



Named Insured:		Mold Ladies LLC		Web Address: moldsolutions.com	
Insured's FEIN: 88-3069365					
<b>Contact Name and Phone Number</b>					
Inspections:	Sherry Faust	( 505 )	385	-	8519
Premium Audit:	Sherry Faust	( 505 )	385	-	8519
Claims:	Sherry Faust	( 505 )	385	-	8519
<b>Prior Payroll and Premium Information</b>					
	<u>Total Annual Payroll</u>	<u>Premium \$</u>			
Current Year:	700,000				
Prior Year:	N/A				
Prior Year:					
Prior Year:					
Prior Year:					
<b>Operations and Benefits</b>					
Please provide a detailed description of the operation: <u>Mold Remediation company.</u>					
Years in business?	1	Hours of operation-	8 to 5	# of Shifts -	
Is there a driving/delivery exposure? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Radius of operations/travel: <50 miles <input checked="" type="checkbox"/> 50-100 <input type="checkbox"/> 100+ <input type="checkbox"/>			
If yes, what is frequency: Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Other:		Any group transportation of employees? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Is a PUC/DMV filing required? PUC <input type="checkbox"/> DMV <input type="checkbox"/> N/A <input type="checkbox"/> Unsure					
Are vehicles company owned? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		If yes, how provided? car <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Van <input checked="" type="checkbox"/> Bus <input type="checkbox"/>			
If yes, are vehicles taken home? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		# of employees transported per vehicle 2			
# Of vehicles? 4 # Of drivers? 6		# of vehicles used to transport 4			
Vehicle/fleet maintenance program? Yes No <input checked="" type="checkbox"/>		Frequency: Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>			
If yes, who does the servicing? Outside vendor <input type="checkbox"/> In-house mechanics <input type="checkbox"/> Other:					
Do employees use personal vehicles for company business? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Do any employees work from home? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Any out of state, international or overnight (within state) travel? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		List the # of employees who live or work out of state:			
If yes, please provide details -		Live Work			
Why/purpose?					
Who will travel? _____					
Where?					
Duration? _____					
Frequency?					
# of employees: Full time 12 _____ Part-time _____ Seasonal _____ Volunteers _____					
(Verify number is consistent with the number on Acord App)					
# of W-2's issued – Last year _____ Previous year _____		How are employees paid? Hourly <input checked="" type="checkbox"/>			
Any day laborers or temporary/employee leasing? Yes <input checked="" type="checkbox"/> all leased through Decirions HR PEO No <input type="checkbox"/>		Piece rate <input type="checkbox"/> Commission <input checked="" type="checkbox"/> Flat <input type="checkbox"/> salary <input type="checkbox"/>			
If yes, please provide details on separate page.		Other:			
% of union employees _____ % of non-union 0 _____		Paid Sick Leave? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Actual average hourly wage for employees in governing class \$ _____ /hour		Paid Vacation? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Retirement / Pension plan? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Does employer contribute? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Group medical provided? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		% of employees enrolled			
If yes, name of healthcare provider - _____		% paid by employer _____			
Do you use a specific medical provider to treat injured employees? Yes <input type="checkbox"/> No <input type="checkbox"/>					



Are you currently participating in a MPN (Medical Provider Network)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If yes, please provide the name of current MPN: _____			
CPR training provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		RTW Program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
# of employees certified? _____		Does it include salary continuation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has the ownership of the applicable entity changed within the past 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please provide details: _____			
<b>Hiring Practices – Employee Selection - Claims</b>			
Written Application?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Pre-hire drug testing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reference Checks?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Post Accident drug testing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pre/post employment Physicals?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MVR Checks?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Orthopedic back testing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Audio hearing tests?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Formal job descriptions on file?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Do you have a formal written accident report?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are personnel files documented for pre-existing injuries?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are there set procedures for reporting claims?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Average claim reporting time frame - _____		Any Interchange of labor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is job specific training provided?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, please explain	Another business <input type="checkbox"/> Subsidiary <input type="checkbox"/>
Employee Orientation Program?	Yes <input type="checkbox"/> No <input type="checkbox"/>	between departments	Other: _____
If yes, is the orientation Verbal only? <input type="checkbox"/> Verbal and Documented? <input type="checkbox"/>			
Supervisor to Employee ratio - Better than 4-1 <input type="checkbox"/> 5-1 <input type="checkbox"/> 6-1 <input type="checkbox"/> 7-1 <input type="checkbox"/> >7-1 <input type="checkbox"/>			
Subcontractors used? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, for what purpose? _____			
If yes, are certificates of insurance obtained and kept on file? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Independent contractors used? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, for what purpose? _____			
If yes, how are they paid? 1099's? <input type="checkbox"/> Other? Please explain- _____			
<b>Safety Program and Organization – Work premises and Environment</b>			
Are owners active in daily operations?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, are they excluded from coverage?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Active injury & illness prevention program?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Has loss control services been performed in the last year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Active safety incentive program?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Cal/OSHA visited or cited your business in the last year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, does it encompass all employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide explanation on separate page.	
What type of incentive? _____		Are safety meetings conducted?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Do employees receive safety training/orientation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, how often?	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>
If yes, is the training - Formal / Documented <input type="checkbox"/> Informal <input type="checkbox"/>		Other: _____	
Do you have a safety director or risk manager? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Any material handling exposures? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please explain		mold	
Any lifting exposures? Yes <input type="checkbox"/> No <input type="checkbox"/>		Forklift training provided? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
If yes, <25 lbs. <input type="checkbox"/> 25-40 <input type="checkbox"/> 40+ <input type="checkbox"/>		If yes, annual certification? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If 40+, manual lifting or with assistance? Please explain _____			
Is all machinery/equipment properly guarded? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Any use of Baler equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Written Lock out / tag out / block out procedures in place? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Condition of equipment? New <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/>	
Respiratory program in place? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Are all equipment operators trained/ certified? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
What is the maximum height at which you will work? _____		Personal protection equipment provided? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	



What is used? Ladder <input type="checkbox"/> Scaffolding <input type="checkbox"/> Scissor lifts <input type="checkbox"/> N/A <input type="checkbox"/>	If yes, strict enforcement of utilization? Yes <input type="checkbox"/> No <input type="checkbox"/>
If scaffolding used, does the insured build their own? Yes <input type="checkbox"/> No <input type="checkbox"/>	What types of PPE? _____
Is the building / premises - Owned <input type="checkbox"/> or Leased? <input type="checkbox"/>	# Of years at current location? _____
Condition of premises? Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Average <input type="checkbox"/>	Age of building occupied? _____ year(s)
<b>Agriculture - Farming</b>	
Is harvesting mechanized or manual?	
Do you use contracted labor? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is housing provided? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, % of use? _____	If yes, # of employees housed - _____
Any seasonal workers used for operations? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does all farm machinery have safety guards intact? Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain on separate page.	
Any use of pesticides or fertilizers? Yes <input type="checkbox"/> No <input type="checkbox"/>	Any crop dusting operations? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, applications by Employees? <input type="checkbox"/> Outside Vendor? <input type="checkbox"/>	If yes, services provided by Employees? <input type="checkbox"/> Outside Vendor? <input type="checkbox"/>
Do any family members work in operation? Yes <input type="checkbox"/> No <input type="checkbox"/>	Any work off premises? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain on separate page.
<b>Dairy Farms:</b>	
What is the size of dairy herd? _____	Number of Bulls over 3 years old? _____
Does risk grow their own feed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does risk deliver any of their own milk products? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is milking barn – Flat? <input type="checkbox"/> Elevated? <input type="checkbox"/>	Protective Barriers? Yes <input type="checkbox"/> No <input type="checkbox"/>
Average number of milkings per day? _____	Do any employees conduct or complete work on sump pumps? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are employees allowed to enter stem pipes around lagoon? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are proper safety procedures in place for working near stem pipes, lagoons or sump pumps? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any confined spaces exposures? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details on separate page – include copy of written procedures and details of Confined Spaces Training.	
<b>Automotive Services</b>	
Any towing services provided? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Any road repair assistance? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, any contract towing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, 24 hour exposure? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is there a mini-market on premises? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Any fueling operations? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, any sales of Alcoholic beverages? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Any security/surveillance cameras on premises? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Open 24 hours? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Any test driving of customers' vehicles? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is cashier's booth bullet proof? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Any transportation of customers? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Access to Freeway? 0-1 mile <input type="checkbox"/> 1-2 miles <input type="checkbox"/> 2+ miles <input type="checkbox"/>	
Are employees ASE trained and certified? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many employees? _____	



### Contractors

Contractors license number? _____		Years experience in trade? _____	
Estimated annual gross sales? _____		Estimated # of jobs per year? _____	
Percentage of work sub-contracted out? _____ % What type? _____			
If subs used, does insured: Check annually? <input type="checkbox"/> Directly supervise subs? _____			
Average # of certificates collected annually? _____		Average # of Waivers of Subrogation needed? _____	
Indicate % of work conducted in each of the following operations (must equal 100% for each):			
1) New Construction _____	Remodeling _____		Service/Repair _____
2) Commercial _____	Apts/Condos/Tract Homes _____		Single Custom Homes _____
3) Interior _____	Exterior _____ If exterior work done, what is the maximum height exposure? _____		
Any use of cranes, booms or similar heavy construction equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Any work below grade? Yes <input type="checkbox"/> No <input type="checkbox"/>		Max Depth in feet - _____	% of total work - _____
Any confined spaces exposures? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details on separate page – include copy of written procedures and details of Confined Spaces Training. _____			
Any work involving asbestos, hazardous product abatement, chemical/petroleum products, USL&H, underground tank or pipe replacement? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain - _____			
Does this risk conduct work for the government or city municipality? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is the applicant involved in "Wrap Up" or "OCIP" projects Yes <input type="checkbox"/> No <input type="checkbox"/> 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 % of work conducted in each of the following operations or Mark not applicable - N/A			
Blasting _____	_____	Drilling _____	_____
_____	_____	Light Pole Work _____	_____
_____	_____	Demolition _____	_____
Grading _____	_____	_____	Tunneling _____
_____	_____	Multi Story Buildings _____	_____
_____	_____	Gas Mains _____	Crane Work _____
Asbestos _____	_____	_____	_____
_____	_____	Scaffold set-up _____	_____
_____	_____	Roofing _____	Concrete Tilt-up _____
Sewer _____	_____	_____	_____
_____	_____	Structural Steel _____	_____
_____	_____	Bridge Work _____	Excavation _____
Supervisory only _____	_____	_____	_____
_____	_____	Dock/Sea Walls _____	_____

### Hotel/Motel

Number of guest rooms? _____		Room rates: <\$50 <input type="checkbox"/> \$50-\$100 <input type="checkbox"/> \$100+ <input type="checkbox"/> Rent rooms - Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
Any shuttle, limo or similar service? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain - _____			
Any Restaurant exposures? Yes <input type="checkbox"/> No <input type="checkbox"/> Does it include 24 hour room service? Yes <input type="checkbox"/> No <input type="checkbox"/> Bar or Lounge Area? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Any entertainment provided? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain - _____			
Housekeeping exposures: Moving of furniture? Yes <input type="checkbox"/> No <input type="checkbox"/> Mattress flipping or rotating? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, how often and # of employees involved in process? _____			

### Janitorial Contractors

Check appropriate exposures in the following areas:		Education Facilities <input type="checkbox"/>	Nursing Homes <input type="checkbox"/>	Apartment houses <input type="checkbox"/>
Hospitals <input type="checkbox"/>	Airports <input type="checkbox"/>	Office Buildings <input type="checkbox"/>	Stores <input type="checkbox"/>	Fire/Flood/Restoration <input type="checkbox"/>
Government <input type="checkbox"/>	Museums <input type="checkbox"/>	Medical Offices <input type="checkbox"/>	Hotels <input type="checkbox"/>	Manufacturing Plants <input type="checkbox"/>
Indicate % of services provided (must equal 100%): _____				



General cleaning*	Chimney cleaning	Debris Clearing	Exterior window cleaning above 1 <sup>st</sup> floor
Industrial cleaning	Ceiling Tile cleaning	landscaping	Heating, A/C ventilation service
Carpet Cleaning	Elevator maintenance	Parking lot cleaning	Aircraft service and maintenance
Snow removal	Maid/housekeeping services	Fire/flood restoration	Servicing/cleaning of hoods/filters/grease traps/etc
Pest control	Floor waxing and refinishing	Crime scene clean-up	Pressure or steam washing operations
* General Cleaning includes operations such as vacuuming, dusting, wastebasket trash pick up, floor and rug cleaning, restroom clean-up			
Do employees work in pairs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Employees supervised? Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> or Roving supervision? <input type="checkbox"/>			



### Landscaping

Any tree trimming performed that is off the ground?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any boulder or tree removal performed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any use of tractors, loaders or similar equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any highway or median work conducted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any use of chippers, mulchers, cherry pickers, booms or other similar equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please explain - _____			
Any use of pesticides or fertilizers? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, is the application completed by - Employee? <input type="checkbox"/> Outside Vendor? <input type="checkbox"/>			
Any debris removal or land clearing activities? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please explain - _____			

### Manufacturing – Machine Shops

Any punch press or press brake machinery/equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>	Machine Guarded: Point of operation <input type="checkbox"/> Drive Mechanism <input type="checkbox"/>
Age of machinery: <2 yrs <input type="checkbox"/> 2-5 yrs <input type="checkbox"/> 5-10 yrs <input type="checkbox"/> 10+ yrs <input type="checkbox"/>	Accessible moving parts guarded on machinery/equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>
Types of machines (must equal 100%) - Heavy <input type="checkbox"/> Mid <input type="checkbox"/> Light <input type="checkbox"/>	Any Computer Network Controlled (CNC) machinery? Yes <input type="checkbox"/> No <input type="checkbox"/>
% of off-premise operations: _____ If yes, where/what for? _____	
Is building properly ventilated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is proper dust collection system in place? Yes <input type="checkbox"/> No <input type="checkbox"/>

### Restaurants

Entertainment provided? Yes <input type="checkbox"/> No <input type="checkbox"/>	Bar or separate lounge area? Yes <input type="checkbox"/> No <input type="checkbox"/>
Fast Food? Yes <input type="checkbox"/> No <input type="checkbox"/>	Any catering? Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of: _____ Hosts _____ Waitpersons _____ Bartenders _____	If yes, radius of operations: _____ miles % of exposure - _____
_____ Valet _____ Busboys _____ Cooks _____	Any delivery? Yes <input type="checkbox"/> No <input type="checkbox"/> Delivery hours - _____ to _____
Average price of entrée? <\$5 <input type="checkbox"/> \$5-\$15 <input type="checkbox"/> \$15+ <input type="checkbox"/>	If yes, radius of operations: _____ miles % of exposure - _____
Servicing, cleaning of hoods/filters/grease traps or related systems provided by: Outside vendor <input type="checkbox"/> Employees <input type="checkbox"/>	

### Retail / Wholesale

Type of Merchandise? _____
Gross Receipts: Wholesale _____ % Retail _____ % Warehousing? Yes <input type="checkbox"/> No <input type="checkbox"/>
Any repacking or repackaging operations? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain operations: _____
Assembly exposure? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain exposure: _____
Any distribution exposure? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, by common carrier or does insured have a trucking exposure? Please explain on separate page.



### **Trucking**

**Type of Authority:** a) Common Carrier ☐ Contract Carrier ☐ Private ☐ Brokerage ☐ Exempt ☐

b) Regular Route ☐ Irregular Route ☐

**Carrier Operations:** California Only ☐ Interstate ☐

Length of Haul with Total % = 100%:

Under 50 Miles	%	50 – 200	%	201 – 300	%
301 – 500	%	501 – 1,000	%	Over 1,000	%

**Filings:** DOT# \_\_\_\_\_ PUC# \_\_\_\_\_ DMV/MCP# \_\_\_\_\_ Not Applicable ☐

**Please Check the Questions and Attached the Applicable Data:**

Motor Carrier Identification Report, MCS-150: Attached ☐ or Not Applicable ☐

Cargo Classification: See attached MCS-150 or See below (check all that apply):

General Freight ☐ Logs, Poles Beams, Lumber ☐ Liquids/Gases ☐ Grain, Feed, Hay ☐ Chemicals ☐  
 Household Goods ☐ Building Materials ☐ Intermodal Containers ☐ Coal, Coke ☐ Commodities Dry Bullion ☐  
 Metal Sheets, Coils, Rolls ☐ Mobile Homes ☐ Passengers ☐ Meat ☐ Refrigerated Food ☐  
 Motor Vehicles ☐ Machinery, Large Objects ☐ Oilfield Equipment ☐ Garbage, Refuse, Trash ☐ Beverages ☐  
 Driveway/Towaway ☐ Fresh Produce ☐ Livestock ☐ U.S. Mail ☐ Paper Products ☐  
 Other \_\_\_\_\_

**Drivers:** a) Number of Drivers \_\_\_\_\_ b) Number of Owner/Operators used \_\_\_\_\_

- Percentage where the Motor Carrier will provide workers' compensation for the Owner/Operators \_\_\_\_\_ %

- Percentage where the Motor Carrier will agree with the Owner/Operator that the Owner/Operator

assumes the responsibilities of an Employer for the performance of work: \_\_\_\_\_ %

c) If Owner/Operators used, please attach copy of contract: Attached ☐ or Not Applicable ☐

d) Number of company drivers with Motor Carrier at least 12 months: \_\_\_\_\_

Number of Owner/Operator with Motor Carrier at least 12 months: \_\_\_\_\_ or Not Applicable ☐

e) Number of Non-Union: \_\_\_\_\_ Union: \_\_\_\_\_

f) Do the drivers load and unload their trucks? No ☐ Yes (please provide detail of the types of materials loaded/unloaded ☐

and any equipment used: \_\_\_\_\_

Is the applicant enrolled in the DMV Pull Program? Yes ☐ No ☐ If so, how often? \_\_\_\_\_

Is the applicant enrolled in the CHP BIT Program? Yes ☐ No ☐

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_