

Brokerage **Huckaby Insurance Services**

Lic. # 0440134

**WORKERS  
COMPENSATION**

790 S. Winchester Blvd. Suite 200  
San Jose Ca. 95128  
Toll free Off. 888-266-4555 Fax 888-266-0067  
Contractors@Huckabyins.com

17760 Monterey Rd  
Morgan Hill Ca. 95037  
Off: 408 -778-0125 Fax: (408) 778-7712  
Website Huckabyins.com

**Quote ONLY  
Application**

**INSTRUCTIONS**

If a question is not applicable mark it NA or put a line through it but do not leave it blank. If there is insufficient space for any answer please use a separate sheet of paper. Fax or email completed quote application to fax number or email address above. If you have any questions you may call toll free number above. **Information provided in this application will be HELD IN CONFIDENCE and shared only with Insurance providers from which we seek quotes.**

**APPLICANT INFORMATION** Bus ph# \_\_\_\_\_ Bus Fax # \_\_\_\_\_

Cell ph# \_\_\_\_\_ Email \_\_\_\_\_

**List named Insured/s and DBA - Business is a:** Corporation \_\_\_ Partnership \_\_\_ Sole Proprietorship \_\_\_ Joint Venture \_\_\_  
Other \_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_

Business Address \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_

Website Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

License number / type \_\_\_\_\_ FEIN number \_\_\_\_\_

**OPERATIONS**

Give a brief Description of your business operations

\_\_\_\_\_  
\_\_\_\_\_

Hours of operation: \_\_\_\_\_ to \_\_\_\_\_ Number of daily shifts: \_\_\_\_\_

Do operations include delivery? Yes \_\_\_ No \_\_\_, Number of authorized drivers? \_\_\_\_\_, Number of vehicles? \_\_\_\_\_

Frequency of delivery: Daily \_\_\_ Weekly \_\_\_ Other \_\_\_\_\_, Delivery radius: <50mi \_\_\_ 51-100mi \_\_\_ 101-250 \_\_\_ >250 \_\_\_

Frequency of MVR checks: \_\_\_\_\_, Participation in CHP Pull Program Yes \_\_\_ No \_\_\_,

Driver acceptability standards have been established? Yes \_\_\_ No \_\_\_,

**OPERATIONS - Continued**

Vehicles Inspection / Maintenance Program: Yes \_\_\_ No \_\_\_, Frequency \_\_\_\_\_

Is vehicle maintenance performed by employees? Yes \_\_\_ No \_\_\_, Do Employees take vehicles home? Yes \_\_\_ No \_\_\_

**HISTORY**

Years in Business \_\_\_\_\_ Years of Experience \_\_\_\_\_, Number of locations: \_\_\_\_\_

Present number of employees: Full time employees \_\_\_\_\_, Part time \_\_\_\_\_, Seasonal \_\_\_\_\_, Volunteers \_\_\_\_\_

Percent of employee turnover in the past 12 months: Full time \_\_\_\_\_, Part time \_\_\_\_\_,

Employee staffing expectation for the next 12 months: Full time \_\_\_\_\_, Part time \_\_\_\_\_

Average hourly wage: Full time Employees \$ \_\_\_\_\_ Part time Employees \$ \_\_\_\_\_

If any of the Named Insured's have changed their business names within the past 10 years, please advise reason(s), date(s) of change(s) and the previous business name(s): \_\_\_\_\_  
\_\_\_\_\_

**BENEFIT PROVIDED**

Are ALL employees eligible Yes \_\_\_ No \_\_\_, If No then who? \_\_\_\_\_

			% paid by employer	% of participation
Group Health Plan	Yes ___ No ___	_____	_____	_____
Paid Sick Leave	Yes ___ No ___	_____	_____	_____
Vacation leave	Yes ___ No ___	_____	_____	_____
Retirement / Pension Plan	Yes ___ No ___	_____	_____	_____

Name of Healthcare provider: \_\_\_\_\_

Do you use a specific: Clinic \_\_\_\_\_, Physician \_\_\_\_\_, Emergency room \_\_\_\_\_

Full time nurse maintained on staff: Yes \_\_\_ No \_\_\_,

Would you be willing to participate in the IICO program to control Claim Cost? Yes \_\_\_ No \_\_\_

**Indicate the safety activities currently established and practiced regularly:**

Safety program / IIPP compliant with SB 198 Yes \_\_\_ No \_\_\_,

Return to light duty: Yes \_\_\_ No \_\_\_, Return to full time modified work plan Yes \_\_\_ No \_\_\_,

Designated full time safety director Yes \_\_\_ No \_\_\_, Name: \_\_\_\_\_

Safety meetings held for all employees Yes \_\_\_ No \_\_\_, Frequency of Meetings \_\_\_\_\_

Safety training held for all employees Yes \_\_\_ No \_\_\_, Incentive program for employees Yes \_\_\_ No \_\_\_

Personal protective safety equipment provided Yes \_\_\_ No \_\_\_. Supervisors are held accountable for injuries / accidents Yes \_\_\_ No \_\_\_

Accident investigation program in place Yes \_\_\_ No \_\_\_

### HIRING PRACTICES

Employment application Yes \_\_\_ No \_\_\_, Reference Checks Yes \_\_\_ No \_\_\_, Motor Vehicle Record Check Yes \_\_\_ No \_\_\_

Temporary Labor used Yes \_\_\_ NO \_\_\_, Drug/substance abuse test Yes \_\_\_ No \_\_\_, Audiometric Testing Yes \_\_\_ No \_\_\_

Pre/Post employment testing Yes \_\_\_ No \_\_\_, Pathogenic test (i.e. lead) Yes \_\_\_ No \_\_\_, Orthopedic back test Yes \_\_\_ No \_\_\_

### RATING INFORMATION

State	Loc	Class Code	Description of Classification	# Full time Employees	# Part Time Employees	Payroll Amount
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____

### INDIVIDUALS INCLUDED AND EXCLUDED

Partners, Officers, to be included or excluded

Name	DOB	Title Relationship	Owner-Ship %	Duties	Inc/Exc
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### PAYROLL AND PREMIUM HISTORY

	Payroll	Premium
2005	\$ _____	2005 \$ _____
2004	\$ _____	2004 \$ _____
2003	\$ _____	2003 \$ _____
2002	\$ _____	2002 \$ _____

**PRIOR CARRIER INFORMATION / LOSS HISTORY**

Please list prior insurance carriers for last 5 years. If no previous insurance indicate NONE

Yr \_\_\_ Company \_\_\_\_\_ Policy # \_\_\_\_\_

Yr \_\_\_ Company \_\_\_\_\_ Policy # \_\_\_\_\_

Yr \_\_\_ Company \_\_\_\_\_ Policy # \_\_\_\_\_

Yr \_\_\_ Company \_\_\_\_\_ Policy # \_\_\_\_\_

Yr \_\_\_ Company \_\_\_\_\_ Policy # \_\_\_\_\_

Explain any interruption of coverage / List losses – date / type of loss / dollar amount

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL INFORMATION -** *Explain all yes responses in Remarks at end of section*

1) Does applicant (business) own, operate or lease aircraft / watercraft

Yes \_\_\_ No \_\_\_

2) Do/have past, present or discontinued operations involve/d storing, treating, discharging, applying, disposing, or transporting of hazardous material? (E.g. landfills, wastes, fuel tanks, etc.)

Yes \_\_\_ No \_\_\_

3) Any work performed underground or above 15 feet?

Yes \_\_\_ No \_\_\_

4) Any work performed on Barges, Vessels, Docks and Bridge over water?

Yes \_\_\_ No \_\_\_

5) Is applicant engaged in any other type of business?

Yes \_\_\_ No \_\_\_

6) Are sub-contractors used? (if yes, give percentage of work subcontracted) \_\_\_\_\_

Yes \_\_\_ No \_\_\_

7) Any work sublet without certificates of insurance?

Yes \_\_\_ No \_\_\_

**GENERAL INFORMATION - Continued**

8) Is a formal safety program in operation? (Written) *This question requires no explanation in remarks*

Yes \_\_\_ No \_\_\_

9) Any group transportation provide for employees?

Yes \_\_\_ No \_\_\_

10) Any Employees under 16 over 60 years of age? If yes list ages? \_\_\_\_\_

Yes \_\_\_ No \_\_\_

11) Does applicant employ any relatives? If Yes, Explain relationship \_\_\_\_\_

Yes \_\_\_ No \_\_\_

12) Any seasonal employees (example amusement parks, farms)

Yes \_\_\_ No \_\_\_

13) Is there any volunteer or donated labor used?

Yes \_\_\_ No \_\_\_

14) Any employees with physical handicapped? (If yes explain in remarks)

Yes \_\_\_ No \_\_\_

15) Do employees travel outside of state to work? If yes, Number traveling \_\_\_\_\_, Frequency \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Purpose \_\_\_\_\_

16) Are employee athletic teams sponsored?

Yes \_\_\_ No \_\_\_

17) Are physicals required after offers of employment are made? *(This question requires no explanation in remarks)*

Yes \_\_\_ No \_\_\_

18) Prior coverage declined, cancelled, non-renewed last 3 years? (if yes explain in remarks)

Yes \_\_\_ No \_\_\_

19) Is employee health plan provided?

Yes \_\_\_ No \_\_\_

20) Is there a labor interchange with any other Business / Subsidiary? (If yes explain in remarks)

Yes \_\_\_ No \_\_\_

**GENERAL INFORMATION - *Continued***

21) Do you lease employees to or from other employers? (If yes explain in remarks)

Yes \_\_\_ No \_\_\_

22) Do any employees predominantly work at home? (If yes explain in remarks)

Yes \_\_\_ No \_\_\_

23) Are you willing to consider purchasing workers compensation coverage from an insurance provider that requires you to use their payroll service if it is the lowest quote we can obtain for your business?

Yes \_\_\_ No \_\_\_

**REMARKS SECTION - use to explain "Yes" answers from above questions**

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Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**Send completed forms to Email Address - [contractors@huckabyins.com](mailto:contractors@huckabyins.com)  
Fax to: 408-249-7446 local Fax toll free to: 888-266-0067**

## TRADE CLASS CODES

**ASBESTOS ABATEMENT** class code 5473

**ASPHALT WORKS** class code – 1463

**CARPENTRY** - Construction or remodeling of detached private res. For occupancy by one or two families  
Wages under \$23 class code – 5645  
Wages over \$23 class code – 5697

**CARPENTRY** – Installation of interior trim, builder’s finish and doors and cabinet work –NOC  
Wages under \$23 class code – 5403  
Wages over \$23 class code – 5402

**CABINETS or FIXTURES only** class code – 5146

**CEILING INSTALLATION – NOC** class code – 5020

**CHIMNEY CONSTRUCTION.** - class code – 5222

**CLERICAL OFFICE EMPLOYEES** – class code 8810

**CONCRETE OR CEMENT WORK** - Sidewalks, driveways, Patior, curbs, gutters,  
Wages under \$23 class code 5201 (1)  
Wages over \$23 class code 5205 (1)

**CONCRETE OR CEMENT WORK** - pouring or finishing of concrete floor slabs for other than steel or  
cement bldgs.  
Wages – under \$23 class code – 5201 (2)  
Wages – over \$23 class code – 5205 (2)

**CONCRETE OR CEMENT WORK** – precast panels class code - 5214

**CONCRETE CONSTRUCTION**  
Bridges or culverts – class code 5222  
Foundation including setting  
up forms, scaffolds & falsework - class code 5213

**CONCRETE PUMPING** – all operations class code 5212

**CONDUIT CONSTRUCTION** class code 6325

**CONTRACTORS** - Construction or erection – Executive Supervisors class code 5606

**DOOR, DOOR FRAME OR PRE-GLAZED WINDOW**  
Window Installation class code – 5107  
Door Installation class code – 5108

**ELECTRICAL WIRING** - Within Buildings  
Wages under \$23 class code 5190  
Wages over \$23 class code 5140

**EXCAVATION – NOC**

Wages under \$23 class code 6218  
Wages over \$23 class code 6220  
Rock or tunneling class code 1624

**FLOOR COVERING - Installation** class code 9521

**FOUNDATION PREPARATION WORK** class code 6258

**GLAZIERS - Away from shop**

Wages under \$23 class code 5467  
Wages over \$23 class code 5470

**GRADING LAND – NOC – Including burrowing, filling, or back filling**

Wages under \$23 class code 6218  
Wages over \$23 class code 6220

**HARDWOOD FLOOR LAYING –** class code 5436

**HOUSEHOLD APPLIANCES - Installation, Service or Repair-** class code 9519

**INSULATION WORK -** Class code 5479

**LANDSCAPE GARDING – All operations** class code 0042

**MASONARY -** Wages under \$23 class code 5027  
Wages over \$23 class code 5428

**PAINTING, DECORATING, OR PAPER HANGING**

Wages under \$23 class code 5474  
Wages over \$23 class code 5482

**PLASTERING or STUCCO WORK**

Wages under \$23 class code 5183  
Wages over \$23 class code 5287

**ROOFING – Including yard employees**

Wages under \$23 class code 5552  
Wages over \$23 class code 5553

**SALESPERSONS – Outside** class code 8742

**STEEL FRAMING - Light gauge- residential – Construction**

Wages under \$23 class code 5630  
Wages over \$23 class code 5631

**STEEL FRAMING - Light gauge – commercial or industrial**

Wages under \$23 class code 5632  
Wages over \$23 class code 5633

**SWIMMING POOLS – Commercial** class code 9053

**TILE, STONE, MOSAIC or TERRAZZO WORK** class code 5348