



Insurance Services

WORKERS' COMPENSATION QUESTIONNAIRE

SHAWN@JWCINSURANCE.COM

PHONE: 949.916.5210

FAX: 949.916.5275

THIS QUESTIONNAIRE SHOULD BE FILLED OUT BY THE ENTITY SEEKING COVERAGE AND RETURNED TO JWC TO START THE APPLICATION PROCESS.

PAYROLL COMPANY NAME _____ PAYROLL CONTACT _____

CONTACT INFORMATION

BUSINESS LEGAL NAME _____

DBA OR TRADE NAME _____

PRIMARY CONTACT NAME _____ PHONE _____

FAX _____ E-MAIL _____

WEBSITE: _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS INFORMATION

LOCATIONS OF OPERATIONS _____

LEGAL ENTITY TYPE: Corporation Partnership LLC Individual

NUMBER OF YEARS IN BUSINESS _____ FEDERAL EMPLOYERS ID NUMBER _____

INSURANCE INFORMATION

PROPOSED EFFECTIVE DATE _____ EXPIRATION DATE OF CURRENT POLICY _____

CURRENT INSURANCE CARRIER _____

CLASSIFICATIONS

WC CLASSIFICATION CODE	# OF EMPLOYEES	# FULL TIME EMPLOYEES	# PART TIME EMPLOYEES	ESTIMATED ANNUAL PAYROLL

OWNERS/OFFICERS

NAME	TITLE	% OWNED	INCLUDE/EXCLUDE?	PAYROLL

ARE INCLUDED OWNERS/OFFICERS ON PAYROLL? Yes No



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HAVE THERE BEEN ANY LARGE LOSSES IN THE LAST 3 YEARS? IF SO, PLEASE EXPLAIN BELOW:

2009/2010 _____

2008/2009 _____

2008/2007 _____

IF PRIOR COVERAGE EXISTS, PLEASE PROVIDE LOSS RUNS FROM CURRENT CARRIER EVEN IF THERE HAVE BEEN NO LOSSES.

HOURS OF OPERATION AND DAYS OF THE WEEK _____

1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT? _____
2. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVED(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING HAZARDOUS MATERIAL? _____
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET? _____
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS OR BRIDGE OVER WATER? _____
5. APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS? _____
6. ANY SUB-CONTRACTORS USED? _____ IF YES, % OF WORK SUBCONTRACTED _____
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? _____
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION? _____
9. ANY GROUP TRANSPORTATION PROVIDED? _____
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE? _____
11. ANY SEASONAL EMPLOYEES? _____
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? _____
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS? _____
14. DO EMPLOYEES TRAVEL OUT OF STATE? _____
15. ARE ATHLETIC TEAMS SPONSORED? _____
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE? _____
17. ANY OTHER INSURANCE WITH THIS INSURER? _____
18. ANY PRIOR COVERAGE DECLINED/CANCELLED/NON-RENEWED IN THE LAST 3 YEARS? _____
19. ARE EMPLOYEE HEALTH PLANS PROVIDED? _____ IF YES, WHAT IS EE/ER CONTRIBUTION %? ___ / ___
20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY? _____
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? _____
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? _____
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST 5 YEARS? _____

PLEASE PROVIDE A DESCRIPTION OF YOUR BUSINESS OPERATIONS AND EMPLOYEE DUTIES. PROVIDING DETAILS WILL EXPEDITE THE PROCESS.

PLEASE FAX COMPLETED FORM TO JWC AT 949-916-5275 OR E-MAIL TO SHAWN@JWCINSURANCE.COM