ALLCOMP SOLUTIONS
THE WORKERS' COMPENSATION AUTHORITY

Agriculture & Farming – Supplemental Application

Named Insured:_____ Web Address:_____

Insured's FEIN: _____

Contact Name and Phone Number

Inspections: _____

Premium Audit: _____

Claims: _____

Prior Payroll and Premium Information

	Total Annual	Payroll Premium $
Current Year:	_____	_____
Prior Year:	_____	_____
Prior Year:	_____	_____
Prior Year:	_____	_____
Prior Year:	_____	_____

Operations and Benefits

Broker controlled account? ☐ Yes ☐ No

Please provide a detailed description of the operation: _____

_____

Years in business: _____ Hours of operation: _____ to _____

Is there a driving/delivery exposure? ☐ Yes ☐ No If yes, what is frequency: ☐ Daily ☐ Weekly ☐ Other: _____

Radius of operations/travel: ☐ <50 miles ☐ 50-100 miles ☐ 100+ miles

Any group transportation of employees? ☐ Yes ☐ No If yes, how provided? ☐ Car ☐ Truck ☐ Van ☐ Bus

Is a PUC/DMV filing required? ☐ PUC ☐ DMV ☐ N/A Are vehicles company owned? ☐ Yes ☐ No

Number of employees transported per vehicle: _____

Any day laborers or temporary/employee leasing? ☐ Yes ☐ No If yes, please provide details on separate page.

How are employees paid? ☐ Hourly ☐ Piece rate ☐ Commission ☐ Salary ☐ Other: _____

% of union employees_____% of non-union_____ If union, exp. date of contract: _____

Paid sick leave? ☐ Yes ☐ No Paid vacation? ☐ Yes ☐ No

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Actual average hourly wage for employees in governing class $_____/hour

Group medical provided? ☐ Yes ☐ No If yes, name of health care provider:_____

% of employees enrolled: _____ % paid by employer:_____

Has the ownership of the applicable entity changed within the past 5 years? ☐ Yes ☐ No

If yes, please provide details:_____

Hiring Practices – Employee Selection – Claims

Written application? ☐ Yes ☐ No Pre-hire drug testing? ☐ Yes ☐ No

Reference checks? ☐ Yes ☐ No

Post accident drug testing? ☐ Yes ☐ No

Pre-/post-employment physicals? ☐ Yes ☐ No

MVR checks? ☐ Yes ☐ No

Orthopedic back testing? ☐ Yes ☐ No

Audio hearing tests? ☐ Yes ☐ No

Formal job descriptions on file? ☐ Yes ☐ No

Criminal background checks ? ☐ Yes ☐ No

Are personnel files documented for pre-existing injuries? ☐ Yes ☐ No

Do you have a formal written accident report? ☐ Yes ☐ No

Are there set procedures for reporting claims? ☐ Yes ☐ No

Is job specific training provided? ☐ Yes ☐ No

Any interchange of labor? ☐ Yes ☐ No If yes, please explain: ☐ Another business ☐ Subsidiary ☐ Between departments ☐ Other: _____

Subcontractors used? ☐ Yes ☐ No If yes, for what purpose?_____

If yes, are certificates of insurance obtained and kept on file? ☐ Yes ☐ No

Independent contractors used? ☐ Yes ☐ No If yes, for what purpose? _____

If yes, how are they paid? ☐ 1099s ☐ Other – Please explain: _____

Safety Program and Organization – Work Premises and Environment

Are owners active in daily operations? ☐ Yes ☐ No If yes, are they excluded from coverage? ☐ Yes ☐ No

Active injury & illness prevention program? ☐ Yes ☐ No

Have loss control services been performed in the last year? ☐ Yes ☐ No

Active safety incentive program? ☐ Yes ☐ No If yes, does it encompass all employees? ☐ Yes ☐ No

What type of incentive?_____

Has Cal/OSHA visited or cited your business in the last year? ☐ Yes ☐ No If yes, please provide explanation on separate page.

Are safety meetings conducted? ☐ Yes ☐ No

Do employees receive safety training/orientation? ☐ Yes ☐ No If yes, how often? ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly

If yes, is the training: ☐ Formal / Documented ☐ Informal ☐ Other: _____

Do you have a safety director or risk manager? ☐ Yes ☐ No Name and title: _____

If yes, is the position full time or an additional responsibility of another employee?_____

MSDS (Material Safety Data Sheets) available for all chemicals and products used? ☐ Yes ☐ No ☐ N/A

Any material handling exposures? ☐ Yes ☐ No If yes, please explain: _____

Any lifting exposures? ☐ Yes ☐ No

Forklift training provided? ☐ Yes ☐ No ☐ N/A

If yes: ☐ <25 lbs. ☐ 25-40 lbs. ☐40+ lbs.

If yes, annual certification? ☐ Yes ☐ No

If 40+ lbs., manual lifting or with assistance? Please explain:_____

Is all machinery/equipment properly guarded? ☐ Yes ☐ No ☐ N/A

Any use of baler equipment? ☐ Yes ☐ No

Condition of equipment? ☐ New ☐ Good ☐ Average

Are all equipment operators trained/certified? ☐ Yes ☐ No ☐ N/A

Personal protection equipment provided? ☐ Yes ☐ No ☐ N/A

Written lock out / tag out / block out procedures in place? ☐ Yes ☐ No ☐ N/A

Respiratory program in place? ☐ Yes ☐ No ☐ N/A

If yes, strict enforcement of utilization? ☐ Yes ☐ No

What is the maximum height at which you will work?_____ What types of PPE?_____

What is used? ☐ Ladder ☐ Scaffolding ☐ Scissor lifts ☐ N/A

If scaffolding used, does the insured build their own? ☐ Yes ☐ No

Is the building / premises ☐ Owned or ☐ Leased?

Of years at current location? _____

Condition of premises? ☐ Excellent ☐ Very good ☐ Average

Age of building occupied?_____ year(s)

Agriculture - Farming

Is harvesting mechanized or manual?_____

Do you use contracted labor? ☐ Yes ☐ No

If yes, % of use?_____

Is housing provided? ☐ Yes ☐ No

If yes, # of employees housed: _____

Any seasonal workers used for operations? ☐ Yes ☐ No

Does all farm machinery have safety guards intact? ☐ Yes ☐ No

If yes, provide details of when season begins and ends, # of seasonal employees hired, and if same employees used each season:

_____

Are employees transported by any vehicles on or off the premises? ☐ Yes ☐ No

If yes, please explain on separate page.

Any use of pesticides or fertilizers? ☐ Yes ☐ No

Any crop dusting operations? ☐ Yes ☐ No

If yes, applications by: ☐ Employees? ☐ Outside Vendor?

If yes, services provided by ☐ Employees? ☐ Outside Vendor?

Do any family members work in operation? ☐ Yes ☐ No

Any work off premises? ☐ Yes ☐ No

If yes, please explain on separate page.

Dairy Farms:

What is the size of dairy herd?_____

Number of bulls over 3 years old? _____

Does risk grow their own feed? ☐ Yes ☐ No

Does risk deliver any of their own milk products? ☐ Yes ☐ No

Is milking barn ☐ Flat? ☐ Elevated?

Protective Barriers? ☐ Yes ☐ No

Average number of milkings per day?_____

Do any employees conduct or complete work on sump pumps? ☐ Yes ☐ No

Are employees allowed to enter stem pipes around lagoon? ☐ Yes ☐ No

Are proper safety procedures in place for working near stem pipes, lagoons or sump pumps? ☐ Yes ☐ No

Any confined spaces exposures? ☐ Yes ☐ No

If yes, please provide details on separate page – include copy of written procedures and details of Confined Spaces Training.

Note: All information provided is subject to verification by way of an underwriting survey or inspection. We must be notified of any significant change in operations or payroll. Terms of insurance coverage may be cancelled for misrepresentation of information provided is inaccurate.

I Have Read And Understood All Of The Questions Asked And Have Provided All Information Required.

Signature of Applicant:_____ Date: _____