

SOCIAL SERVICES SUPPLEMENTAL APPLICATION



140 2nd Street, Suite 230 | Petaluma, CA 94952 | (888) 744-9810 | www.tangramins.com

Named Insured:	Effective Date:	FEIN #:
Contact Name & Title	Phone Number:	
Web Address:	Contact E-mail:	

CONTACT NAME AND PHONE NUMBER:

Inspections:	Phone Number:
Premium Audit:	Phone Number:
Claims:	Phone Number:

PAYROLL AND PREMIUM HISTORY:

	Total Annual Payroll	Premium \$
Current Year		
1st Prior Year		
2nd Prior Year		
3rd Prior Year		
4th Prior Year		

VEHICLE & DRIVER INFORMATION:

Is there a driving/delivery exposure? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what is frequency? Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____
Radius of Operations/travel: <50 miles <input type="checkbox"/> 50-100 <input type="checkbox"/> 100+ <input type="checkbox"/>	
Any group transportation of employees? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do they do MVR checks? Yes <input type="checkbox"/> No <input type="checkbox"/> What frequency? _____
# of employees transported per vehicle: _____	Are there driver standards in place? Yes <input type="checkbox"/> No <input type="checkbox"/>
Frequency: Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: <input type="checkbox"/>	Is a PUC/DMV filing required? PUC <input type="checkbox"/> DMV <input type="checkbox"/> N/A <input type="checkbox"/>
Are vehicles company owned? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, types of vehicles: _____
If yes, are vehicles taken home? Yes <input type="checkbox"/> No <input type="checkbox"/>	# of vehicles: _____
Vehicle/fleet maintenance program? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, who does the servicing? Outside Vendor: <input type="checkbox"/> In-house mechanics: <input type="checkbox"/> Other: <input type="checkbox"/>
Do employees use personal vehicles for company business? Yes <input type="checkbox"/> No <input type="checkbox"/>	

OPERATIONS AND BENEFITS CONTINUED:

Any international travel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Why/purpose?		
Who will travel?		
Where?		
Duration?		
Frequency?		
Any day laborers or temporary/employee leasing? <i>(if yes, please provide detail on separate page.)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Paid Sick Leave?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Paid Vacation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Retirement / Pension Plan? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does employer contribute? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Group Medical Provided? Yes <input type="checkbox"/> No <input type="checkbox"/>	% of employees enrolled:	% paid by employer:
Do you use a specific medical provider to treat injured employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently participating in a MPN (Medical Provider Network)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CPR training provided? Yes <input type="checkbox"/> No <input type="checkbox"/>	# employees certified:	
RTW Program? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does it include salary continuance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the ownership of the applicable entity changed within the past 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details:		

HIRING PRACTICES - EMPLOYEE SECTION - CLAIMS:

Written applications? Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre-hire drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reference checks? Yes <input type="checkbox"/> No <input type="checkbox"/>	Post Accident drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>
Pre/post employment physicals? Yes <input type="checkbox"/> No <input type="checkbox"/>	MVR checks? Yes <input type="checkbox"/> No <input type="checkbox"/>
Orthopedic back testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Audio hearing tests? Yes <input type="checkbox"/> No <input type="checkbox"/>
Formal job descriptions on file? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have formal written accident reports? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are personnel files documented for pre-existing injuries? Yes <input type="checkbox"/> No <input type="checkbox"/>	

HIRING PRACTICES – EMPLOYEE SECTION – CLAIMS CONTINUED:

Any interchange of labor? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain: Another Business <input type="checkbox"/> Subsidiary <input type="checkbox"/> Between Departments <input type="checkbox"/> Other: <input type="checkbox"/>
Employee Orientation Program? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, is the orientation Verbal Only? <input type="checkbox"/> Verbal and Documented? <input type="checkbox"/>
Employee to Supervisor Ratio: Better than 4-1 <input type="checkbox"/> 5-1 <input type="checkbox"/> 6-1 <input type="checkbox"/> 7-1 <input type="checkbox"/> >7-1 <input type="checkbox"/>
Subcontractors used? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, for what purpose?
If yes, are certificates of insurance obtained and kept on file? Yes <input type="checkbox"/> No <input type="checkbox"/>
Independent Contractors Used? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, for what purpose?
If yes, how are they paid? 1099's? <input type="checkbox"/> Other? <input type="checkbox"/> Please explain:

SAFETY PROGRAM AND ORGANIZATION – WORK PREMISES AND ENVIRONMENT:

Are owners active in daily operations? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, are they excluded from coverage? Yes <input type="checkbox"/> No <input type="checkbox"/>
Active injury & illness prevention program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has loss control services been performed in the last year? Yes <input type="checkbox"/> No <input type="checkbox"/>	Please explain:
Active safety incentive program? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are safety meetings conducted? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, does it encompass all employees? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how often? Daily <input type="checkbox"/> Weekly <input type="checkbox"/>
What type of incentive?	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other <input type="checkbox"/>
Do employees receive safety training/orientation? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, is the training: Formal/Documented <input type="checkbox"/> Informal <input type="checkbox"/>
Do you have a safety director or risk manager? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name/Title:
If yes, is the position full time or an additional responsibility of another employee?	
Any lifting exposures? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, <25 lbs <input type="checkbox"/> 25-40 lbs <input type="checkbox"/> 40+ lbs <input type="checkbox"/>
If 40+, manual lifting or with assistance? Please explain:	
Is personal protection equipment provided? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
If yes, strict enforcement of utilization? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so what types of PPE?	

INDUSTRY ASSESSMENT
(Please comment on any “yes” answers)

Clubs/Camps <i>If you do not offer these services, please skip to the next section.</i>		comments:
If the insured is a camp, are there any exposures with animals, rope courses, zip-lines, climbing walls or firearms?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do employees engage in the activities provided to campers/clients?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Day Care Centers (Children) <i>If you do not offer these services, please skip to the next section.</i>		comments:
Does the insured provide transportation services to its clients? If so, how many vehicles?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the insured provide services for children under 3 years old?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the insured have lifting protocols in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Day Care Centers (Other than Children) <i>If you do not offer these services, please skip to the next section.</i>		comments:
Does the insured provide transportation services to its clients? If so, how many vehicles?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the insured provide transportation services to anyone besides clients?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any medical services provided to clients?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the insured offer overnight respite care?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Temporary & Emergency Shelters <i>If you do not offer these services, please skip to the next section.</i>		comments:
Does the insured provide services to a criminal population?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the insured offer programs that are provided as alternatives to incarceration?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the insured provide services to those with mental illnesses?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Residential Care Facilities (Children) <i>If you do not offer these services, please skip to the next section.</i>		comments:
Does the insured operate a locked facility?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are employees trained regularly on restraint techniques or de-escalation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the insured provide psychiatric services?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

INDUSTRY ASSESSMENT
(Please comment on any "yes" answers)

Residential Care Facilities (Other than Children) <i>If you do not offer these services, please skip to the next section.</i>	<i>comments:</i>
What percentage of the insureds clients are ambulatory?	
If the insured cares for non-ambulatory clients, are employees trained in lifting or do they use machine lifts?	
Is there a home health/homemaker exposure? If so, what percentage?	
Does the insured require 2 people to lift a client?	
Does the insured use machine aids to lift clients?	

Private/Charter Schools <i>If you do not offer these services, please skip to the next section.</i>	<i>comments:</i>
Does the insured have an active shooter and emergency evacuation plan in place? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there more than 50 employees at a single site at any one time? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Food Banks & Soup Kitchens <i>If you do not offer these services, please skip to the next section.</i>	<i>comments:</i>
If the insured is a foodbank, does the insured distribute to locations greater than a 50 mile radius? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If the insured is a soup kitchen, is there a "meals on wheels" exposure? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the insured operate a warehouse? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Drug & Alcohol Rehabilitation <i>If you do not offer these services, please skip to the next section.</i>	<i>comments:</i>
Does the insured provide medically assisted detox? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the insured provided methadone or suboxone treatment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the insured provide services to a criminal population? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the insured offer programs that are provided as alternatives to incarceration? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is this a community correction or re-entry program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the insured operate a halfway house? Yes <input type="checkbox"/> No <input type="checkbox"/>	

INDUSTRY ASSESSMENT
(Please comment on any “yes” answers)

Outpatient Clinics <i>If you do not offer these services, please skip to the next section.</i>		<i>comments:</i>
Does the insured perform surgeries?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the insured perform abortion and/or family planning?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the insured perform blood draws?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Services for the Developmentally Disabled <i>If you do not offer these services, please skip to the next section.</i>		<i>comments:</i>
Does the insured operate a sheltered workshop or conduct vocational training?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If the insured is operating a sheltered workshop, do employees get paid minimum wage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If the insured is operating a sheltered workshop, do the employees perform any high risk tasks?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the insured provide transportation services to anyone besides clients?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
What percentage of the insureds clients are ambulatory?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the insured require 2 people to lift a client?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the insured use machine aids to lift clients?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Theatres <i>If you do not offer these services, please skip to the next section.</i>		<i>comments:</i>
Are there any dancers on staff?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there set design where employees may be working at heights?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Note: All information provided is subject to verification by way of an underwriting survey or inspection. Tangram Insurance Services, Inc. must be notified of any significant changes in operations or payroll. Terms of insurance coverage may be cancelled for misrepresentation if information provided is inaccurate.

Signature of Applicant: _____ Date: _____