



HEFFERNAN INSURANCE BROKERS

A Member of the Heffernan Group



LUMBER AND MILL
EMPLOYERS ASSOCIATION
Frederick W. Misakian

LAMEA Workers Compensation Questionnaire

Insured Business Name:

Total Annual Payrolls

Current Year: _____

Prior Year: _____

Prior Year: _____

Total Annual Premium

Current Year: \$ _____

Prior Year: \$ _____

Prior Year: \$ _____

Operations and Benefits

- Hours of Operation: _____ to _____
- Any 24 hour exposure? Yes No If yes, provide detail: _____
- Maximum # of employees at any one location? _____
- # of company vehicles? _____
- Radius of driving operations? <10 miles 11-50 miles 50 – 100 miles
- Employee Transportation? Yes No If yes, times/week? _____ # of employees per vehicle? _____
- MVR Checks? Yes No
- Average Hourly Wage of Governing Class Employees - \$ _____/Hour
- Group Medical or Employer Contribution? Yes No If yes, provide detail: _____
- Paid Sick Leave? Yes No
- Paid Vacation? Yes No

Hiring Practices – Employee Selection

- Written Applications? Yes No
- Reference Checks? Yes No
- Pre-Hire Physicals? Yes No
- Pre-Hire Drug Testing? Yes No
- Active Safety Incentive Program? Yes No If yes, describe: _____
- Respiratory Program in place? Yes No N/A
- Personal Protection Equipment Used? Yes No If yes, describe: _____
- Return to Work Program? Yes No
- Safety Director/Risk Manager? Yes No
- Active injury & illness prevention program? Yes No
- Maximum Height that employees will work? _____ ft.
- What is used? Ladder Scaffolding Scissor Lifts Other - Explain: _____

Manufacturing (if applicable)

- Age of Machinery? < 2yrs. 2-5 yrs. 5-10 yrs. 10+yrs.
- Machine Guarded: Point of Operation Drive Mechanism
- Lock out/Tag out procedure? Yes No
- Any Computer Network Controlled Machinery (CNC)? Yes No
- Dust collection system in place? Yes No
- Any exposure to Silica? Yes No
- Any Electroplating exposure? Yes No

Construction (if applicable)

- Estimated # of jobs per year? _____
- Percentage of work sub-contracted? _____% If subs are used, are Certificates annually? Yes No
- Type of work subbed out? _____
- Directly supervise subs? Yes No

Indicate % of work in each of the following three lines (must equal 100% for each line):

- New Construction _____% Remodeling _____% Service/Repair _____% = 100%
- Commercial _____% Residential _____% = 100%
- Interior _____% Exterior _____% = 100% If any exterior, what is the max height exposure? _____ft.
- % of work/exposure <12 feet _____% 12' -24'ft. _____% 24' to 40'ft. _____% >40'? _____%
- Fall Protection Program in Place? Yes No
- Use of: Guardrails Safety Belt or Full Body Harness Safety Net Ladder tie offs Training in ladder/scaffold placement Other, please describe: _____
- Maximum Depth Exposure: _____ft.
- % of work below grade more than 4ft.: _____% Provide details on shoring procedures: _____
- Any tunneling performed? Yes No
- Confined Space Exposure? Yes No If yes, provide details & training procedures: _____
- Use of cranes, booms or heavy construction equipment? Yes No Describe: _____
- Any Framing exposure? Yes No If yes, _____% Of total framing work? _____% Exterior _____% Interior _____%
- Applicant involved in "Wrap Up" or "OCIP" projects? Yes No If yes, please provide percentage of total payroll dedicated to these projects, and advise detailed procedures on how applicant determines employee split between these projects and other contracts/projects (not involving "wrap up" or "OCIP").

Indicate % of work conducted in each of the following operations (must equal 100%):

Blasting _____%	Drilling _____%	Light Pole Work _____%	Demolition _____%
Tunneling _____%	Grading _____%	Wrecking _____%	Multi Story Buildings _____%
Gas Mains _____%	Crane Work _____%	Asbestos _____%	Highway Work _____%
Scaffold set-up _____%	Roofing _____%	Concrete Tilt-up _____%	Sewer _____%
Exterior Framing _____%	Structural Steel _____%	Bridge Work _____%	Excavation _____%
Supervisory only _____%	Street/road work _____%	Spray painting _____%	Dock/Sea Walls _____%

Applicant's Signature: _____

Date: _____