

Cavignac & Associates

I N S U R A N C E B R O K E R S

License No. OA99520

450 B Street, Suite 1800 San Diego, CA 92101-8005

Phone 619-234-6848 <> Fax 619-234-8601 <> Web Site www.cavignac.com

Workers Compensation Supplemental Application

Applicant Name			
Effective Date		Agency Contact	Cavignac & Associates

1. Operational Information:

Union/non-union _____	Single/multi-location _____
Number of shifts _____	Radius of operations _____
Overtime? _____	Intra/interstate _____
Employee vehicle use? _____	MVRs checked? _____
Transportation of employees? _____	Established driver standards? _____

2. Experience / Work Force:

Current # of employees _____	Group medical provided? _____
> Number part time _____	> Employer contribution _____
> Number temporary _____	> Employee participation % _____
Number of W2s filed last year _____	Average wage (production) _____
Layoffs in last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Layoffs suspected in next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of employees: <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input type="checkbox"/> Stable	

3. Administrative Information

	Yes	No
Pre-placement physical		
Pre-placement drug/alcohol screen		
Orientation & training process		
Designated medical provider		
Modified return to work program:		
Written policy statement		
Loss control incentive program:		
Management		
Supervisors		
Staff		
Drug/alcohol rehab programs offered?		
Smoking allowed on premises?		

4. Hazards & Controls

	Yes	No
Are owners active in daily operations?		
Documented safety program?		
All machinery/equipment guarded?		
Is Safety Manager active in all safety meetings?		
Person responsible for Safety Program:		
Name: _____		
Title: _____		

Acct Exec Signature _____ Date _____