



## Key Exposure Questions

1. **Describe the business:** (PEO; Temporary Employment Agency; Owners (only) included for coverage without health insurance; Employee Leasing or Staffing Firm; Any involvement or services in the cannabis (marijuana) industry; Union Operation; General Contractor; Paper Contractor; Logistics/Freight Forwarding; Managing/Dispatching Vehicles that Transport People; Social Services; Bail Bondsman; Municipality; Welfare Organization; Check Cashing Service/Collection Agency; Pari-mutuel Betting Organization; Applicant performs work above 15 feet from ground level)

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2. **Identify coverages required:** (USL & H; Volunteers; Managed Care Options; Foreign Voluntary; Repatriation; Waiver of Subrogation; All Payroll is under Salespersons and/or includes Foreign Travel)

Type of Waiver of Subrogation: *NOTE: Quotations presented by Fastcomp may NOT include a charge for Waivers of Subrogation. Certain carriers will only add the Waivers of Subrogation as endorsement at the time of binding (with required forms) and could reflect in a change to the premium.*

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3. Has the insured had any work comp coverage in the past 4 years, under this entity or any other entity the insured owns?

If no, why?

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4. Has there been continuous coverage, without lapse, for the past 24 or 36 months?

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5. Are they currently lapsed?

If yes, why?



## Key Exposure Questions (Continued)

6. Have employees been working without coverage when coverage is required by state law?
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7. Does this business, or any of the owners of this business, either individually or in part with others, own more than 50% of any other business, which operated at any time during the 5 years prior to this application?

If yes, please describe (Business Name, FEIN, Dates of Operation, Carrier, EXP MOD):

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8. Does this entity own a majority interest in another entity, which in turn owns a majority interest in any entity that operated at any time in the 5 years prior to this application?

If yes, please describe (Business Name, FEIN, Dates of Operation, Carrier, EXP MOD):

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9. Does the insured operated under a different legal name, legal entity or doing business as (DBA) name within the last 5 years?

If yes, provide legal name, DBA and operations of the previous company.

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10. What percentage of work is subcontracted out?

If percentage is greater than zero, what type of work is performed?

If percentage is greater than zero, does insured obtain valid certificates of insurance from all subcontractors?

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11. Any delivery of goods?



## Key Exposure Questions (Continued)

12. What is the radius of travel in miles?

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13. Does the insured have a vehicle inspection and maintenance program in place?

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14. Does the insured have any employees who drive more than 10% of the time?

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15. Does the insured have a Return to Work program?

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16. Is there any casual, migrant or day labor used?

If yes, what percentage of the insured's total labor is expected to be paid to cash or day labor?

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17. How often are Motor Vehicle Records (MVRs) checked?

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18. Does the insured provide transportation for more than 4 employees in one vehicle?

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19. Any stop work orders in the past 3 years or currently?

If yes, is this insured currently under a stop work order?

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20. What percentage of employees work from home under normal circumstances?

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21. How many OSHA violations has the insured had in the past 3 years?