	_____	_____	_____/____	_____
Street _____						
City, State, Zip _____						
<b>Location (2)</b>	_____	_____	_____	_____	_____/____	_____
Street _____						
City, State, Zip _____						
<b>Location (3)</b>	_____	_____	_____	_____	_____/____	_____
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 \_\_\_\_\_