

## General Applicant Information

## Producer

Named Insured and Subsidiaries (hereinafter also referred to as "Applicant"):

Insured's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's website: \_\_\_\_\_ Policy effective date: \_\_\_\_\_

Does the applicant you use employee leasing companies or Professional Employer Organizations (P.E.O.s) or lease employees to or from other entities? Yes  No  Explain: \_\_\_\_\_

Does the applicant have known USL&H exposure? Yes  No   
If so, what? \_\_\_\_\_

Supply the location addresses along with the number of employees at each location (if additional locations are applicable attach separate sheet):

Location Address	Total Number of Employees

*Note: Please provide an explanation for any locations having '0' employees.*

If applicant's EL limits requested are greater than \$500k/500k/500k please provide the reason:  
\_\_\_\_\_  
\_\_\_\_\_

Describe any work done by employees over 15' in height:  
\_\_\_\_\_  
\_\_\_\_\_

Do the employees do any fiberglass work? Yes  No  If so, what percentage of the workforce \_\_\_\_\_%  
Does the applicant do any work on commercial vessels? Yes  No   
If so, please explain the type of work being done on vessels: \_\_\_\_\_

## Safety & Loss Control

Does applicant have a written safety/ procedures policy for each job? Yes  No   
Describe ongoing loss control activities:  
\_\_\_\_\_  
\_\_\_\_\_

Any OSHA violations in the last 5 years: Yes  No   
What is their Injury & Illness Protection Plan (IIPP) and/or safety program?  
\_\_\_\_\_  
\_\_\_\_\_

Describe the applicant's hiring practices: \_\_\_\_\_

Are physicals and drug screenings performed on all newly appointed employees? Yes  No

