GRANITE INSURANCE BROKERS WORKERS COMPENSATION SUPPLEMENTAL

Insured:	INSURED INFORMATION							
Fax:	Insured:							
Email Address: Effective Date: FEIN#: GENERAL INFORMATION Date Business Started: Description of Operations: Current # of Employees: Full Time: Part Time: Average Hourly Wage in Governing Class: Full Time: Part Time: Average Hourly Wage in Sales Class: Full Time: Part Time: Average Hourly Wage in Sales Class: Full Time: Part	Insured Contact:		Phone:					
Effective Date:	Fax:	Web Address:						
Date Business Started: # of Locations: Description of Operations: Current # of Employees: Full Time: Part Time: Seasonal: Volunteers: Percent of Employee Turnover in the last 12 Months: Full Time: Part Time: Part Time: Employee Staffing Expectation over the next 12 Months: Full Time: Part Time: Average Hourly Wage in Governing Class: Full Time: Part Time: Average Hourly Wage in Clerical Class: Full Time: Part Time: Average Hourly Wage in Sales Class: Full Time: Part Time: Average Hourly Wage in Sales Class: Full Time: Part Time: Average Hourly Wage in Sales Class: Full Time: Part Time: Average Hourly Wage in Sales Class: Full Time: Part Time: Average Hourly Wage in Sales Class: Full Time: Part Time: Average Hourly Wage in Sales Class: Full Time: Part Time: Average Hourly Wage in Sales Class: Full Time: Part Time: Average Hourly Wage in Sales Class: Full Time: Part Time: Average Hourly Wage in Sales Class: Full Time: Part Time: Average Hourly Wage in Sales Class: Full Time: Part Time: Average Hourly Wage in Sales Class: Full Time: Part Time: Bankruptcy: Part Time: Part Time: Average Hourly Wage in Sales Class: Full Time: Part Time: Average Hourly Wage in Sales Class: Full Time Employees Other Benefit Sale Sale Sale Sale Sale Sale Sale Sale	Email Address:		State Tax ID#	! :				
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Group Medical Provided: Y N Eligible: All Employees Full Time Employees Other % of Employees Participating: % of Employer Contribution: Name of Health Care Provider:	PREMIUM:	DE.	NIEDIO					
% of Employees Participating: Name of Health Care Provider:	Group Madical Provided:			Imployees Fu	II Timo I	Employage	Othor	
Name of Health Care Provider:	<u> </u>	± IN				Employees	Other	
Do you use a specific. Clinic. Thysician. Entergency Room.		•	Physician	Fn	nergenev	Room:		
Paid Vacation: Y N Retirement/401K Plan: Y N	1				ioigoney		NT.	
Paid Sick Leave: Y N Full Time Nurse Maintained on Staff: Y N								

GRANITE INSURANCE BROKERS WORKERS COMPENSATION SUPPLEMENTAL

CPR Training:		Y	N	Waiting Period for Coverage:				Y	N	
SAFETY PROGRAM										
Safety Program/SB198 Compli	ant:	Y	N	Return to Ligh	nt Dı	uty Plan		Y	N	
Return to Full Time Modified I	Duty	: Y	N	Designated Full Time Safety Director: Name:			:	Y	N	
Safety Meetings for all Employees: Y N Frequency of Meetings:			Safety Training for All Employees: Incentive Program for Employees:				Y Y	N N		
Personal Protective Safety Equipment Y N Provided:			Supervisors are held Accountable for Injur				Accide Y	ents: N		
Accident Investigation Program										
Treatment in tobuguion Trogram			HIRING	G PRACTICES	S					
Pre-Employment Application:	N	Pre-Em Checks	ployment	Reference Y N		Pre/Post Employme	_	Testin Y	g: N	
Volunteer Labor Y	N		rary Labo Checks:	r: Y N		Employ Relatives Relation:		Y	N	
Audiometric Testing:	N	Pre/Pos Physica		Y N		Pathogenic Test (i.e		Y	N	
Motor Vehicle Record Check:		Y	N		Mino	ors (under age 18):		Y	N	
OPERATIONS										
Hours of Operation:				Number of Daily Shifts:						
Do Operations Include Driving: Y N			Number of Au							
Number of Vehicles: Types of Vehicles Driven:										
Reason(s) for Driving (i.e. Deli	ivery		Calls, etc.)							
Frequency of Driving:		Daily:	T	Week				Other:		
Mil	les:	an 50		Miles: 101-250 Miles: 250+ Miles:						
Are Motor Vehicle Records being Checked: Y N If yes, How Often?										
Participation in CHP Pull Program: Y N										
Have Driver Acceptability Standards been				Vehicle Inspection/Maintenance						
established:		Program in Place: Y Frequency:			N					
Vehicle Maintenance Performed				Employees take Vehicles Home:						
by Employees: Y N										
Are Cash Payments Made to En	mplo	yees or		Y N						
Sub-Contractors:										
Are Meals or Lodging Provided to Employees in Y										
Lieu of Wages:		7.7	7 NT	XX 1 . X4	. •	/O.CC 1 E :11:4	77	7	т	
Any Employees Paid by the Piece: Y N Work at Maritime/Offshore Facility: Y N						И				
Any Locations/Operations for which Coverage is not Requested: Y N										
Operations Outside of California: Y N				Any Asbestos Removal: Y N						

GRANITE INSURANCE BROKERS WORKERS COMPENSATION SUPPLEMENTAL

Member of any Trade or Busine	ess Association	1:		<u>·</u>	
If yes, Which?	Y	N			
	OWNI	ERSHIP/OFFIC	CERS:		
Name	Title	Ownership	Duties	Inc/E	xc Class
		%			
		%			
		%			
		%			
Locations (PLEASE COMP		LL LOCATIO	NS-USE SEP		
Address, City, State, Zip	# of Employees:			#Stories	Construction Type
Location #1	Class	FT	PT		Туре
Doumon W1					
Location #2					
Docaron #2					
Location #3					
Location #3					
Location #4					
Location #4					
T					
Location #5	1	1	1		
	i	1			1