# Zain Jeewanjee Insurance Agency Lic#0697055

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### Workers Compensation Questionnaire

Legal Name of Business:				
Business Address:				
(use separate sheet for additional				
locations)				
Specific description of business &				
operations: (Provide as much detail as possible to				
ensure quick, accurate quotes)				
Contact person regarding	Name:		Email:	
application:	Dhama		E	
Amount of Dorsonal Droporty	Phone:		Fax:	
Amount of Personal Property				
Coverage Desired (furniture,				
computers etc) (include a list of assets)				
Any Claims in past 3 years? (if yes, please explain)				
Date Business Started:				
Approx. Annual Payroll:				
Approx. Annual Gross Sales:				
# of Employees:	Full Time:		Part Time:	
Size of Building:		-		pace in Building:
(if @ home, provide size of residence)	square feet		square feet	
Year Building was Constructed:	Built: 19		Construction Type? (masonry,	
			frame etc?) _	
# of Storiog in Duilding				
# of Stories in Building: Alarm on Premises?	Fire Sprinklere e	n Dromicoc?		
	Fire Sprinklers on Premises?    Open at:     Close at:			
Hours of Operation?		C	IUSE al	
Liability Limit Desired: (circle one)	\$1,000,000	\$5,000,000	Other:	
Federal Tax ID:	¢1,000,000	40,000,000		
Current Insurance Carriers:	Workers Comp:	Medical	•	Liability:
Web Address:		mouloui	•	
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## Additional Details Requests, Concerns?

## Workers Compensation Inquiries

30. Does applicant own, operate or lease	
watercraft/aircraft?	
31. Any work performed underground or above	
15 feet?	
32. Any work performed on barges, vessels,	
docks, bridges over water?	
33. Is applicant engaged in any other business?	
34. Are subcontractors used (if so give % of work	
contracted)	
35. Work sub-let without certificate of	
insurance?	
36. Written safety program in operation?	
37. Group transportation provided?	
38.Any employees under 18 or over 60?	
39. Any seasonal employees?	
40. Do employees travel out of state?	
41. Are athletic teams sponsored?	
42. Employee health plans required?	
43. Physicals required after offers of	
employment are made?	
44. Any employee health plans provided?	
45. Do any employees predominantly work at	
home?	
46. Was this operation all or part of an existing	
business that was purchased or acquired?	
47. Has any principal of the business declared	
bankruptcy in the last seven years? (If yes, also	
complete section 8)	

48. Received any OSHA citations within the	
past years?	
49. Employ any relatives?	
50. Make any cash payments to employees or	
subcontractors?	
51. Provide meals or lodging in lieu of wages?	
52. Pay any employees by the piece?	
53. Have any work at a maritime or offshore	
facility?	
54. Perform any asbestos removal?	
55. Use any equipment that bends, forms,	
shapes or cuts material? (i.e. power press)	
56. Have any locations/operations for which	
coverage is not requested?	
57. Have a written return to work program for	
employees injured on the job?	
58. Member of any trade or business	
association? (if so, indicate which)	

Question #	Please explain all "Yes" responses in detail below.				

## Workers Compensation Sample Payroll Reporting Form EXAMPLE ONLY:

Total # of	Classification	Full Time	Part Time	Total	Total
Employees in				Payroll	Payroll
each State &				Last 12	Next 12
Classification				Months	Months
35 in CA	Software	30	5	\$1,500,000	\$2,500,000
	Consultants				
3 in CA	Clerical	2	1	\$86,000	\$80,000
15 in CA	Sales / Outside	15	0	\$1,590,000	\$4,000,000
1 in TX	Sales / Outside	1	0	\$200,000	\$200,000

### Please Complete the Form Below

Classification	Full Time	Part Time	Total Payroll Last 12 Months	Total Payroll Next 12 Months
	Classification			Time Time Last 12

### B. Owners, Partners, Officers & Directors Form

#### Please list below

(Information required for exclusionary purposes)

Name	Title	% of Ownership	Annual Salary/Wages	Include or Exclude for Workers Comp. *

\* Many companies <u>exclude</u> their directors and officers because it is unlikely that as owners of the company they would put a claim against their own policy. Of course, some businesses do choose to include certain officers and if you feel that is best suitable for your specific organization, please indicate so above. For further information or clarification and guidance on whether or not to include/exclude officers, feel free to contact us.