

# Rental Property Owner / Operator - Supplemental Questionnaire

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

## Applicant Information:

Proposed Effective Date:     /     /	Legal Name:	Application ID:
--------------------------------------	-------------	-----------------

Application completed by: Broker: <input type="checkbox"/> Employer: <input type="checkbox"/>	
Please provide (first, last) name: _____	Date: _____

How many rental units? _____  Is housing provided to any employees? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many employees are provided with housing? _____ Please list the job responsibilities for each employee separately below:  <div style="border: 1px solid black; padding: 5px; min-height: 80px;">[text here]</div>	Are any of the operations subcontracted to others? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list those operations  <div style="border: 1px solid black; padding: 5px; min-height: 60px;">[text here]</div> Does the insured keep the following copies on file for each sub-contractor? Certificate of Workers' Compensation Insurance: Yes <input type="checkbox"/> No <input type="checkbox"/> Sub-contractors license number: Yes <input type="checkbox"/> No <input type="checkbox"/>
--	---

## General Classification Evaluation:

- 1) Maximum Height exposure: \_\_\_\_\_ Ft.  N/A  
If applicable - Method of reaching height exposures: (Check all that apply)  
 Ladder  Scaffolding  Scissor Lifts  Other:  \_\_\_\_\_  
  
 If scaffolding is used, does the insured build their own? No  Yes - \_\_\_\_\_% of annual operations compared to total operations.
  
- 2) Maximum Weight lifted: \_\_\_\_\_ lbs.  N/A  
If applicable: Manual Lifting  Employee(s) lifts with assistance:  Please explain: \_\_\_\_\_  
 Please list the typical types of items lifted: \_\_\_\_\_
  
- 3) Vehicle exposure: Yes  No   
If Yes -  
 Percentage of total operations: \_\_\_\_\_% Total # of Vehicles \_\_\_\_\_  
 Number of employee drivers: \_\_\_\_\_ Do employees take the vehicle home overnight? Yes  No   
 Driving Radius in miles: \_\_\_\_\_mi. GPS tracking system installed? Yes  No   
 MVRs Checked: Yes  No  Company Owned: Yes  No   
 PUC Filing: N/A  Yes: \_\_\_\_\_ MCP Filing: N/A  Yes: \_\_\_\_\_
  
- 4) Any Out of State, International, or Overnight Travel: Yes  No   
If Yes - Please provide:  
 Number of employees traveling: \_\_\_\_\_ Method of transportation: \_\_\_\_\_ Location(s): \_\_\_\_\_  
 Frequency of travel: \_\_\_\_\_
  
- 5) CPR Training provided: Yes  No  If Yes - Number of Employees certified: \_\_\_\_\_

## Claims Handling:

- 1) Is there a set procedure for reporting claims? Yes  No
- 2) Is there a formal written accident investigation report? Yes  No
- 3) Do you currently participate in an MPN program to control claim costs? Yes  No

## Personnel Practices:

- 1) New-hire orientation program: Yes  No  Is the orientation documented? Yes  No
- 2) Owner is active in daily operations: Yes  No

- 3) Employee Handbook: Yes  No
- 4) Post-accident drug testing: Yes  No
- 5) Job specific training: Yes  No
- 6) Performance Appraisals: Yes  No
- 7) Wellness program in place: Yes  No
- 8) Are any of the following benefits provided?  
 Medical: No  Yes: Employer contribution: \_\_\_\_% Percentage of employees enrolled: \_\_\_\_%  
 Retirement: No  Yes: Employer contribution: \_\_\_\_% Percentage of employees enrolled: \_\_\_\_%
- 9) Any other information in regard to employee benefits? If so, please provide those details:

**Employer-Employee Relationship:**

- 1) Employee Turnover Rate (Annually): \_\_\_\_% Average Tenure of Employees (in # of years): \_\_\_\_\_
- 2) Number of employees hired:  
 Full Time (annual): \_\_\_\_ Payroll Estimate: \$ \_\_\_\_\_  
 Part Time/Seasonal: \_\_\_\_ Payroll Estimate: \$ \_\_\_\_\_  
  
 No. of seasonal Employees: \_\_\_\_\_  
 Seasonal Employee Period (From Month: \_\_\_\_\_ to Month: \_\_\_\_\_)

**Safety Program/Practices which are implemented and enforced:**

- 1) Fall Protection Plan: Yes  No  N/A
- 2) Heat and illness prevention program: Yes  No  N/A
- 3) Do you maintain a written Workplace Violence Prevention Plan? Yes  No  N/A
- 4) Respiratory program: Yes  No  N/A
- 5) Driver safety training plan: Yes  No  N/A
- 6) Forklift training & safety plan: Yes  No  N/A
- If Yes – Annual Certification required:**
- 7) MSDS available for all chemicals/products used: Yes  No  N/A
- 8) Written Lockout/Tag out/Block out Procedures: Yes  No  N/A
- 9) Hazardous chemicals safety plan: Yes  No  N/A
- 10) Confined spaces plan: Yes  No  N/A
- 11) Active safety incentive program for all employees: Yes  No  N/A
- 12) Are supervisors held accountable for a safe work environment? Yes  No  N/A
- 13) Is there a dedicated full-time safety manager? Yes  No  N/A

**If Yes – Please provide:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

- 14) Safety meetings are conducted:  Daily  Weekly  Monthly  Quarterly  Does not conduct Safety Meetings  
 Are safety meetings documented? Yes  No
- 15) Personal Protective equipment provide to all employees: No  Yes, please list types: \_\_\_\_\_
- 16) Employee to Supervisor ratio: \_\_\_\_ / \_\_\_\_
- 17) What loss prevention recommendations has the insured implemented?  Loss control service has not been performed.

Year implemented: \_\_\_\_\_  
 Please explain:

**Machinery and Equipment:**

- 1) Please list the types of machinery/equipment used: \_\_\_\_\_ N/A
- 2) Are all equipment operators certified? Yes  No
- 3) Is all machinery/equipment properly guarded: Yes  No
- 4) Age of equipment in years:  0-5  5-10  10-20  20+
- 5) Condition of the equipment:  Excellent  Good  Average  Poor
- 6) Who is responsible for maintaining machinery?  Insured  Contractor  Other: \_\_\_\_\_

**Is there any other information about your company, operations, or practices you have implemented which could have an impact on mitigating injuries?**

[Text here]