INTER-PACIFIC
Insurance Brokers, Inc.
www.interpacificbrokers.com

P. O. Box 336
Kingsburg, CA 93631
Phone: (559) 634-1400
Fax: (559) 634-7191
License No. 0609766

Coverholder at LLOYD'S

KRM SUPPLEMENTAL APPLICATION

Insured: _____ Eff Date: _____ FEIN NO. _____
Contact Name & Title: _____ Tel. No.: _____ Fax No.: _____

INSURED HISTORY:

Years in business: _____if less than 5 number of years in trade _____ No. of locations _____
Description of Operations _____
Out of state exposure: ☐ Yes ☐ No If yes, name of states: _____ Foreign Travel: ☐ Yes ☐ No
Present number of employees: Full-time employees _____ Part-time _____ Seasonal _____ Volunteers _____
Percent of employee turnover in the last 12 months Full-time _____ Part-time _____
Employee staffing expectation over the next 12 months Full-time _____ Part-time _____
Average hourly wage: Full-time $ _____ Part-time $ _____ Any Piece work compensation:_____
Benefits provided – are ALL employees eligible ☐ Yes ☐ No If not then who is eligible? _____

			% paid by employer	**% of participation**
Group Health	☐ Yes	☐ No	_____	_____
Paid sick leave	☐ Yes	☐ No	_____	_____
Vacation	☐ Yes	☐ No	_____	_____
Retirement / Pension Plan	☐ Yes	☐ No	_____	_____

Name of Healthcare provider: _____
Provide name of clinic, physician, or emergency room used for work place related injury: _____
Full-time nurse maintained on staff: ☐ Yes ☐ No
CPR training provided ☐ Yes ☐ No

Indicate the safety activities currently established and practiced regularly:

Is Owner active in daily operations ☐ Yes ☐ No, if yes duties performed: _____
Safety program / IIPP in use compliant with SB 198 ☐ Yes ☐ No
Return to light duty plan ☐ Yes ☐ No Includes full wages ☐ Yes ☐ No
Return to Full-time modified work plan ☐ Yes ☐ No
Designated Full-time safety director ☐ Yes ☐ No Name: _____
Safety meetings held for all employees ☐ Yes ☐ No Frequency of meetings _____
Safety training held for all employees ☐ Yes ☐ No Incentive program for employees ☐ Yes ☐ No
Slip and Fall Prevention Program in place ☐ Yes ☐ No
Hazardous Materials Communication program in place ☐ Yes ☐ No
Personal Protective safety equipment provided for all employees ☐ Yes ☐ No If yes, what type: _____
Supervisors are held accountable for injuries / accidents ☐ Yes ☐ No
Accident investigation program in place ☐ Yes ☐ No

HIRING PRACTICES:

Employment application	☐ Yes	☐ No	Drug/substance abuse	☐ Yes	☐ No
Reference checks	☐ Yes	☐ No	Audiometric testing	☐ Yes	☐ No
Motor Vehicle Record check	☐ Yes	☐ No	Pre/Post employment physical	☐ Yes	☐ No
Volunteer labor used	☐ Yes	☐ No	Pathogenic test (i.e. lead)	☐ Yes	☐ No
Temporary labor used	☐ Yes	☐ No	Orthopedic back test	☐ Yes	☐ No

OPERATIONS:

Hours of operation: _____ to No. of daily shifts: _____ No. of days per week: _____
Operation includes delivery ☐ Yes ☐ No No. of authorized drivers _____ No. of vehicles _____
Frequency of delivery: Daily ☐ Weekly ☐ Other ☐ _____
Delivery radius: < 50 miles ☐ 51-100 miles ☐ 101-250 miles ☐ >250 miles ☐
Frequency of MVR checks _____ Participation in CHP Pull program ☐ Yes ☐ No

Driver acceptability standards have been established ☐ Yes ☐ No
Vehicle inspection / maintenance program ☐ Yes ☐ No Frequency _____
Vehicle maintenance is performed by employees ☐ Yes ☐ No
Employees take vehicles home at night ☐ Yes ☐ No

REVISED 9/05

PAYROLL AND PREMIUM HISTORY:

Payroll :		Premium:	
Current Yr.	_____	Current Yr.	_____
1st Prior Yr.	_____	1st Prior Yr.	_____
2nd Prior Yr.	_____	2nd Prior Yr.	_____
3rd Prior Yr.	_____	3rd Prior Yr.	_____

CATASTROPHE EXPOSURE:

Does insured work within 2 miles of the following building or facilities:

Government or Military base	☐ Yes	☐ No
Financial Institutions including national/regional stock exchange	☐ Yes	☐ No
Sport Stadiums/Arenas and Theme Parks	☐ Yes	☐ No
Major Bridges, Tunnels or Dams	☐ Yes	☐ No
Utilities or Power Generation Plants	☐ Yes	☐ No
Transportation Hubs, Railroads, Airports or Shipping	☐ Yes	☐ No
Historic/Symbolic buildings, monuments or parks	☐ Yes	☐ No

EXPOSURE INFORMATION – PREMISES - FIX LOCATION - EMPLOYEES

Total number of employee's: _____

State	Location #	Payroll	Total # of Employees	# of Shifts	Maximum # of Employees Per Shift	Type of Building (See List Below)	Year Built	# of Stories	Floors Occupied
		$							
		$							
		$							
		$							
		$							
		$							
		$							
		$							

If additional locations exist please included on a separate form.
Type of Building: (1.) Steel 3 stories or greater (2.) Frame 3 stories or less (3.) Concrete tilt up

MEDICAL PROVIDER NETWORK COMPLIANCE:

1. IF THIS APPLICATION IS NEW BUSINESS TO Security National:

Has the insured previously participated in a Medical Provider Network? ☐ Yes ☐ No
Is the insured willing to participate in Security National MPN? ☐ Yes ☐ No

2. IF THIS APPLICATION IS RENEWAL BUSINESS TO Security National:

Has the insured implemented the Security National MPN? ☐ Yes ☐ No
If yes, when?
If not, will the insured implement the Security National MPN during the next policy term? ☐ Yes ☐ No

Signature:_____ Title:_____ Date:_____

*****THIS FORM MUST BE FILLED OUT IF IT APPLIES TO THE INSURED*****

FARMS:

Crops Grown	Avg. Acreage	Harvested Mechanically	Type of Equipment
		☐ **YES** ☐ **NO**	
		☐ **YES** ☐ **NO**	
		☐ **YES** ☐ **NO**	
		☐ **YES** ☐ **NO**	
		☐ **YES** ☐ **NO**	
		☐ **YES** ☐ **NO**	

1: How many acres: 160 or less ☐ 161-499 ☐ 500-999 ☐ 1,000+☐
2: Housing Provided: ☐ Yes ☐ No If so, how many employees_____
3: Transportation of employees: ☐ Yes ☐ No How: Van ☐ Bus ☐ Airplane ☐ Other ☐
Frequency: Daily ☐ Weekly ☐ Monthly ☐ Radius _____
4: Use Labor Contractor: ☐ Yes ☐ No
5: Employees pay: Hourly rate _____ Piece rate _____ Combination _____ Other _____
6: Operation outside of California: ☐ Yes ☐ No
7: Dairy Barn: Elevated ☐ Carousel ☐ Flat ☐ Other _____
a) Number of Milking cows _____
b) Number of Bulls _____ Number of Bulls 3 years old & older: _____
c) Outside Veterinary Services: ☐ Yes ☐ No
d) Artificial Insemination: ☐ Yes ☐ No Subcontracted: ☐ Yes ☐ No
e) Hoof trimming: ☐ Yes ☐ No Subcontracted ☐ Yes ☐ No
f) De-horn: ☐ Yes ☐ No Subcontracted ☐ Yes ☐ No
8: Does insured harvest crops for others: ☐ Yes ☐ No If so, own equipment used: ☐ Yes ☐ No

TRUCKING EXPOSURES:

1. Commodities Hauled – Breakdown by % of Revenue: _____
2. Type of Equipment – Type of Number of Vehicles:
☐ Flatbed _____ ☐ Tractor Trailer _____ ☐ Double Trailer _____ ☐ Tank _____
☐ Refrigerated _____ ☐ Other _____
3. Do drivers load and unload cargo? ☐ Yes ☐ No If yes, how often: _____ % palletized loads? ☐ Yes ☐ No
4. Type of Carrier ☐ Truckload(TL) ☐ Less than Truckload (LTL)
5. Number of Drivers: _____ b. Average age of Drivers: _____ c. Average age of Vehicles: _____