NON-CONSTRUCTION WORKERS' COMPENSATION

Florida operations, employee classifications, payroll, safety controls, and loss information.

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1. Applicant and Contact Information

Legal business name *

DBA / trade name

Primary contact *

Title

Phone *

Email *

Website

Business address

Mailing address

City / State / ZIP

FEIN

Entity type

Years in business

Management experience

Total employees

Requested effective date *

Describe the business, products or services, and daily duties of each employee group:

2. Policy Request and Account History

Current carrier

Policy expiration

Current premium

Experience modification

Years continuously insured

NCCI / bureau ID

Proposed payroll period

Any lapse, cancellation, nonrenewal, declination, or assigned-risk placement? ☐ Yes ☐ No

If Yes, explain dates, carrier, and reason:

3. Operations and Work Locations

Mark every applicable operation:

- ☐ Office / professional
- ☐ Retail
- ☐ Wholesale
- ☐ Hospitality
- ☐ Healthcare
- ☐ Manufacturing
- ☐ Warehousing
- ☐ Service business
- ☐ Delivery
- ☐ Installation / service offsite
- ☐ Home visits
- ☐ Other

Mark every applicable exposure:

- ☐ Cooking / hot surfaces
- ☐ Patient handling
- ☐ Machinery
- ☐ Forklifts / pallet jacks
- ☐ Chemical use
- ☐ Repetitive motion
- ☐ Lifting over 50 lbs.
- ☐ Public foot traffic
- ☐ Cash handling
- ☐ Work from home

Primary counties / cities worked

Other states worked

Off-premises work %

Overnight travel %

Work-from-home count

Seasonal peak months

Explain off-premises work, travel, lifting, repetitive motion, home visits, or other marked exposures:

4. Employees and Estimated Payroll

Class / employee group	Class code	No. employees	Estimated payroll	Avg. wage / hr.	Included / excluded

Mark every applicable labor arrangement:

- ☐ Owners / officers
- ☐ Temporary labor
- ☐ PEO / leased employees
- ☐ 1099 workers
- ☐ Independent contractors
- ☐ Seasonal staff

5. Workforce, Auto, Premises, and Equipment Exposures

Are any employees under age 18?	☐ Yes	☐ No
Are any employees over age 65?	☐ Yes	☐ No
Is bilingual supervision available where needed?	☐ Yes	☐ No
Do employees drive company vehicles?	☐ Yes	☐ No
Do employees use personal vehicles for company business?	☐ Yes	☐ No
Are deliveries, errands, or messenger services performed?	☐ Yes	☐ No
Are forklifts, pallet jacks, or powered industrial trucks used?	☐ Yes	☐ No
Is machinery equipped with guards and documented lockout procedures?	☐ Yes	☐ No
Are there recurring slip, trip, fall, patient-transfer, or ergonomic hazards?	☐ Yes	☐ No

Company vehicle count

Employee drivers

Longest delivery radius

Forklift / equipment count

Describe manufacturing, machine guarding, warehousing, material handling, vehicle use, or patient-transfer exposures:

6. Safety and Employment Controls

Mark every control currently used:

- ☐ Written safety program
- ☐ New-hire orientation
- ☐ Accident investigation
- ☐ Return-to-work program
- ☐ Supervisor safety meetings
- ☐ Drug testing
- ☐ PPE program
- ☐ Machine guarding
- ☐ Driver screening
- ☐ Ergonomic / lifting training
- ☐ OSHA logs maintained
- ☐ Safety coordinator

Explain any gaps, exceptions, recent improvements, or planned corrective action:

7. Claims and Regulatory History

Any workers' compensation claims during the past five years?	☐ Yes	☐ No
Any open claims, ongoing treatment, reserves, or employees not returned to full duty?	☐ Yes	☐ No
Any severe claim, fatality, amputation, hospitalization, or permanent impairment?	☐ Yes	☐ No
Any OSHA citations, fines, inspections, or reportable incidents during the past five years?	☐ Yes	☐ No

Date	Employee / class	Description	Paid / reserved	Status

Explain claims, OSHA matters, loss trends, and corrective action taken:

8. Supporting Documents

Mark documents included:

- ☐ Four- or five-year loss runs
- ☐ Current WC declarations
- ☐ Experience rating worksheet
- ☐ Payroll report
- ☐ Employee / class-code schedule
- ☐ Job descriptions
- ☐ Safety program
- ☐ Supplemental forms

Additional underwriting comments or submission highlights:

Applicant Certification and Signature

The applicant represents that the information provided is true, complete, and accurate to the best of the applicant's knowledge. This questionnaire does not bind coverage; all terms are subject to carrier underwriting and the issued policy language.

Signature / typed name *

Date *

MAD Insurance representative

Agent phone / email