

EVEREST SUPPLEMENTAL APPLICATION (REVISED EDITION FOR THE 2004 YEAR)

Insured: _____ Eff Date: _____ FEIN NO. _____
 Contact Name & Title: _____ Tel. No.: _____ Fax No.: _____

INSURED HISTORY:

Years in business: _____ No. of locations _____ Description of operations _____
 Present number of employees: Full-time employees _____ 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: Full-time \$ _____ Part-time \$ _____
 Benefits provided – are ALL employees eligible Yes No If not then who is eligible? _____

	% paid by employer		% of participation	
Group Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Paid sick leave	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Vacation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Retirement / Pension Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____

Name of Healthcare provider: _____
 Provide name of clinic, physician, or emergency room used for work place related injury: _____
 Full-time nurse maintained on staff: Yes No
 CPR training provided Yes No
 Would you be willing to participate in an HCO program to control claim costs? Yes No

Indicate the safety activities currently established and practiced regularly:

Safety program / IIPP in use compliant with SB 198 Yes No
 Return to light duty plan Yes No Includes full wages Yes No
 Return to Full-time modified work plan Yes No
 Designated Full-time safety director Yes No Name: _____
 Safety meetings held for all employees Yes No Frequency of meetings _____
 Safety training held for all employees Yes No Incentive program for employees Yes No
 Personal protective safety equipment provided for all employees Yes No
 Supervisors are held accountable for injuries / accidents Yes No
 Accident investigation program in place Yes No

HIRING PRACTICES:

Employment application	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Drug/substance abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reference checks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Audiometric testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Motor Vehicle Record check	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pre/Post employment physical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Volunteer labor used	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pathogenic test (i.e. lead)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Temporary labor used	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Orthopedic back test	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OPERATIONS:

Hours of operation: _____ to _____ No. of daily shifts: _____
 Operation includes delivery Yes No No. of authorized drivers _____ No. of vehicles _____
 Frequency of delivery: Daily Weekly Other _____
 Delivery radius: < 50 miles 51-100 miles 101-250 miles >250 miles
 Frequency of MVR checks _____ Participation in CHP Pull program Yes No
 Driver acceptability standards have been established Yes No
 Vehicles inspection / maintenance program Yes No Frequency _____
 Vehicle maintenance is performed by employees Yes No
 Employees take vehicles home at night Yes No

PAYROLL AND PREMIUM HISTORY:

Payroll : 2003 _____	Premium: 2003 _____
2002 _____	2002 _____
2001 _____	2001 _____
2000 _____	2000 _____

HOTEL / MOTEL:

Number of guest rooms: _____ Room rate: Under \$50 \$50-74.95 \$75-99 Over \$100
 Food service: Operate own: Yes No Subcontract: Restaurant Bar Both
 Gross receipts: Food _____% Liquor _____%
 Entertainment: Yes No Lounge: Yes No Armed Security: Yes No
 Operation: Year round Seasonal Conference center: Yes No
 Shuttle service: Yes No How many vans: _____
 How are maids compensated: Salary Hourly wage Flat rate per room
 Who flips the mattresses and how are they turned: _____

RETAIL / WHOLESALE:

Gross receipts: Wholesale _____% Retail _____%
 Compensation: Flat salary _____ Hourly wage _____ Type of merchandise: _____
 Outside sales employees: Yes No Commission _____
 Lifting exposure or repackaging: Yes No Lbs: _____ Is there assembly: Yes No
 If yes, describe? _____

MANUFACTURING:

Machine guarding: Point of operation: Yes No Drive mechanism: Yes No Moving Parts: Yes No
 Lock-out/Tag-out program in place: Yes No
 Material handling exposure: Yes No Lifting: Below 50 lbs. Above 50 lbs. _____
 Off premises operations: Yes No Percentage _____ Where / What: _____

TYPE OF MACHINES USED? _____

SERVICE STATIONS / AUTO REPAIR SHOPS / TRANSMISSION SHOPS:

Hours of Operation _____ Mini-Market: Yes No Liquor sold? Yes No
 Gas operation: Full Service Self service Bullet proof cashier booth: Yes No
 Repair operation: Yes No Drop safe or registers: Yes No
 Tire repair/installation Over 1-ton truck (yes/no) Car Wash: Yes No If yes, self serve full serve
 Towing: Yes No Contract tow: Yes No Access to freeway: 0-1 mile 1-2 miles 2+ miles

ATTORNEYS

What type of law: _____
 Any criminal law: Yes No
 Any insurance law: Yes No

RESTAURANT:

Average Entrée Price: _____ Take-out: Yes No % of revenues _____
 Liquor Receipts (% of gross receipts) _____ Catering Yes No % of revenues _____
 Separate Lounge: Yes No Delivery Yes No % of revenues _____
 Twenty-four hour operation: Yes No
 Number of: Hosts _____ Wait-staff _____ Cooks _____ Radius of delivery area _____
 Bartenders _____ Valet Parkers _____
 Entertainment: Yes No If yes, please provide details: _____

APARTMENT OWNER OR OPERATOR:

List of operations sub-contracted to others: _____
 Current employees perform sub-contracted operations for you? Yes No If yes, please list: _____
 The following items are maintained and kept current for all sub-contractors:
 Certificate of workers' compensation insurance Yes No
 Copy of each sub-contractor's license number Yes No
 List of current sub-contractors and contractor's license numbers:

 (If more than 3 provide a separate list)

THIS FORM MUST BE FILLED OUT IF IT APPLIES TO THE INSURED

Reinsurance Information: Must be completed for each location with 100+ employees

Location #1

Street address: _____ City: _____ State: ___ Zip code: _____
Number of employees at this location: _____ Hours of operation: _____ Number of shifts: _____
Type of construction: Frame (Code 1) ___ Joisted Masonry (Code 2) ___ Non-combustible (Code 3) ___
Masonry non-combustible (Code 4) ___ Modified fire resistive (Code 5) ___ Fire resistive (Code 6) ___
Seismically retrofit? Yes No If yes – year completed: _____
Age of building: _____ Number of floors: ___ Specific floors occupied: _____
Location is: Single building: ___ Multi-building: ___ Urban: ___ Suburban: ___ Rural: ___
Class codes: _____
Payroll by class code: _____

Reinsurance Information: Must be completed for each location with 100+ employees

Location #2

Street address: _____ City: _____ State: ___ Zip code: _____
Number of employees at this location: _____ Hours of operation: _____ Number of shifts: _____
Type of construction: Frame (Code 1) ___ Joisted Masonry (Code 2) ___ Non-combustible (Code 3) ___
Masonry non-combustible (Code 4) ___ Modified fire resistive (Code 5) ___ Fire resistive (Code 6) ___
Seismically retrofit? Yes No If yes – year completed: _____
Age of building: _____ Number of floors: ___ Specific floors occupied: _____
Location is: Single building: ___ Multi-building: ___ Urban: ___ Suburban: ___ Rural: ___
Class codes: _____
Payroll by class code: _____

Reinsurance Information: Must be completed for each location with 100+ employees

Location #3

Street address: _____ City: _____ State: ___ Zip code: _____
Number of employees at this location: _____ Hours of operation: _____ Number of shifts: _____
Type of construction: Frame (Code 1) ___ Joisted Masonry (Code 2) ___ Non-combustible (Code 3) ___
Masonry non-combustible (Code 4) ___ Modified fire resistive (Code 5) ___ Fire resistive (Code 6) ___
Seismically retrofit? Yes No If yes – year completed: _____
Age of building: _____ Number of floors: ___ Specific floors occupied: _____
Location is: Single building: ___ Multi-building: ___ Urban: ___ Suburban: ___ Rural: ___
Class codes: _____
Payroll by class code: _____

Reinsurance Information: Must be completed for each location with 100+ employees

Location #4

Street address: _____ City: _____ State: ___ Zip code: _____
Number of employees at this location: _____ Hours of operation: _____ Number of shifts: _____
Type of construction: Frame (Code 1) ___ Joisted Masonry (Code 2) ___ Non-combustible (Code 3) ___
Masonry non-combustible (Code 4) ___ Modified fire resistive (Code 5) ___ Fire resistive (Code 6) ___
Seismically retrofit? Yes No If yes – year completed: _____
Age of building: _____ Number of floors: ___ Specific floors occupied: _____
Location is: Single building: ___ Multi-building: ___ Urban: ___ Suburban: ___ Rural: ___
Class codes: _____
Payroll by class code: _____