



Field Evaluation Form

Contact Information

Date: ___/___/_____

Company Name: _____

DBA: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Principal Contact: _____

Company Information

Name	Owner	Title	Percentage Owned	Status

Company Type (check one)

- C-Corporation
- S-Corporation
- Partnership
- Proprietorship
- Other _____

% of residential work _____

% of commercial work _____

Operations Description

Federal ID Number: _____

Years in Business: _____

Owner Experience: _____

Employee Experience: _____

States Employees are in: _____

Current:

Experience Mod: _____

Payroll Processor: _____

WC Expiration Date: _____

Current WC Carrier: _____

State Unemployment Rate: _____

Admin Fee: _____

Payroll Information

Pay Cycle (check one)

- Weekly
- Bi-Weekly
- Semi-Monthly

State	Class Code	Annual Payroll	# of F/T EEs	# of P/T EEs

Wrap-up Codes (CCIP/OCIP)

- No
- Yes
 - If yes, what percentage of payroll will be run via a CCIP (Contractor’s Controlled Insurance Program) or OCIP (Owner’s Controlled Insurance Program)
_____ %

Additional Information/Notes



Underwriting Questionnaire

	Y	N
1) Does applicant own, operate or lease aircraft/watercraft?		
2) Any past, present or discontinued operations which involve exposure to painting or hazardous materials?		
3) Any work performed under, on or above water?		
4) Any work which may be subject to Jones Act, USL&H or FELA?		
5) Any work performed underground or higher than 15 feet above ground level? (If yes, explain)		
6) Any operations include excavation, tunneling, road boring, earth moving or other underground work?		
7) Any operations exposure to radioactive/nuclear materials?		
8) Any fatalities in the past five years? (If yes, explain)		
9) Is applicant involved in any business other than that specified in the description of operations? a. What specific entities are involved?		
10) Do employees travel out of state or out of the country? a. If so, what is the scope of travel?		
11) Does turnover exceed 30% annually?		
12) Any group gravel, ride-share programs, or tool or vehicle allowances provided?		
13) Are physicals required after offers of employment are made?		
14) Does the radius of operations vehicles exceed 200 miles?		
15) Are MVRs checked on all drivers?		
16) Is a "managed care" provider utilized?		
17) Is a written safety program in place? a. If yes, what is the schedule of meetings?		
18) Has applicant been inspected by OSHA in the past three years? a. If yes, what was the date?		
19) Has applicant been cited for any OSHA violations? a. If yes, what for any how much?		
20) If there a drug testing program in effect?		
21) Is an early return/light duty program in place?		
22) Does applicant "full pay" during periods of disability or reduced work?		
23) Are any subcontractors used?		
24) If yes, are all subcontractors and their employees insured for WC?		
25) Does applicant keep copies of their certificates of insurance?		
26) What is the percentage of subcontracted work? a. _____%		
27) What work is subcontracted? _____		
28) Any prior coverage declined, canceled or non-renewed in the past three years? a. If yes, please explain _____		
29) Have there been any losses within the past three years? a. If yes, please explain _____		
30) Are there any past or present claimants currently employed? a. If yes, who? _____		
31) Is the applicant using any labor union employees?		
32) Is the applicant currently using a health plan? a. If yes, what type? _____		