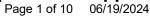


All applicants must complete all of page 1 through 4, then must complete the page specific to their industry, and sign this form.

Applicant Name:		1		Effective Date:		
Federal ID No.:		Web Ad	ddress:			
Producer currently	writes applicant's work comp c	overage?	☐ Yes ☐ No	Current lapse in coverage? ☐ Yes ☐ No		
Producer currently	writes applicant's prop/liability	coverage?	☐ Yes ☐ No			
Member of Trade A	ssociation?		☐ Yes ☐ No	Assoc:		
Medical Insurance	provided?		☐ Yes ☐ No	Carrier:		
Additional Coverages:   Waiver of Subrogation – Blanket			☐ Voluntary C	compensation  USL&H		
	☐ Waiver of Subrogation	ı - Specific	☐ Repatriation	∩		
Preferred Pay Plan		/roll	☐ Monthly Sti	oulated Installments		
Regulatory authority	y filing required? 🗌 Yes 🔲 N	10	☐ PUC #			
			☐ DOT#			
A. PRIOR PAYI	ROLL, PREMIUM, AND (	CARRIER I	NFO			
	Total Annual Payroll	Prem	nium	Carrier		
2024	\$	\$				
2023	\$	\$				
2022	\$	\$				
2021	\$	\$				
2020	\$	\$				
B. OPERATION	IS					
States of operation		□со	Others:			
	daily operations?  Yes			overage?  Yes  No		
3. Hours of operation		<b>,</b> ,	4. Number o			
5. 24-hour exposure		nat is exposur				
6. Year business es	-	·	<u> </u>			
7. New venture or a	ecquisition of an existing busine	ess?	☐ Yes ☐	No		
If yes: Years of	f experience in this industry: _					
Purchas	sing a pre-existing business?		☐ Yes ☐	No		
If y	es: Date of acquisition:	_				
	Prior loss runs available?		☐ Yes ☐	No		
	Current management bei	ng retained?	☐ Yes ☐	No		
	Current employees being		☐ Yes ☐	No		
	ncing to do business for the firs	st time?		No		
	mployees for the first time?		☐ Yes ☐	No		
•	exposure?  Yes No					
· ·	e of driving / delivery operations		. 5	45 1100		
	•	ry 🗌 Tes	st Drive ∐ T	o / From Job Sites		
	other:	) th				
	ncy:	Juner:				
Radius	of driving/delivery:	104 000	) Miles 0/	4.004 4.500 Miles 0/		
	0 - 25 Miles% 26 - 50 Miles%		) Miles%			
	51 - 100 Miles%		) Miles% ) Miles%	Over 1,500 Miles%		
Mavimu	m radius: miles	JU 1 — 1,000	70 IVIIICS			
	icles used:  Cars Truc	ks \/	ans Ru	ses Other		
	norized drivers:	νο V	ansbu	303 Ouici		
# of authorized drivers Group transportation of employees (2 or more employees in same vehicle)? ☐ Yes ☐ No						
If yes: # of employees in same vehicle: 2% 3% over 3%						
Frequency of trips involving group transportation:  Daily  Weekly  Other:						
		J J P . G II	F			

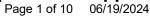




Company vehicles taken home?	☐ Yes ☐ No			
Employees use personal vehicles for company use?	☐ Yes ☐ No			
Vehicle/fleet maintenance program?	☐ Yes ☐ No ☐ By Employees ☐ By Outside Vendors			
Fleet safety program?	☐ Yes ☐ No			
Driver acceptability standards program?	☐ Yes ☐ No			
	☐ Yes ☐ No			
MVRs checked annually?	☐ Yes ☐ No			
9. Heights of operations: (must equal 100%)				
% of Operations Accessed Via				
0 to 6 feet% ☐ Ladders ☐ Scaffolding [	☐ Cherry Picker / Boom ☐ Scissor Lift ☐ Other:			
7 to 15 feet%	☐ Cherry Picker / Boom ☐ Scissor Lift ☐ Other:			
16 to 25 feet% ☐ Ladders ☐ Scaffolding [	☐ Cherry Picker / Boom ☐ Scissor Lift ☐ Other:			
26 to 35 feet%	☐ Cherry Picker / Boom ☐ Scissor Lift ☐ Other:			
Over 35 feet%	☐ Cherry Picker / Boom ☐ Scissor Lift ☐ Other:			
If scaffolding is used is it erected by employees? ☐ Yes [	☐ No If yes, are employees certified annually? ☐ Yes ☐ No			
Maximum height of operations: feet				
Formal/documented fall protection program?  Yes N	o If yes, copy available? ☐ Yes ☐ No			
10. Depths of operations: (must equal 100%)	11. Manual lifting exposure?  Yes No			
% of Operations	If yes, Under 20 lbs%			
0 feet%	21 to 40 lbs%			
1 to 3 feet%	41 to 50 lbs%			
4 to 6 feet%	Over 50 lbs. %			
More than 6 feet%	(must equal 100%)			
Maximum depth of operations: feet	Formal lifting policy?  Yes  No			
Trench box or shoring required?  Yes  No	Supplemental lifting devices used? ☐ Yes ☐ No			
12. Employees work from home?  Yes No If yes, type of	•			
13, Out of state, international, or overnight (within state) travel?	Yes ☐ No			
If yes: Why / Purpose:				
Who will travel:	Where:			
Duration:	Frequency:			
14. # employees live or work out of state: Live: Work:	<u></u>			
15. Number of employees: Full Time: Part Time:	Seasonal: Volunteers:			
If volunteers: Duties of volunteers:				
Work comp coverage requested for volunteer	rs? 🗌 Yes 🔲 No			
Accident, Health, or Disability Insurance provided to volunteers by applicant?   Yes  No				
16. Maximum # of employees at any one location:				
17. # W-2's issued last year: Previous year:				
18. Employees paid:  Hourly Flat Salary Commission	☐ Piece rate ☐ Other:			
19. Employee to supervisor ratio: ☐ <4:1 ☐ 4:1 ☐ 5:1 ☐ 6	i:1			
20. % of union employees: % of non-union employees?				
21. Day laborers or temporary / employee leasing?  Yes No				
If yes, please provide details:				
22. Average hourly wage for employees in governing class: \$	/hour			

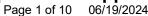


23. Average employee tenure with the company:	years			
24. Interchange of labor?   Yes   No				
If yes: Another Business A Subsidiary				
25. Subcontractors used?  Yes  No If yes, If yes, certificates of insurance kept on file?				
26. Are independent contractors used? Yes				
If yes, how paid: 1099's Other:				
C. EMPLOYEE BENEFITS				
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	☐ Yes ☐ No ☐ Clinic ☐ Physician ☐ Other:			
employees?	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 PRACTICE	S			
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?	· · · · · · · · · · · · · · · · · · ·			
Pre or post hire employment physicals?	☐ Yes ☐ No New employee orientation? ☐ Yes ☐ No			
2. Personnel files documented for pre-existing injuri	_ · · ·			
E. LOSS CONTROL AND SAFETY				
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 / acciden	— — —			
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				
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?				
If yes, required recommendations completed?				





F. OTI	HER CONSIDERATION	NS		
1. Bank	ruptcy (ever)? ☐ Yes ☐ I	No If yes, in last five years?	☐ Yes ☐ No	
2. Last	12 months employee turnove	er: 🗌 <10% 🔲 11-20% 🔲 2	21-30% 🔲 >30% If >20%, wh	ıy?
3. Next	12 months employee count	forecast: 🗌 Stable 🔲 Increas	sing   Decreasing	
4. Years	s at current location:	5. Age of occup	ŭ <u></u> ;	
6. Build	ling / Premises:  Owned	Leased 7. Condition of	premises:  Excellent  V	ery Good 🔲 Good 🔲 Average
	pment condition:   New	☐ Good ☐ Average ☐ N/A	<b>.</b>	
	pment operators trained and	•	] No □ N/A	
	erage claim reporting timefrar			
_	claim over \$50,000 in last fo			g information for each such claim:
		employee still working for the ap	•	
		nat corrective action has the app	·	
12.	husband a	nust be completed by all appl nd wife,or partnerships (wher	e the general partners are hu	sband and wife).
	lease list below any relatives ecords show payments to suc	ch relatives:	. , ,	ess and to whom your books and
			red Relatives*	
N	lame	Relationship to You	Job Title or Duties	Estimated Annual Remuneration
	7.0			
		relatives residing in your house		
st		grandparent, brother, sister, s		on-in-law, daughter-in-law, parent, rother, half-sister, brother-in-law,
N	ote: Per California Labor Co	ode, as an employer you are rec		
		sehold who are your employees		formation provided in this
a	pplication will exclude covera	age for residing relatives if none I is subject to verification by way	e are listed above.	espection Arrowhead Conoral
				erms of insurance coverage may be
		on if information provided is inac		nine et incarance ec tetage ma, se
				inspection. Underwriter must
	ied of any significant chang esentation if information p	ge in operations or payroll. T	erms of insurance coverage	may be cancelled for
iiiisiepie		ovided is illacculate.		
Applicant	t Name		Date	
Signature	e 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 out: %	ntracted:			
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 operation:	s. If none apply, \sum N/A			
Supervisory only Concrete Tilt-ups	Wrecking/Demolition Boilers			
Roofing Streets / Roads	Debris Removal Waterways			
Exterior Framing Highways	Scaffold Set-up Marinas			
Grading Tanks	Crane Work USL&H			
Excavation Utility Poles	Blasting Over Passes			
Water Mains Structural Steel	Tunneling Bridge Work			
Sewers Welding	Drilling Asbestos			
Gas Mains Other:	-			
H. JANITORIAL CONTRACTORS				
Check appropriate exposures in the following areas:				
☐ Office Buildings ☐ Industrial Plants ☐ Apartmen	nt houses			
☐ Medical Offices ☐ Education Facilities ☐ Nursing H	· · · · · · · · · · · · · · · · · · ·			
☐ Hospitals ☐ Government ☐ Hotels	 Other:			
2. Indicate % of services provided (must equal 100%):				
General cleaning* Chimney clea	aning Debris clearing			
Industrial cleaning Ceiling tile cle	eaning Landscaping			
Carpet cleaning Elevator main	ntenance Parking lot cleaning			
Snow removal Maid/houseke	eeping services Fire / Flood restoration			
Exterior window cleaning above 1st 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 Servicing/clea	aning 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. Employee	ees supervised? ☐ Yes ☐ No If yes, ☐ Direct ☐ Roving			

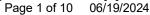


I. LANDSCAPING					
1. Indicate % of work conducted in each of the following o	operations (must equal 100% for each):				
Residential: % Commercial: % Mur	unicipal: % Other:				
2. Indicate % of operations. If none apply, ☐ N/A					
Off the ground tree trimming?	Debris removal or clear cutting				
Boulder or tree removal	Hardscape work				
Tree planting > 25 gallons	Snow removal				
Spraying of pesticides/fertilizers?	Installation / Removal of holiday decorations				
Trenching	Use of tractors, loaders, or similar equipment				
Sprinkler installation	Highway, roadway, or median work				
Use of chippers, mulchers, cherry pickers, booms,	s, or other similar equipment				
J. PEST CONTROL					
1. Operations: a) Commercial Agricultural					
b) Chemical Treatment Services	_ • • <u>—</u>	1			
c) ☐ Structural Repairs / Replaceme ☐ Other:	ments	ι			
2. Services Provided:					
☐ Ants ☐ Spiders ☐ Roaches ☐ Fleas	as 🗌 Ticks 🔲 Bees 🗎 Wasps 🗎 Mosquitoes				
☐ Mice ☐ Termites ☐ Rats ☐ Snake					
☐ Rodents ☐ Gophers ☐ Bee Removal	☐ Bird / Pigeon Removal ☐ Animal Removal				
☐ Animal Trapping ☐ Bird/ Rodent Proofing					
3. Tenting as % of total operations:					
4. Written haz-com program?	☐ Yes ☐ No				
5. Written respiratory program?	☐ Yes ☐ No				
6. Written heat stress program? ☐ Yes ☐ No					
7. Special written procedures for working in confined spaces?   Yes  No					
K. MANUFACTURING – MACHINE SHOPS					
1. Types of machines: Heavy: % N	Mid: % Light: % (must equal 100%)				
2. Age of machinery:	☐ 2-5 yrs. ☐ 5-10 yrs. ☐ 10+ yrs				
3. Weight of finished product: ☐ <5 lbs. [	☐ 6 lbs. to 25 lbs. ☐ 26 lbs to 50 lbs. ☐ >50 lbs.				
4. % of off-premises operations: If any, where / what for:					
5. Machinery maintenance performed by: Employees					
	nechanism				
7. Machines guarded to OSHA standards?	Yes No				
	☐ Yes ☐ No If yes, more than 50%? ☐ Yes ☐ No				
9. Punch press or brake machinery/equipment?     10. Accessible moving parts guarded on	☐ Yes ☐ No				
machinery / equipment?	☐ Yes ☐ No				
11. Installation operations?	☐ Yes ☐ No If yes, describe:				
12. Assembly operations?	☐ Yes ☐ No If yes, job rotation? ☐ Yes ☐ No				
13. Hazardous material handling?	☐ Yes ☐ No If yes, describe:				
14. Use of cranes, hoists, or forklifts?	☐ Yes ☐ No If yes, describe:				
15. Building properly ventilated?	☐ Yes ☐ No				
16. Proper dust collection system in place?	□ Yes □ No				





L. TRUCKING					
1. Operations: a)   Common Car	rier	er 🔲 Private	☐ Brokerage	☐ Exempt	
b) ☐ Regular Rout	e 🔲 Irregular Route	e		·	
c) 🔲 Intrastate only	_				
2. Indicate % of items being transported					
General Freight	Liquids / Gases	Logs, Poles B	Beams, Lumber		
Commodities Dry Bullion	Grain, Feed, Hay	Metal Sheets,	, Coils, Rolls		
Household Goods	Livestock	Driveway / To	waway		
Building Materials	Meat	Garbage, Ref			
Fresh Produce	Motor Vehicles	Paper Produc			
U.S. Mail	Mobile Homes	Oilfield Equip			
Beverages	Chemicals		Machinery, Large Objects		
Passengers	Coal, Coke	Intermodal Co	ontainers		
Other:					
3. Owner/Operators used? ☐ Yes ☐ ☐	No				
If yes: # of Owner/Operators:		<b>—</b>			
# of Owner/Operators with ap	-				
% where the applicant will pro				il-littles of on	
% where the applicant will ag employer for the performance	ree with the Owner/Operator	r that the Owner/Operator	assumes the respon	nsibilities of an	
Copy of contract attached?					
4. # of drivers with applicant at least 12 r		of non-union drivers:	# of union drive	rs:	
6. Drivers load and unload their trucks?  No Yes					
If yes, how: Manually Forklift	☐ Power assist lift ☐ Ot	her supplemental lifting de	evice?		
7. Total # of Trucks: # of Trucks with: Sleeper Cabs:	Single Trailers:	Double Trailers:	Triple Trailers:	I	
8. Trucks/trailers with ramps?		yes, #:	Піріе Папсів.		
9. Trucks/trailers with lift-gates?		yes, #:			
10. Team driver operations?		yes, #:			
11. Driver shift >12 hours?		yes, max hours:			
12. Hazardous material handling?	☐ Yes ☐ No If	yes, describe:			
13. Enrollment in DMV "Pull" Program?	☐ Yes ☐ No				
14. Enrollment in the CHP "BIT" Program	ı? ☐ Yes ☐ No				
12. If union operations, month/year of co	ntract renewal?				
M. RETAIL / WHOLESALE					
1. Type of Merchandise:					
2. Warehousing operations?	☐ Yes ☐ No				
3. Repacking or repackaging operations	? ☐ Yes ☐ No If y	es, explain:			
4. Assembly operations?	☐ Yes ☐ No If y	res, explain:			
5. Distribution operations?	☐ Yes ☐ No If y	res, distribution by: 🔲 Ov	vn Vehicles 🔲 Con	nmon Carrier	
6. Robbery occurrence in the last 4 years	s?				
7 Firearms on premises?	□ Yes □ No				

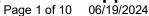




N. AUTOMOTIVE SERVICES
1. Operations:
☐ Towing† ☐ Mobile Repair ☐ Fueling ☐ Tire Repair/Installation
☐ Dismantling or Crushing†† ☐ Mechanical Repair ☐ Car Washing ☐ Welding
☐ Emergency Roadside Repair ☐ Body/Fender Repair ☐ Mini-Market ☐ Painting
Other:
†Attach Tow Truck Questionnaire ††Attach Auto Dismantler Questionnaire
2. ASE trained and certified employees?
3. Work performed on vehicles > 2.5 ton capacity? ☐ Yes ☐ No ☐ N/A
4. Test driving of customers' vehicles?
5. Transportation of customers?
6. Sale of alcoholic beverages?
7. Robbery occurrence in the last 4 years?
8. Cashier's booth bullet proof?
9. Security/surveillance cameras?
10. Firearms on premises?
11. Dog on premises?
12. Access to freeway:   0-1 mile  1-2 miles  2+ miles
13. Employee participation in racing teams/events? ☐ Yes ☐ No If yes, details:
O. RESTAURANTS
1. Operations:
Fine Dining
☐ Family Dining ☐ Night Club ☐ Cafeteria / Buffet ☐ Pizza Delivery
☐ Fast Food ☐ Gentlemen's Club ☐ Banquet Hall ☐ Other:
2. Average entrée price:   \$\sigma\$ \left\ \\$8 \square \\$8-\\$19 \square \square \\$20  \\$3. Liquor receipts (\% of gross receipts):   \$\square  <25 \square   25-50 \square  >50
4. Bar or separate lounge area? ☐ Yes ☐ No
5. Entertainment provided?  Yes No If yes: Live Band DJ Karaoke Other:
6. Take out?
If yes, % of operations:
7. Off-site catering?
If yes, how late: miles  8. Delivery? ☐ Yes ☐ No If yes, radius of operations: miles
9. Security staff?
10. Hoods, filters, grease traps, or related systems serviced by:   Employees  Outside Vendor  N/A
P. APARTMENTS / HOTELS AND MOTELS / OTHER BUILDING OPERATONS
1. Operations: ☐ Hotel ☐ Apartments ☐ Inn ☐ Fraternity/Sorority
☐ Motel ☐ Condominiums ☐ Bread & Breakfast ☐ Boarding House
Resort Townhouses Dude Ranch Conference Center
Restaurant (complete Restaurants section above)
2. # of rental units:  3. Units open year round?  Yes  No
4. Rental rates: Daily:
Weekly: □ <\$250 □ \$251-\$500 □ >\$500 □ N/A
Monthly: □ <\$1,000 □ \$1,000-\$2,000 □ >\$2,000 □ N/A



	′es □ No			
If yes: ☐ Carpentry ☐ Painting ☐ Landscaping				
☐ Electrical ☐ Roofing	☐ Bush / Tree Trimming			
☐ Plumbing ☐ Demolition	☐ Window Cleaning			
☐ Drywall ☐ Refuse Haulir	ng Pest Control			
☐ Other:				
6. Subcontractors used for major repairs?	☐ Yes ☐ No     If yes, certificates of insurance obtained? ☐ Yes ☐ No			
7. Employee housing provided?	☐ Yes ☐ No If yes, # employees housed:			
8. Rents collected by employees?	☐ Yes ☐ No ☐ N/A			
9. Evictions performed by employees?	☐ Yes ☐ No ☐ N/A			
10. Security staff?	☐ Yes ☐ No     If yes: ☐ Employees ☐ Outside Vendor			
•	☐ Armed ☐ Unarmed			
11. Security/surveillance cameras?	☐ Yes ☐ No			
12. Shuttle or limousine service?	Yes No If yes, # of drivers: # of vehicles:			
13. Furniture moving?	☐ Yes ☐ No ☐ N/A			
14. Mattress flipping or rotating?	Yes No N/A If yes: # of employees involved:			
	how often:			
15. 24-hour room service?	☐ Yes ☐ No ☐ N/A			
Q. AGRICULTURE AND FARMING				
1. Primary crops:				
2. Primary stock:				
3. Harvesting is: ☐ Mechanized ☐ Manual	□ N/A 4. Terrain characteristics: □ Flat □ Hills			
5. Family members work in operation?	☐ Yes ☐ No			
6. Farm labor contractor?				
C. I dilli labor contractor:	☐ Yes ☐ No			
7. Contract labor of others used?	Yes			
7. Contract labor of others used?	☐ Yes ☐ No If yes, % of use:			
Contract labor of others used?     Employee housing provided?	☐ Yes ☐ No If yes, % of use: ☐ Yes ☐ No If yes, # of employees housed:			
Contract labor of others used?     Employee housing provided?	☐ Yes ☐ No If yes, % of use:   ☐ Yes ☐ No If yes, # of employees housed:   ☐ Yes ☐ No If yes: # of seasonal employees hired:			
7. Contract labor of others used?  8. Employee housing provided?  9. Seasonal operations?	☐ Yes ☐ No If yes, % of use:   ☐ Yes ☐ No If yes, # of employees housed:   ☐ Yes ☐ No If yes: # of seasonal employees hired:   _ Season: begins _ and ends			
7. Contract labor of others used?  8. Employee housing provided?  9. Seasonal operations?	Yes No If yes, % of use:   Yes No If yes, # of employees housed:   Yes No If yes: # of seasonal employees hired:   Season: begins and ends      Yes   No   If yes: # of ATVs:   # of employees using ATVs:			
7. Contract labor of others used?  8. Employee housing provided?  9. Seasonal operations?  10. ATVs used?  11. Employees ride in open beds of pickup tru  12. Employees ride on moving trailers?	☐ Yes         No         If yes, % of use:           ☐ Yes         No         If yes, # of employees housed:           ☐ Yes         No         If yes:         # of seasonal employees hired:           Season: begins         and ends           ☐ Yes         No         If yes:         # of ATVs:           # of employees using ATVs:         # of employees using ATVs:			
7. Contract labor of others used?  8. Employee housing provided?  9. Seasonal operations?  10. ATVs used?  11. Employees ride in open beds of pickup tru	Yes No If yes, % of use:   Yes No If yes, # of employees housed:   Yes No If yes: # of seasonal employees hired:   Season: begins and ends      Yes   No   If yes: # of ATVs:   # of employees using ATVs:     # of employees using ATVs:     Yes   No   Yes   No   Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   Yes			
7. Contract labor of others used?  8. Employee housing provided?  9. Seasonal operations?  10. ATVs used?  11. Employees ride in open beds of pickup tru  12. Employees ride on moving trailers?  13. Proper training / precautions to avoid heat stress?	☐ Yes         No         If yes, % of use:           ☐ Yes         No         If yes, # of employees housed:           ☐ Yes         No         If yes:         # of seasonal employees hired:           Season: begins         and ends           ☐ Yes         No         # of employees using ATVs:           ☐ Yes         No           ☐ Yes         No           ☐ Yes         No			
7. Contract labor of others used? 8. Employee housing provided? 9. Seasonal operations?  10. ATVs used?  11. Employees ride in open beds of pickup tru 12. Employees ride on moving trailers? 13. Proper training / precautions to avoid heat stress?  14. Aerial crop dusting operations?	Yes         No         If yes, % of use:           Yes         No         If yes, # of employees housed:           Yes         No         If yes:         # of seasonal employees hired:           Season: begins         and ends           Yes         No         # of ATVs:           # of employees using ATVs:         # of employees           Yes         No           Yes         No           Yes         No           If yes:         Employees           Outside Vendor			
7. Contract labor of others used?  8. Employee housing provided?  9. Seasonal operations?  10. ATVs used?  11. Employees ride in open beds of pickup tru  12. Employees ride on moving trailers?  13. Proper training / precautions to avoid heat stress?  14. Aerial crop dusting operations?  15. Pesticide / fertilizer application by employed.	☐ Yes         No         If yes, % of use:           ☐ Yes         No         If yes, # of employees housed:           ☐ Yes         No         If yes: # of seasonal employees hired:           Season: beginsand ends           ☐ Yes         No           # of employees using ATVs:           # of employees using ATVs:           Cks?         ☐ Yes           No           ☐ Yes         No           ☐ Yes         No           If yes:         Employees           ☐ Outside Vendor           Sees?         ☐ Yes			
7. Contract labor of others used? 8. Employee housing provided? 9. Seasonal operations?  10. ATVs used?  11. Employees ride in open beds of pickup tru 12. Employees ride on moving trailers? 13. Proper training / precautions to avoid heat stress?  14. Aerial crop dusting operations?	Yes         No         If yes, % of use:           Yes         No         If yes, # of employees housed:           Yes         No         If yes: # of seasonal employees hired:           Season: begins         and ends           Yes         No         # of ATVs:           # of employees using ATVs:         # of employees using ATVs:           Yes         No           Yes         No           Yes         No           Yes         No           Yes         No           Yes         No			
<ul> <li>7. Contract labor of others used?</li> <li>8. Employee housing provided?</li> <li>9. Seasonal operations?</li> <li>10. ATVs used?</li> <li>11. Employees ride in open beds of pickup tru</li> <li>12. Employees ride on moving trailers?</li> <li>13. Proper training / precautions to avoid heat stress?</li> <li>14. Aerial crop dusting operations?</li> <li>15. Pesticide / fertilizer application by employed</li> </ul>	☐ Yes         No         If yes, % of use:           ☐ Yes         No         If yes, # of employees housed:           ☐ Yes         No         If yes: # of seasonal employees hired:           Season: beginsand ends           ☐ Yes         No           # of employees using ATVs:           # of employees using ATVs:           Cks?         ☐ Yes           No           ☐ Yes         No           ☐ Yes         No           If yes:         Employees           ☐ Outside Vendor           Sees?         ☐ Yes			





R. HEALTH AND HUMAN SERVICES					
1. Licensed facility? ☐ Yes ☐ No If yes, licensed as what type of facility:					
2. Accredited by CARF (Commission on Accreditation Rehabilitation Facility)?   Yes   No   N/A					
3. % of residents / patients: Ambulatory: Non-Ambulatory: N/A					
4. Off-site activities?					
5. Group transportation of clients provided?					
6. "Live-in" employees at client's residence / premises?					
7. Written Blood Born Pathogen Program? Yes No					
8. HIV and / or AIDS treatment provided?					
9. Patient / resident handling / lifting equipment used?	_				
10. Written patient / resident handling protocols?					
11. Ongoing In-Service Training provided?					
12. Food service provided?					
13. Indicate % of operations in each of the following categories. If none apply,  \[ \subseteq \text{N/A} \]					
Abortion Clinic Acupuncture / Acupressure Blood Bank / Donor Clinic	ļ				
Drug / Alcohol Treatment Family Practice Industrial Clinic	ļ				
Med Lab Testing Weight Control Clinic Walk-In Clinic					
Mobile Operation Urgent Care Clinic Specialist:					
Other:					
14. Indicate % of staff in each of the following categories. If none apply,   N/A					
Physician / MD PhD Psychiatrist					
Physicians Assistant Social Worker Psychologist					
Nurse Practitioner Registered Nurse Licensed Vocational Nurse					
Certified Nurses Assistant Counselor Dietary					
Dentist / Surgeon Registered Dental Assistant Dental Hygienist					
Chiropractor Physical Therapist Physiotherapist					
Occupational Therapist Administrative Other:					
15. Day child-care center? ☐ Yes ☐ No					
If yes: % of children: up to 1 yr: 1 – 3 yrs: 3 – 5 yrs:					
Maximum enrollment:					
# of children currently enrolled:					
Ratio of child-care staff to children: 1:2 1:3 1:4 Other:					
Operation based out of a home residence:  \( \subseteq \text{ Yes } \subseteq \text{ No } \)					
16. Veterinary services? ☐ Yes ☐ No					
If yes: % of patients: Domestic / Household Pets: Farm Animals: Exotic / Wild:					
% of services: Grooming: Kennel: Boarding:					
Field or off-site services provided? Tyes No If yes, provide details:					