

MOVING & STORAGE WORKER'S COMP. QUESTIONNAIRE



Policy Information:				
First Named Insured:				
Corporate Federal Identification Number(s):				
Number of Years in Business:		Email Address:		
General Corporate Information:				
Name	Title	Ownership %	Years of Experience	Years W/ Organization
Is the company a subsidiary of another entity or do you have any subsidiaries? Y <input type="checkbox"/> N <input type="checkbox"/> If YES , please provide the officer ownership percentage and description of operations for each subsidiary on a separate attachment.				
Does applicant participate in a DMV pull program (If available)?				Y <input type="checkbox"/> N <input type="checkbox"/>
Does applicant conduct random drug testing of all drivers, packers and handlers?				Y <input type="checkbox"/> N <input type="checkbox"/>
Does applicant conduct a team safety incentive program?				Y <input type="checkbox"/> N <input type="checkbox"/>
Does applicant have a safety program?				Y <input type="checkbox"/> N <input type="checkbox"/>
Any losses over \$50,000? If YES , please provide details on a separate document.				Y <input type="checkbox"/> N <input type="checkbox"/>
Does applicant utilize contract drivers? If YES , Are the contract driver vehicles scheduled on the policy? Do they haul exclusively for you? Do they carry their own WC or OCAC coverage?				Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
Please provide annual gross 1099 revenue of all contractors to be insured under the master policy				\$
Do you receive an application on all new employees?				Y <input type="checkbox"/> N <input type="checkbox"/>
Do you require a pre-employment physical for all employee drivers?				Y <input type="checkbox"/> N <input type="checkbox"/>
Do you perform pre-employment drug testing?				Y <input type="checkbox"/> N <input type="checkbox"/>
Do you perform random employee drug testing?				Y <input type="checkbox"/> N <input type="checkbox"/>
Do you require employee background checks?				Y <input type="checkbox"/> N <input type="checkbox"/>
Material/Ownership change in the last 5 years? If YES , date of ownership change: / / Additional remarks:				Y <input type="checkbox"/> N <input type="checkbox"/>
Any potential changes in the upcoming year? Additional remarks:				Y <input type="checkbox"/> N <input type="checkbox"/>
Is group medical offered to eligible employees? If YES , what is the percentage of employee participation? %				Y <input type="checkbox"/> N <input type="checkbox"/>
Retirement programs or Life Insurance for drivers?				Y <input type="checkbox"/> N <input type="checkbox"/>
Modified/Light Duty Return to Work Program?				Y <input type="checkbox"/> N <input type="checkbox"/>
Do you lease employees? If YES , what is the percentage of leased employees:				Y <input type="checkbox"/> N <input type="checkbox"/>

MOVER'S CHOICE is Administered by Paul Hanson Partners

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