

# GRANITE INSURANCE BROKERS

## WORKERS COMPENSATION SUPPLEMENTAL

INSURED INFORMATION					
Insured:					
Insured Contact:			Phone:		
Fax:			Web Address:		
Email Address:			State Tax ID#:		
Effective Date:			FEIN#:		
GENERAL INFORMATION					
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:
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:
Has the Insured ever in Bankruptcy:      Y      N			If yes, Please Explain:		
# of W2s filed last year:					
Payroll Data:					
<div style="display: flex; justify-content: space-between;"> <span>Class:</span> <span>_____</span> <span>_____</span> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Year:</span> <span>_____</span> <span>_____</span> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>2010</span> <span>_____</span> <span>_____</span> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>2009</span> <span>_____</span> <span>_____</span> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>2008</span> <span>_____</span> <span>_____</span> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>2007</span> <span>_____</span> <span>_____</span> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>2006</span> <span>_____</span> <span>_____</span> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Projections      2011</span> <span>_____</span> <span>_____</span> <span>_____</span> <span>_____</span> <span>_____</span> </div>					
Premium Data:					
Year	2010	2009	2008	2007	2006
PREMIUM:					
BENEFITS					
Group Medical Provided:      Y      N			Eligible: All Employees Full Time Employees Other		
% of Employees Participating:			% of Employer Contribution:		
Name of Health Care Provider:					
Do you use a specific:		Clinic:		Physician:	
Paid Vacation:      Y      N		Retirement/401K Plan:		Y      N	
Paid Sick Leave:      Y      N		Full Time Nurse Maintained on Staff:		Y      N	

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CPR Training:	Y	N	Waiting Period for Coverage:	Y	N
<b>SAFETY PROGRAM</b>					
Safety Program/SB198 Compliant:	Y	N	Return to Light Duty Plan	Y	N
Return to Full Time Modified Duty:	Y	N	Designated Full Time Safety Director: Name:	Y	N
Safety Meetings for all Employees:	Y	N	Safety Training for All Employees:	Y	N
Frequency of Meetings:			Incentive Program for Employees:	Y	N
Personal Protective Safety Equipment Provided:	Y	N	Supervisors are held Accountable for Injuries/Accidents:	Y	N
Accident Investigation Program:	Y	N			
<b>HIRING PRACTICES</b>					
Pre-Employment Application:	Y	N	Pre-Employment Reference Checks:	Y	N
Volunteer Labor	Y	N	Temporary Labor: Agency Checks:	Y	N
Audiometric Testing:	Y	N	Pre/Post-employment Physical:	Y	N
Motor Vehicle Record Check:	Y	N	Employ Any Minors (under age 18):	Y	N
<b>OPERATIONS</b>					
Hours of Operation:			Number of Daily Shifts:		
Do Operations Include Driving:	Y	N	Number of Authorized Drivers:		
Number of Vehicles:			Types of Vehicles Driven:		
Reason(s) for Driving (i.e. Delivery, Sales Calls, etc.)					
Frequency of Driving:	Daily:		Weekly:	Other:	
Driving Radius:	Less than 50 Miles:	51-100 Miles:	101-250 Miles:	250+ Miles:	
Are Motor Vehicle Records being Checked: If yes, How Often?			Y	N	
Participation in CHP Pull Program:			Y	N	
Have Driver Acceptability Standards been established:			Y	N	
			Vehicle Inspection/Maintenance Program in Place:		
			Y	N	
Vehicle Maintenance Performed by Employees:			Y	N	
			Employees take Vehicles Home:		
Are Cash Payments Made to Employees or Sub-Contractors:			Y	N	
Are Meals or Lodging Provided to Employees in Lieu of Wages:			Y	N	
Any Employees Paid by the Piece:			Y	N	
			Work at Maritime/Offshore Facility:		
			Y	N	
Any Locations/Operations for which Coverage is not Requested:			Y	N	
Operations Outside of California:			Y	N	
			Any Asbestos Removal:		
			Y	N	

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Member of any Trade or Business Association:

If yes, Which?

Y

N

## OWNERSHIP/OFFICERS:

Name	Title	Ownership	Duties	Inc/Exc	Class
		%			
		%			
		%			
		%			

## Locations (PLEASE COMPLETE FOR ALL LOCATIONS-USE SEPARATE SHEET IF NEED):

Address, City, State, Zip	# of Employees:	#Stories	Construction Type
Location #1	Class      FT      PT		
Location #2			
Location #3			
Location #4			
Location #5			