



Insured Name:			
TOTAL ANNUAL PAYROLLS		TOTAL ANNUAL PREMIUM	
Current Year:		Current Year:	
Prior Year:		Prior Year:	
Prior Year:		Prior Year:	
New venture: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, owner resume required.	
OPERATIONS AND BENEFITS			
Hours of operation:	No. of shifts:	Driving exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No
Group med. or employer contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No		Percent enrolled:	% paid by employer:
Do you have a wellness program (ie encourages and promotes employee health programs) in place? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Radius of operations/travel: <input type="checkbox"/> <10 miles <input type="checkbox"/> 11-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100+			
Any 24-hour exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:		
No. of company vehicles:		No. of drivers:	
Paid sick leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No	MVR checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Average hourly wage of governing class employees: \$ ____ hr			
Employee Transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many times per week:		No. of employees per vehicle:
Out-of-state exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:	
HIRING PRACTICES - EMPLOYEE SELECTION - CLAIMS			
Written application? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reference checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pre-hire physicals? <input type="checkbox"/> Yes <input type="checkbox"/> No		Pre-hire drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Orthopedic back testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Active safety incentive program: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type:
Respiratory program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Active injury and illness prevention program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Return-to-work program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Safety Director/Risk Manager: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Audio hearing test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Safety meetings held? <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency:
Accident investigation: <input type="checkbox"/> Yes <input type="checkbox"/> No		Job-specific training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Safety training/orientation: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, <input type="checkbox"/> formal/documented <input type="checkbox"/> informal?	
Employee to supervisor ratio: <input type="checkbox"/> Better than 4-1 <input type="checkbox"/> 5-1 <input type="checkbox"/> 6-1 <input type="checkbox"/> 7-1 <input type="checkbox"/> >7-1			
Personal protection equipment used? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:	
Max. height employees will work:	What is used: <input type="checkbox"/> Ladder <input type="checkbox"/> Scaffolding <input type="checkbox"/> Scissor Lifts <input type="checkbox"/> Other		
If scaffolding is used, do insured's employees build their own? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what percentage of total operations involves setup and tear down?			
Fall protection program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please check the ones used below:	
<input type="checkbox"/> Guardrails <input type="checkbox"/> Safety belt or full body harness <input type="checkbox"/> Safety net <input type="checkbox"/> Ladder tie-offs <input type="checkbox"/> Training in ladder/scaffold placement <input type="checkbox"/> Other. Explain.			
AUTOMOTIVE SERVICES			
Any towing services provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, any contract towing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any road repair assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, is there a mini-market on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is cashier's booth bullet/shatter proof? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, hours of operation?	
Are employees ASE trained and certified? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does any welding exposure exist? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, you must complete the Welding Exposure Supplemental App and include it with your submission. Visit ArrowheadGrp.com for the form >>			
LANDSCAPING - AGRICULTURAL			
Tree trimming operations performed off the ground: <input type="checkbox"/> Yes <input type="checkbox"/> No		Boulder or tree removal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Highway or median work conducted: <input type="checkbox"/> Yes <input type="checkbox"/> No		Application of fertilizer/pesticides by: <input type="checkbox"/> Employees <input type="checkbox"/> Outside vendor	
Harvesting process: <input type="checkbox"/> manual <input type="checkbox"/> automated	Employee housing provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, for how many?
Are ATVs used by applicant's employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details on separate page.	

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MANUFACTURING			
Age of machinery? _____ years	Machine guarded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Point of operation:	Drive mechanism:
Lock-out/tag-out procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Any Computer Network Controlled Machinery (CNC)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dust collection system in place: <input type="checkbox"/> Yes <input type="checkbox"/> No		Any exposure to silica? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any electroplating exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any installation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, percentage:
Does any welding exposure exist? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, you must complete the Welding Exposure Supplemental App and include it with your submission. Visit ArrowheadGrp.com for the form >>			

MERCANTILE - RETAIL/WHOLESALE			
Type of merchandise sold/distributed:			
Distribution exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how is it distributed? <input type="checkbox"/> Use own trucks <input type="checkbox"/> Common carrier	
Warehousing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Assembly exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any installation? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, percentage:

RESTAURANTS			
Fast food operation: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, also have dine-in seating area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of:	Hosts	Wait staff	Bartenders
			Valet
			Busboys
			Cooks
Any delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, % of receipts:	If yes, delivery hours:
			Radius of delivery: _____ miles
Any catering? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, % of receipts:	If yes, food preparation only? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Full service (w/ staff): <input type="checkbox"/> Yes <input type="checkbox"/> No
Bar or lounge area? <input type="checkbox"/> Yes <input type="checkbox"/> No		Liquor sales as percentage of total receipts?	
Entertainment provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details.	

CONTRACTORS			
Estimated number of jobs per year?		Contractors license number:	
Percentage of work sub-contracted out? _____%		Type of work subbed out:	
If subs used, does insured: Check certificates annually? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Directly supervise subs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Indicate percentage of work conducted in each of the following operations (must equal 100% for each):			
1.)	New Construction:	Remodeling:	Service/Repair:
2.)	Commercial:	Residential:	
3.)	Interior:	Exterior _____ If exterior work done, what is the max. height exposure? _____	
Percentage of work/exposure:		<12':	12' to 24':
		24' to 40':	>40':
Max. depth in feet:		Percent of work below grade more than 4 feet:	
Provide details on shoring procedures:			
Any tunneling performed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Confined Space Exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide details on separate page – include copy of written procedures and details of Confined Spaces Training.			
Use of cranes, booms or heavy construction equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please describe:			
Any framing exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		Percent of total work:	
Percent exterior:		Percent interior:	
Does any welding exposure exist? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, you must complete the Welding Exposure Supplemental App and include it with your submission. Visit ArrowheadGrp.com for the form >>			
Is the applicant involved in "Wrap Up" or "OCIP" projects? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide percentage of total payroll dedicated to these projects, and advise detailed procedures on how applicant determines employee split between these projects and other contracts/projects (not Involving "wrap up" or "OCIP").			
Indicate percentage of work conducted in each of the following operations or mark not applicable - N/A			
Blasting _____%	Drilling _____%	Light Pole Work _____%	Demolition _____%
Tunneling _____%	Grading _____%	Wrecking _____%	
Multi-story Buildings _____%	Gas Mains _____%	Crane Work _____%	Asbestos _____%
Highway Work _____%	Scaffold setup _____%		
Roofing _____%	Excavation _____%	Concrete Tilt-up _____%	Sewer _____%
Ext. Framing _____%	Structural Steel _____%		
Bridge Work _____%	Supervisory Only _____%	Street/road Work _____%	Spray Painting _____%
Dock/sea walls _____%			

Applicant's Signature:	Date:
Producer's Signature:	Date: