

# SUPPLEMENTAL APPLICATION FORM

NOTE: Please type or print clearly in ink. Shaded areas are for State Fund use only.

**Section 1 – Trade Name (i.e., DBA)**

Current: \_\_\_\_\_

Prior (if applicable): \_\_\_\_\_

**Section 2 – Business Ownership**

Legal Name: \_\_\_\_\_

Legal Entity (check one):

<input type="checkbox"/> Individual (If married, check Husband & Wife)	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Conservatorship
<input type="checkbox"/> Husband & Wife (Both names required in Legal Name.)	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Estate
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Public Agency	<input type="checkbox"/> Trust
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Incorporated Public Agency	<input type="checkbox"/> Association
<input type="checkbox"/> Corporation	<input type="checkbox"/> Labor Union	<input type="checkbox"/> Joint Employer
<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Incorporated Labor Union	<input type="checkbox"/> Common Ownership
		<input type="checkbox"/> Other:

**Section 3 – Licenses**

**2101** Farm Labor Contractor License: \_\_\_\_\_

**3405** Contractor's State License Board No./Type/Expiration Date: \_\_\_\_\_

**3408** PUC/CC License Number: \_\_\_\_\_

**3409** Other License Numbers required to do business in CA (please specify): \_\_\_\_\_

**Section 4 – Additional Business Information**

**2075** Phones: Bus. (    )                      Home (    )

**2075** FAX Number: (    )

**2075** E-Mail Address: \_\_\_\_\_

**2099** State Employer Identification Number: \_\_\_\_\_

**Section 5 – Social Security Number(s)**

**2096**

Please provide the Social Security Number(s)\* for individual owner, husband, wife, corporate officers, or general partners. Attach a separate page if necessary.

(1) Name: _____	*Social Security Number: _____
(2) Name: _____	*Social Security Number: _____
(3) Name: _____	*Social Security Number: _____
(4) Name: _____	*Social Security Number: _____

**\*DISCLOSURE STATEMENT**

Providing Social Security Numbers is voluntary. If the principals do not wish to provide Social Security Numbers, other acceptable identification shall include: 1) Federal Employer Identification Number (FEIN), 2) State Employer Identification Number (SEIN), 3) Contractor's License or 4) any applicable business license pertinent to the trade or business.

**Section 6 – General Information**

Do any of the following pertain to the operations of this risk? Please explain all "yes" answers to questions 1-10 in the "Remarks" section on page 2.

	Yes	No		Yes	No
1. Use any equipment that bends, forms, shapes, or cuts materials (e.g., power press)?			8. Have any locations/operations for which coverage is not requested?		
2. Employ any relatives?			9. Have any operations outside of California?		
3. Employ any minors (under age 18)?			10. Perform any asbestos removal?		
4. Make any cash payments to employees or subcontractors?			11. Member of any trade or business association? Please indicate: _____		
5. Provide meals or lodging in lieu of wages?					
6. Pay any employees by the piece?					
7. Have any work at a maritime or offshore facility?					

**Section 7 – Has the business or any principal of the business declared bankruptcy in the last seven years?  Yes  No, skip to Section 8**

Name of Principal: \_\_\_\_\_

**3105** Chapter of bankruptcy filed (check as applicable):     7     11     13     Other: \_\_\_\_\_

Date filed: \_\_\_\_\_ Case Number: \_\_\_\_\_ Status:     pending     dismissed     discharged

Court where case was filed (Please provide us with a filed, stamped copy of the "Petition for Relief".): \_\_\_\_\_

**Section 8 – Was this operation all or part of an existing business that was purchased or acquired?**  Yes  No, skip to Section 9

What percentage of the business was acquired?: \_\_\_\_\_ Date ownership changed: \_\_\_\_\_

Prior business owner's name and address:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name of Business: \_\_\_\_\_

Is the prior owner(s) related to the new owner(s)?  No  Yes, Relationship: \_\_\_\_\_

Have the operations changed since the business was acquired (e.g., from a bakery to a restaurant)?  No  Yes, please explain: \_\_\_\_\_

Were more than 50% of the current employees hired since the acquisition?  Yes  No  
 Are those new employees earning more than 50% of the payroll?  Yes  No

**Section 9 – Management Practices**

Please indicate if you offer: Employee Assistance Program \_\_\_ Paid Vacations \_\_\_ Paid Sick Leave \_\_\_

Do you have a minimum of 2 employees?  No  Yes

If yes, do you offer the majority of your eligible employees Health Insurance? (eligible = works a minimum of 30 hrs./wk)  No  Yes

If yes, do you pay at least 50% of the Health Insurance premium?  No  Yes, Name of Health Insurance Carrier: \_\_\_\_\_

Please check off the hiring practices implemented by your company: Job Descriptions \_\_\_ Pre-placement Medical Screening \_\_\_  
 Pre-placement Drug Testing \_\_\_ Drug-free Workplace \_\_\_ Pre-employment Reference Check \_\_\_ Union Employees \_\_\_

Do you have an Injury and Illness Prevention Program?  No  Yes

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

Do you document: Employee Training \_\_\_ Facility Inspections \_\_\_

Describe your housekeeping: Good \_\_\_ Fair \_\_\_ Poor \_\_\_ Describe the condition of your equipment: Good \_\_\_ Fair \_\_\_ Poor \_\_\_

Have you received any OSHA citations within the past year?  No  Yes (Please explain in "Remarks.")

Does the business provide temporary employees?  No  Yes (Please explain in "Remarks.")

**Section 10 – Remarks (Attach a separate sheet if necessary.)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 11 – Broker Information (For brokered accounts only, this section must be completely filled out by the producer.)**

**0030**

BROKER ACCESS NUMBER \_\_\_\_\_ FIRM NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

**SIGNATURE**

To be completed by the broker, owner, or an officer/partner (provide your title) of the business.

Insurance Code Article 6, Sec. 11880 prohibits the willful misrepresentation of any fact in order to obtain lower insurance rates. State Fund reserves the right to verify the accuracy of information provided to it by insurance applicants.

I confirm that the information on the ACORD and Supplemental Application is true and correct to the best of my knowledge

Name: \_\_\_\_\_ Please print Title: \_\_\_\_\_ Please print

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (FAXed applications must be followed up with original document/signature.)