

Propel HR

Phone: 800-446-6567

Fax: 864-232-0178

Workers' Compensation Subscriber Profile

Date: _____

Subscriber Data (attach separate listing of all additional locations)

Name:	Proposed Effective Date:
dba:	Fed. Tax ID:
Address:	NY/NJ Empl.#:
	NCCI ID:
City State, Zip:	Years in Business:
Key Contact:	Phone:
Safety Contact:	Fax:

Type of Business: Sole Prop. Corp. Non-Profit L.L.C. P.C. L.L.P Partnership

Description of Operations: (SIC Code:)

Workers Compensation History (Attach current loss runs and explanations of all claims over \$15,000)

Year	Carrier	Policy #	Premium	Mod	# of Claims	Paid Losses	O/S Reserves

Employee Information (A separate payroll run may be provided. Provide complete information for each location)

NCCI Class Code	Rate	Number of EEs	Duties	Annual Payroll

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General Information (Provide details for all "Yes" answers)

Yes No

Does applicant own, operate, or lease aircraft/watercraft?		
Any past, present, or discontinued operations which involve exposure to chemicals, painting, or hazardous materials?		
Any work performed under, on, or above water?		
Any work which may be subject to Jones Act, USL&H, or FELA?		
Any work performed underground or higher than 15 feet above ground level?		
Is applicant involved in any business other than that specified in the description of operations?		
Does employee turnover exceed 30% annually?		
Are any employees: Short-term lease? Temporary? Seasonal? Volunteer or donated labor?		
Any employees under age 16?		
Any employees over age 60?		
Do employees travel out of state or out of the country? If so, scope of travel?		
Are any athletic teams sponsored?		
Any group travel, ride-share programs, or tool or vehicle allowances provided?		
Are physicals required after offers of employment are made?		
Does the radius of operations vehicles exceed 200 miles?		
Are MVRs checked on all drivers?		
Is a "managed care" provider utilized?		
Is a written safety program in place? (Attach copy.) If Program in place, what is the Safety Meeting Schedule? _____		
Is a drug testing program in effect? (Attach copy.)		
Is an early return/light duty program in place? Does applicant "Full Pay" during periods of disability or reduced work?		
Are any subcontractors utilized? Are all subcontractors and their employees insured for workers compensation? Does applicant keep copies of their certificates of insurance? (Please provide classes and payrolls for all uninsured subcontractors and note that these uninsured subcontractors will be charged premium at the same rate as direct employees.)		
Any prior coverage declined, canceled or non-renewed in the past three (3) years?		
What percentage of employees are enrolled in a group health plan? _____		

Signature: _____

(Fax this form, along with the appropriate industry-specific questionnaire, to Propel HR.)

Industry Specific Subscriber Profile

Fax: 864-232-0178

Prospective Client: _____

Restaurants

Yes No

Do Liquor sales exceed 75% of total sales?		
Does client offer live entertainment/dancing? Security Staff?		
Does client offer catering? Delivery Service? (If yes, give details.)		
Does management have at least 5 years restaurant management experience?		
Does management enforce safety and housekeeping, especially in the kitchen?		

Manufacturing

Yes No

Do all machines have proper guarding at: Point of operation? Moving parts? Drive Mechanism?		
Is material handling maximum weight less than 50 pounds?		
Are Material Safety Data Sheets current and on file?		
Is personal protection equipment provided?		
Are high temperature/pressure processes present? (Describe "yes" answers in detail.)		
Does the client: Install the product? Deliver the product? Repair the product? Retail the product?		
Does the client sub-contract the installation, repair, or distribution of the product?		
Does the client keep the certificates of insurance on any and all sub-contractors?		
Describe processes, machinery and raw materials used:		
List departments and functions within the business:		

Agriculture

Describe crops grown and/or animals raised:
Describe fertilizers, pesticides, and other chemicals used and provide copies of Material Safety Data Sheets:
Describe any operations which are subcontracted:

Construction

Fax: 864-232-0178

Type of contractor: <input type="checkbox"/> General <input type="checkbox"/> Subcontractor <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Remodel	Yes	No
Does client perform blasting, either direct or contracted?		
Any construction over 3 stories high?		
Are separate crews used for any operations?		
Do employees perform more than one construction specialty?		
Are time cards maintained?		
Do all jobsite superintendents have at least 5 years supervisory experience?		
Is heavy equipment and machinery owned?		
Are all employee and subcontractor operators experienced and formally trained?		
Does client use insured subcontractors only?		
Are subcontractors supervised at all times?		
Is a safety director or risk manager assigned to large projects?		

Transportation/Trucking/Hauling

Yes No

Does the client own vehicles?		
Do the client's employees maintain and repair the vehicles? <input type="checkbox"/> In the shop? <input type="checkbox"/> On the road/In the field?		
Does client haul/ship his own product? (What product? _____)		
Does client haul/ship for others? (What product? _____)		
Are employees required to lift more than 50 pounds?		
Does client maintain a storage area or warehouse?		
Does client pay or charge a storage fee?		
Are the majority of the client's operations on a regular route?		
Do the drivers unload the trucks?		
Do other employees of the client unload the trucks?		

Stores/Mercantile

Primary merchandise sold:	Yes	No	If Yes:
Are the majority of sales retail?			
Does the client distribute the product?			<input type="checkbox"/> Cash and carry <input type="checkbox"/> Employee delivery
Are installation services provided?			<input type="checkbox"/> By employee <input type="checkbox"/> Contracted
Are repair services provided?			<input type="checkbox"/> In Shop <input type="checkbox"/> In Field <input type="checkbox"/> By employee
Does client employ yard employees?			<input type="checkbox"/> Warehouse EEs <input type="checkbox"/> Counter EEs <input type="checkbox"/> Cashiers
Do employees work in more than one department?			Explain:

LETTER OF AUTHORITY

TO WHOM IT MAY CONCERN

RE:

DBA
CORPORATE, SOLE PROPRIETOR OR PARTNERSHIP NAME
STREET ADDRESS
CITY, STATE, ZIP
RISK ID # 002

Please use this letter as your authorization to release to:

PRplus
880 S. Pleasantburg Drive Suite 3C
Greenville, SC 29607

the following Workers' Compensation Insurance information AS SOON AS POSSIBLE:

- 1) Copy of my experience Modification
- 2) Unit Statistical Reports for the most recent four reported periods.

INSURANCE CARRIER	ADDRESS	POLICY	POLICY PERIOD

Thank you for your prompt attention to this matter.

Sincerely,

Signature

Print Name

Title

Date