

# ActionRate Insurance Center **EASY** make insurance comparisons

## New Venture Supplemental Application - To Be Completed by All "New Ventures"

Insured Name: \_\_\_\_\_

Web Site: \_\_\_\_\_ FEIN: \_\_\_\_\_

Description of Operations:

Is this an existing business being purchased by a new owner? YES  NO

If so, what percentage of employees are being retained?: \_\_\_\_\_

What percentage of managers and supervisors are being retained?: \_\_\_\_\_

Is this a new business being created by the applicant? YES  NO

If so, number the years experience the applicant has in this industry: \_\_\_\_\_

In what capacity has the applicant worked for the past five years?:

Where will the employees be sourced from (ie, union, newspaper, former relationship, etc.):

Is modified duty (light duty) available for all injured workers? YES  NO

Is there a formal job description for all employees? YES  NO

Is there a company paid health plan available to all employees? YES  NO

If so, what percent of employees are covered?: \_\_\_\_\_

Is there a formal safety committee and safety manager? YES  NO

Are safety meetings conducted for ALL new hires prior to working? YES  NO

Are regular (at least monthly) safety meetings held for all employees? YES  NO

Is there a formal accident investigation program? YES  NO

Are supervisors/foremen held accountable for workplace injuries? YES  NO

Are MVR's reviewed for all drivers? YES  NO  N/A

Are employees required to use personal vehicles for ANY company business? YES  NO

Who is responsible for safety measures at this organization: NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

By signing this supplemental application, the applicant states that the information provided is accurate to the best of their knowledge. All information provided is subject to verification. The application or policy coverage may be cancelled for misrepresentation if information provided is not accurate.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Producer: \_\_\_\_\_ Date: \_\_\_\_\_

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