



## WORKERS COMPENSATION APPLICATION

1. Applicants' Name: \_\_\_\_\_
2. Applicants' Address: \_\_\_\_\_
3. Applicants' Phone Number: \_\_\_\_\_ 3a. Email Address: \_\_\_\_\_
4. Applicants' Years in Business: \_\_\_\_\_ 4a. Applicants' Years of Experience: \_\_\_\_\_
5. FEIN/SSN# \_\_\_\_\_
6. Years in business: \_\_\_\_\_ 6a. Years Experience \_\_\_\_\_
7. Workers Compensation Insurance Rating Bureau Number: \_\_\_\_\_
8. Applicants' Operations: \_\_\_\_\_

### I. RATING INFORMATION SECTION

State	Class Code	Categories, Duties, Classifications	# Employees Full Time	# Employees Part Time	Estimated Annual Payroll

### II. INDIVIDUALS INCLUDED/EXCLUDED

#	Name	Title/Relationship	% Owner	Duties	Inc/Exc.	Class Code	Annual Payroll
1							
2							
3							
4							
5							
6							

All applicants must complete all of page 1 through 4, then must complete the page specific to their industry, and sign this form.

Applicant Name: _____		Effective Date: _____
Federal ID No.: _____	Web Address: _____	
Producer currently writes applicant's work comp coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current lapse in coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Insurance provided through Blue Cross? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Voluntary	
Additional Coverages: <input type="checkbox"/> Waiver of Subrogation – Blanket	<input type="checkbox"/> Compensation	<input type="checkbox"/> USL&H
<input type="checkbox"/> Waiver of Subrogation - Specific	<input type="checkbox"/> Repatriation	<input type="checkbox"/> Other: _____
Preferred Pay Plan <input type="checkbox"/> Monthly Report of Payroll	<input type="checkbox"/> Monthly Stipulated Installments	<input type="checkbox"/> Other: _____
Regulatory authority filing required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> PUC # _____	<input type="checkbox"/> DMV # _____
	<input type="checkbox"/> DOT # _____	

## A. PRIOR PAYROLL, PREMIUM, AND CARRIER INFO

	Total Annual Payroll	Premium	Carrier
2015 - 2016	\$	\$	
2014 - 2015	\$	\$	
2013 - 2014	\$	\$	
2012 - 2013	\$	\$	
2011 - 2012	\$	\$	

## B. OPERATIONS

1. States of operations: <input checked="" type="checkbox"/> CA <input type="checkbox"/> NV <input type="checkbox"/> Others: _____		
2. Owners active in daily operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, excluded from coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Hours of operations: From: _____ To: _____	4. Number of shifts: _____	
5. 24-hour exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is exposure? _____		
6. Year business established: _____		
7. New venture or acquisition of an existing business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes: Years of experience in this industry: _____		
Purchasing a pre-existing business? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes: Date of acquisition: _____		
Prior loss runs available? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current management being retained? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what percentage is being retained? _____%		
Current employees being retained? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what percentage is being retained? _____%		
Commencing to do business for the first time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Hiring employees for the first time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Driving / delivery exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes: Purpose of driving / delivery operations:		
<input type="checkbox"/> Sales / Consulting <input type="checkbox"/> Delivery <input type="checkbox"/> Test Drive <input type="checkbox"/> To / From Job Sites		
<input type="checkbox"/> Other: _____		
Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____		
Radius of driving/delivery:		
0 - 25 Miles _____%	101 - 200 Miles _____%	1,001 – 1,500 Miles _____%
26 - 50 Miles _____%	201 - 500 Miles _____%	Over 1,500 Miles _____%
51 - 100 Miles _____%	501 – 1,000 Miles _____%	
Maximum radius: _____ miles		
# of vehicles used: Cars _____ Trucks _____ Vans _____ Buses _____ Other: _____		
# of authorized drivers: _____		
Group transportation of employees (more than 3 employees in same vehicle)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes: Frequency of trips involving group transportation: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____		



# Workers' Compensation Supplemental Application

<p>Company vehicles taken home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Employees use personal vehicles for company use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Vehicle/fleet maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> By Employees <input type="checkbox"/> By Outside Vendors</p> <p>Fleet safety program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Driver acceptability standards program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>MVRs checked before or after hire? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>MVRs checked annually? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Enrollment in DMV "Pull" Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>													
<p>9. Heights of operations: (must equal 100%)</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">% of Operations</th> <th style="text-align: left;">Accessed Via</th> </tr> </thead> <tbody> <tr> <td>0 to 6 feet _____%</td> <td><input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Other: _____</td> </tr> <tr> <td>7 to 15 feet _____%</td> <td><input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Other: _____</td> </tr> <tr> <td>16 to 25 feet _____%</td> <td><input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Other: _____</td> </tr> <tr> <td>26 to 35 feet _____%</td> <td><input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Other: _____</td> </tr> <tr> <td>Over 35 feet _____%</td> <td><input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Other: _____</td> </tr> </tbody> </table> <p>Maximum height of operations: _____ feet</p> <p>If scaffolding is used is it erected by employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are employees certified annually? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Formal/documented fall protection program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, copy available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		% of Operations	Accessed Via	0 to 6 feet _____%	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Other: _____	7 to 15 feet _____%	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Other: _____	16 to 25 feet _____%	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Other: _____	26 to 35 feet _____%	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Other: _____	Over 35 feet _____%	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry Picker / Boom <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Other: _____
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<p>10. Depths of operations: (must equal 100%)</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">% of Operations</th> </tr> </thead> <tbody> <tr> <td>0 feet _____%</td> </tr> <tr> <td>1 to 3 feet _____%</td> </tr> <tr> <td>4 to 6 feet _____%</td> </tr> <tr> <td>More than 6 feet _____%</td> </tr> </tbody> </table> <p>Maximum depth of operations: _____ feet</p> <p>Trench box or shoring required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	% of Operations	0 feet _____%	1 to 3 feet _____%	4 to 6 feet _____%	More than 6 feet _____%	<p>11. Manual lifting exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, Under 20 lbs. _____%</p> <p>21 to 40 lbs. _____%</p> <p>41 to 50 lbs. _____%</p> <p>Over 50 lbs. _____%</p> <p>(must equal 100%)</p> <p>Formal lifting policy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Supplemental lifting devices used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>							
% of Operations													
0 feet _____%													
1 to 3 feet _____%													
4 to 6 feet _____%													
More than 6 feet _____%													
<p>12. Employees work from home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type of work: _____</p>													
<p>13. Out of state, international, or overnight (within state) travel? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes: Why / Purpose: _____</p> <p>Who will travel: _____ Where: _____</p> <p>Duration: _____ Frequency: _____</p>													
<p>14. # employees live or work out of state: Live: _____ Work: _____</p>													
<p>15. Number of employees: Full Time: _____ Part Time: _____ Seasonal: _____ Volunteers: _____</p> <p>If volunteers: Duties of volunteers: _____</p> <p>Work comp coverage requested for volunteers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Accident, Health, or Disability Insurance provided to volunteers by applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>													
<p>16. Last 12 months employee turnover: <input type="checkbox"/> &lt;10% <input type="checkbox"/> 11-20% <input type="checkbox"/> 21-30% <input type="checkbox"/> &gt;30% If &gt;20%, why? _____</p>													
<p>17. Next 12 months employee count forecast: <input type="checkbox"/> Stable <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing</p>													
<p>18. Maximum # of employees at any one location: _____</p>													
<p>19. # W-2's issued last year: _____ Previous year: _____</p>													
<p>20. Employees paid: <input type="checkbox"/> Hourly <input type="checkbox"/> Flat Salary <input type="checkbox"/> Commission <input type="checkbox"/> Piece rate <input type="checkbox"/> Other: _____</p>													
<p>21. Employee to supervisor ratio: <input type="checkbox"/> &lt;4:1 <input type="checkbox"/> 4:1 <input type="checkbox"/> 5:1 <input type="checkbox"/> 6:1 <input type="checkbox"/> 7:1 <input type="checkbox"/> &gt;7:1</p>													
<p>22. % of union employees: _____ % of non-union employees? _____</p>													
<p>23. Day laborers or temporary / employee leasing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details: _____</p>													
<p>24. Average hourly wage for employees in governing class: \$_____/hour</p>													
<p>25. Average employee tenure with the company: _____ years</p>													
<p>26. Does applicant hire temporary labor in states where they are working on a temporary basis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>													
<p>27. Are there any employees exempt from workers' compensation (e.g. casual labor, domestic servants, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>													
<p>28. Does the applicant have any plans to begin operations in states not listed B.1. above? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>													
<p>29. Does the applicant ever "borrow" a worker from another employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>													
<p>30. Are there any employees from a PEO? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>													

31. Interchange of labor?  Yes  No  
If yes:  Another Business  A Subsidiary  Between Departments  Other: \_\_\_\_\_

32. Subcontractors used?  Yes  No If yes, why? \_\_\_\_\_  
If yes, certificates of insurance kept on file?  Yes  No

33. Are independent contractors used?  Yes  No If yes, why: \_\_\_\_\_  
If yes, how paid:  1099's  Other: \_\_\_\_\_

**C. EMPLOYEE BENEFITS**

1. Group medical plan provided?  Yes  No  
If yes: Provider name? \_\_\_\_\_ % of employees enrolled? \_\_\_\_\_ % paid by the employer? \_\_\_\_\_

2. Paid sick leave?  Yes  No

3. Paid vacation?  Yes  No

4. Retirement or pension plan?  Yes  No Employer contribute?  Yes  No

5. Specific medical provider used to treat injured employees?  Yes  No  Clinic  Physician  Other: \_\_\_\_\_  
Distance to provider? \_\_\_\_\_ miles

6. Medical Provider Network (MPN)?  Yes  No MPN name? \_\_\_\_\_

7. CPR training provided?  Yes  No Number of certified employees? \_\_\_\_\_

**D. HIRING AND EMPLOYEE PRACTICES**

1. Written applications?  Yes  No Hearing tests?  Yes  No  
Reference checks?  Yes  No Orthopedic back testing?  Yes  No  
Criminal background checks?  Yes  No Pathogenic (disease) testing?  Yes  No  
Pre-hire drug / substance abuse testing?  Yes  No Formal job descriptions on file?  Yes  No  
Post-accident drug/substance abuse testing?  Yes  No Job-specific training provided?  Yes  No  
Pre or post hire employment physicals?  Yes  No New employee orientation?  Yes  No

2. Personnel files documented for pre-existing injuries?  Yes  No

**E. LOSS CONTROL AND SAFETY**

1. Active injury & illness prevention program?  Yes  No  
Written safety program?  Yes  No  English  Spanish  Other: \_\_\_\_\_  
Safety training / orientation?  Yes  No  Formal/Documented  Informal  
Safety meetings?  Yes  No Frequency? \_\_\_\_\_  
Active safety incentive program?  Yes  No Type of incentive? \_\_\_\_\_  
Safety director or risk manager?  Yes  No Full time position?  Yes  No  
Written accident reporting policy?  Yes  No  
Written accident investigation procedure?  Yes  No  
Supervisors accountable for injuries / accidents?  Yes  No  
Return to work program?  Yes  No Salary continuation included?  Yes  No  
Specific job training?  Yes  No  
Forklift training?  Yes  No  N/A  
Machinery/equipment property guarded?  Yes  No  N/A  
Written lockout / tagout / blockout procedures?  Yes  No  N/A  
Respiratory program?  Yes  No  N/A  
Office ergonomic safety program?  Yes  No  N/A  
Personal protective safety equipment?  Yes  No  N/A  
If yes:  Back Belts  Boots  Safety glasses  Hearing Protection  Respiratory Equipment  
 Gloves  Guard Rails  Safety belts  Ladder Tie Offs  Full Body Harnesses  
 Safety Nets  Other: \_\_\_\_\_

2. OSHA citation in last year?  Yes  No If yes, please explain: \_\_\_\_\_

3. Loss control services performed in last year?  Yes  No  
If yes, required recommendations completed?  Yes  No

<b>F. OTHER CONSIDERATIONS</b>			
1. Bankruptcy (ever)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Years at current location: _____		3. Age of occupied building: _____ years	
4. Building / Premises: <input type="checkbox"/> Owned <input type="checkbox"/> Leased		5. Condition of premises: <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Average	
6. Equipment condition: <input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> N/A			
7. Equipment operators trained and currently certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
8. Average claim reporting timeframe: _____ days			
9. Any claim over \$50,000 in last four years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information for each such claim:			
How did it occur?		Is employee still working for the applicant?	
What was the injury?		What corrective action has the applicant taken to prevent reoccurrences?	
10.	<b>This section must be completed by all applicants who are individuals, sole proprietorships, husband and wife, or partnerships (where the general partners are husband and wife).</b>		
Please list below any relatives residing in your household who are employees of your business and to whom your books and records show payments to such relatives:			
Employed Relatives*			
Name	Relationship to You	Job Title or Duties	Estimated Annual Remuneration
<input type="checkbox"/> Check here if there are no relatives residing in your household that are employed in your business.			
<b>*Relatives are defined as: spouse, child by birth or adoption, stepchild, grandchild, son-in-law, daughter-in-law, parent, step-parent, parent-in-law, grandparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, sister-in-law, uncle, aunt, nephew, or niece.</b>			
<b>Note:</b> Per California Labor Code, as an employer you are required to include in your Workers' Compensation coverage all relatives residing in your household who are your employees. Any policy issued based on information provided in this application will exclude coverage for residing relatives if none are listed above.			
<b>Note:</b> All information provided is subject to verification by way of an underwriting survey or inspection. Arrowhead General Insurance Agency, Inc. must be notified of any significant change in operations or payroll. Terms of insurance coverage may be cancelled for misrepresentation if information provided is inaccurate.			

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\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

### G. CONTRACTORS

1. Applicant type:  Prime Contractor  General Contractor  Subcontractor  Other: \_\_\_\_\_

2. Applicant licensed?  Yes  No If yes, license number: \_\_\_\_\_

3. Estimated annual gross sales: \$ \_\_\_\_\_ 4. Estimated number of jobs per year: \_\_\_\_\_

5. % of work conducted in each of the following operations:

Residential _____ %	Commercial _____ %	Industrial _____ %	(must equal 100%)
New Construction _____ %	Remodeling _____ %	Service/Repair _____ %	(must equal 100%)
Interior _____ %	Exterior _____ %		(must equal 100%)

6. % of work is sub-contracted out: \_\_\_\_\_ % Types of work subcontracted: \_\_\_\_\_

7. # of Waivers of Subrogation are needed annually: \_\_\_\_\_

8. Certificates of insurance obtained from subcontractors?  Yes  No # of certificates collected annually: \_\_\_\_\_

9. 1099s received from independent contractors?  Yes  No

10. Use of cranes, booms, or similar heavy equipment?  Yes  No

11. Exposure to confined spaces?  Yes  No If yes, what: \_\_\_\_\_

12. "Wrap Up" or "OCIP" projects?  Yes  No

13. Indicate % of work conducted in each of the following operations. If none apply,  N/A

_____ Supervisory only	_____ Concrete Tilt-ups	_____ Wrecking/Demolition	_____ Boilers
_____ Roofing (flat)	_____ Streets / Roads	_____ Debris removal/job site cleanup	_____ Waterways
_____ Roofing (sloped>15 degrees)	_____ Highways	_____ Scaffold Set-up	_____ Marinas
_____ Exterior Framing	_____ Tanks	_____ Crane Work	_____ Seawalls
_____ Grading	_____ Utility Poles	_____ Blasting	_____ USL&H
_____ Excavation	_____ Structural Steel	_____ Tunneling	_____ Over Passes
_____ Water Mains	_____ Welding	_____ Drilling	_____ Bridge Work
_____ Sewers	_____ Spray Painting	_____ High Voltage	_____ Asbestos
_____ Gas Mains	_____ Solar Panels	_____ Cell Towers	_____ Mold Remediation
_____ Other			

### H. JANITORIAL CONTRACTORS

1. Check appropriate exposures in the following areas:

<input type="checkbox"/> Office Buildings	<input type="checkbox"/> Industrial Plants	<input type="checkbox"/> Apartment houses	<input type="checkbox"/> Airports	<input type="checkbox"/> Stores
<input type="checkbox"/> Medical Offices	<input type="checkbox"/> Education Facilities	<input type="checkbox"/> Nursing Homes	<input type="checkbox"/> Museums	<input type="checkbox"/> Fire/Flood/Restoration
<input type="checkbox"/> Hospitals	<input type="checkbox"/> Government	<input type="checkbox"/> Hotels	Other: _____	

2. Indicate % of services provided (must equal 100%):

_____ General cleaning*	_____ Chimney cleaning	_____ Debris removal/job site cleanup
_____ Industrial cleaning	_____ Ceiling tile cleaning	_____ Landscaping
_____ Carpet cleaning	_____ Elevator maintenance	_____ Parking lot cleaning
_____ Snow removal	_____ Residential cleaning services	_____ Fire / Flood restoration
_____ Exterior window cleaning above 1 <sup>st</sup> floor	_____ Heating, A/C ventilation service	_____ Aircraft service and maintenance
_____ Pest control	_____ Floor waxing and refinishing	_____ Crime scene or bio-hazard clean-up
_____ Pressure or steam washing operations	_____ Exposure to hazardous materials	
_____ Mold Remediation	_____ Servicing/cleaning of hoods/filters/grease traps/etc	
_____ Other: _____		

\* General cleaning includes operations such as vacuuming, dusting, wastebasket trash pick up, floor and rug cleaning, restroom clean-up

3. Employees work in pairs or more?  Yes  No 4. Employees supervised?  Yes  No If yes,  Direct  Roving