

# Cheval Insurance Services Workers Compensation Application

Business Legal Name

Physical Address

City, State, Zip

Office Phone

Email Address

Is Applicant Street Address same as Mailing Address?

Yes

No

Tax ID

Type of Tax ID

FEIN

SSN

SEIN

Do you have an Experience Modification  
Factor?

Yes

No

If Yes, WCIRB#

XMod%

Inception Date for Coverage

Is this a change from your normal  
anniversary date?

Yes

No

Business DBA - List all DBA's used. If DBA same as Legal Name, put SAME

**Coverage includes Employers Liability with \$1,000,000 limit**

Additional coverages

If you marked any additional coverages, provide  
details here:

Other States Coverage

Volunteer Coverage

Blanket Waiver of Subrogation

Specific Waiver of Subrogation

Legal Entity

Sole Proprietorship

Husband & Wife

Corporation

Limited Liability Company

Other:

Year Business Started

**Location Information**

Location 1 Address, City, State, Zip

List all class codes and employee payroll information for this location below, one line per code

Class Codes	# FT Employees	# PT Employees	Payroll
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Location 2 Address, City, State, Zip

List all class codes and employee payroll information for this location below, one line per code

Class Codes	# FT Employees	# PT Employees	Payroll
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Location 3 Address, City, State, Zip

List all class codes and employee payroll information for this location below, one line per code

Class Codes	# FT Employees	# PT Employees	Payroll
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Please list all individuals with controlling interest who are to be included or excluded on policy

Individuals Included/Excluded Full Name	SSN	Ownership %
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Title/Relationship

Include/Exclude

Include

Exclude

Has the business or any principal of the business declared bankruptcy in the last seven years?

Yes

No

**Please provide contact information for policy and operations. If same as primary, list SAME**

Primary Contact - name, email, phone

Inspection Contact - name, email, phone

Accounting Contact - name, email, phone

Claims Contact - name, email, phone

Loss Information - provide information on losses within the last 5 years.

Hard Copy Loss Runs Attached

No Previous Insurance

**Licenses**

CSLB #

CSLB License Type

Farm Labor Contractor #

ICC #

PUC #

DMV #

Other License Information:

**Description of Operations:** Please list all activities and operations of your business on all premises

Do any employees ride horses as part of their employment duties?

Yes

No

Do you provide housing or lodging for any employees? If yes, a supplement will be required.

Yes

No

**General Questions**

1. Any work performed on barges, vessels, docks, or bridges over water?                      Yes                      No

2. Do you obtain workers from a professional employer organization (PEO), employee leasing firm, labor contractor, or any third-party entity?                      Yes                      No

3. Do you obtain temporary workers from other employers?                      Yes                      No

**Additional Questions**

1. Do you use any equipment that bends, forms, shapes or cuts materials (eg. power press)?                      Yes                      No

2. Employ any relatives?                      Yes                      No

3. Employ any minors (under age 18)?                      Yes                      No

4. Make any cash payments to employees or subcontractors?                      Yes                      No

5. Provide Meal or lodging in lieu of wages?                      Yes                      No

6. Pay any employee by the piece?                      Yes                      No

7. Have any work at a maritime or offshore facility?                      Yes                      No

8. Have any locations/operations for which coverage is not required?                      Yes                      No

If Yes, provide location address and description of operations there.

9. Have any operations outside of California?                      Yes                      No

10. Perform any asbestos removal?                      Yes                      No

11. Member of any trade or business associations?                      Yes                      No

Please list memberships

**Management Practices Questions**

1. Do you offer an employee assistance program?                      Yes                      No

2. Do you offer paid vacations?                      Yes                      No

3. Do you offer paid sick leave?                      Yes                      No

4. Do you have an illness and injury prevention program?                      Yes                      No

5. Do you have a written return to work program for employees injured on the job?                      Yes                      No

6. Do you document employee training?                      Yes                      No

7. Do you document facility inspections?                      Yes                      No

8. Have you received any OSHA citations within the past year?                      Yes                      No

9. Do you provide temporary workers to other employers?                      Yes                      No

10. Check off the hiring practices implemented by your company:

Job Descriptions

Pre-placement medical screening

Pre-placement drug screening

Drug free workplace

Pre-employment reference checks

Union employees

**Purchase/Acquisition Questions**

Was this operation all or part of an existing business that was purchased or acquired?

Yes

No If no, skip to next section

What percentage of the business was acquired?

Date of ownership change

Prior business owner's name and address including business name(s)

Is/are the prior owner(s) related to the new owner(s)?

Yes

No

If Yes, explain relationship:

Have the operations changes since the business was acquired (eg from a bakery to a restaurant)?

Yes

No

If Yes, please explain:

Were more than 50% of the current employees hired since the acquisition?

Yes

No

If Yes, are those employees earning more than 50% of the payroll?

Yes

No

This information is correct to the best of my knowledge as of this date.

Form completed by (name, title)

Date of Completion

Signature