

## 2009-2010 WORKERS COMPENSATION QUESTIONNAIRE

Firm Name: \_\_\_\_\_ Year Established: \_\_\_\_\_

Brief description of your practice: \_\_\_\_\_

Entity Type:  Individual  Partnership  Corporation

<b>Location:</b>	
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Please complete one form for EACH location.

### ESTIMATED PAYROLL FOR 2009-2010

#### OFFICERS/OWNERS' PAYROLL

Name	Included or Excluded **	Title	Duties	Class Code (see below)	Owner-ship **	Payroll (Maximum \$94,900)
	Incl / Excl				%	\$
	Incl / Excl				%	\$
	Incl / Excl				%	\$

\*\*Only officers owning stock can be excluded. If any stock is held by someone who is not an officer or director, all officers must be included for coverage.

#### EMPLOYEES' PAYROLL (DO NOT INCLUDE ABOVE OFFICERS/OWNERS' PAYROLL)

<b><u>Job Classification</u></b>	<b><u>Estimated Annual Payroll</u></b>	<b><u># of Employees</u></b>
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CLERICAL (8810 A)	\$ _____	# of EE's: _____
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This classification includes office managers, accounting staff, receptionists, secretaries, typists and computer operators.

OFFICE TECHNICAL PERSONNEL (8810 B)	\$ _____	# of EE's: _____
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This classification consists of technical personnel (not including architects and engineers), whose principal work functions are inside the office. These employees do not go out of the office except for typical administrative duties such as post office, bank, etc.

ARCHITECTS/ ENGINEERS/ SURVEYORS (8601)	\$ _____	# of EE's: _____
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This classification consists of technical personnel regardless of their job title or professional license status who has offsite exposures. It applies to those that go to the job site for observation or to perform surveying, as well as those who engage in any activities related to your professional practice functions away from your office premises. This would include meetings at clients' offices, attendance at public hearings, building department meetings, delivering drawings, or any related work outside your office. Licensed architects and engineers regardless of their duties and responsibilities fall under this classification.

OUTSIDE SALES (8742)	\$ _____	# of EE's: _____
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This classification consists of full time sales or marketing personnel with no job site exposure. They are outside strictly in a sales/marketing capacity traveling from your office to other offices only.

- |                                                                          |                                |
|--------------------------------------------------------------------------|--------------------------------|
| 1. Federal Employers ID #: _____                                         | If "yes" please comment: _____ |
| 2. Do your ee's travel out of the state or country on business? Yes / No | _____                          |
| 3. Do you lease employees to or from other employers? Yes / No           | _____                          |
| 4. Is there any known or anticipated USL&H exposure? Yes / No            | _____                          |
| 5. Any changes in operations from last year? Yes / No                    | _____                          |
| 6. For new clients to Heffernan, current work comp ins company: _____    | _____                          |
| Policy No.: _____                                                        | Expiration Date: _____         |

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

### WORKERS COMPENSATION QUESTIONNAIRE

HEFFERNAN PROFESSIONAL PRACTICE INSURANCE BROKERS (HPPIB) LIC:0564249

1808 EMBARCADERO ROAD, SUITE A, PALO ALTO, CA 94303

(650) 842-5200

**FIRM:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

<b>EXPLAIN ANY "YES" RESPONSES</b>	<b>YES</b>	<b>NO</b>
Any contracts that require Waiver of Subrogation?	<input type="checkbox"/>	<input type="checkbox"/>
Are you directly involved with any of the following: asbestos abatement, encapsulation or removal; bridge, harbor, pier or jetty inspection; rope, staging or scaffolding; EPA Phase II or III work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved with any "at-risk" construction management?	<input type="checkbox"/>	<input type="checkbox"/>
Any operations involving or exposure to flammables, explosives, chemicals or other hazardous materials?	<input type="checkbox"/>	<input type="checkbox"/>
Any catastrophe exposure?	<input type="checkbox"/>	<input type="checkbox"/>
Any aircraft/watercraft owned, operated or leased?	<input type="checkbox"/>	<input type="checkbox"/>
Any work performed underground or above 15 feet?	<input type="checkbox"/>	<input type="checkbox"/>
Is applicant engaged in any other type of business?	<input type="checkbox"/>	<input type="checkbox"/>
Are sub-contractors used? (      %)      What services?	<input type="checkbox"/>	<input type="checkbox"/>
Any work sublet without certificates of insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Is a formal safety program in operation?	<input type="checkbox"/>	<input type="checkbox"/>
Any group transportation provided?	<input type="checkbox"/>	<input type="checkbox"/>
Any employees under 16 or over 60 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Any seasonal employees?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any volunteer or donated labor?	<input type="checkbox"/>	<input type="checkbox"/>
Any employees with physical handicaps?	<input type="checkbox"/>	<input type="checkbox"/>
Are athletic teams sponsored?	<input type="checkbox"/>	<input type="checkbox"/>
Are physicals required after offers of employment are made?	<input type="checkbox"/>	<input type="checkbox"/>
Has any policy or coverage been declined, canceled or non-renewed in last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
Are employee health plans provided?      Carrier:	<input type="checkbox"/>	<input type="checkbox"/>
Are you a subsidiary of another entity or do you have any subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a labor interchange with any other business/subsidiary?	<input type="checkbox"/>	<input type="checkbox"/>
Do any employees work predominantly at home?      How many?	<input type="checkbox"/>	<input type="checkbox"/>

***If you are a new client to Professional Practices, please provide loss report forms from your insurance company for the last 5 years.***

Name and email address for key insurance contact(s)

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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