

# Jeewanjee Insurance Agency

[www.indiainsurance.com](http://www.indiainsurance.com)

*Your insurance business is our business*

Lic # 0697055 , Tel: 800-257-7718, Fax: 408-997-7890, [www.indiainsurance.com](http://www.indiainsurance.com), e-mail [Insure@jeewanjee.com](mailto:Insure@jeewanjee.com)

## Workers Compensation Questionnaire for Quote purposes

|                                    |  |
|------------------------------------|--|
| Person Completing this application |  |
| Name                               |  |
| Phone                              |  |
| E Mail                             |  |

|   |  |  |
|---|--|--|
| 1 | Legal Name of Business   |  |
| 2 | Name of Insured /Owner   |  |
| 3 | Exact Location Address   |  |
|   | How long at this Location ?  |  |
| 4 | Additional Locations<br>(use separate sheet for each location to be Insured)                 |  |
| 5 | <b>Exact Nature of Business</b><br><b>Please be specific with details for each location.</b> |  |
| 6 | Contact Person for Questions regarding this Application, Audit and Inspection                |  |
| 7 | E mail   |  |
| 8 | Fax Number   |  |
| 9 | Phone Number   |  |

|  |  |  |   |   |  |   |
|--|--|--|---|---|--|---|
| 10   | Web Site Address / URL                             |  |   |   |  |   |
| 11   | Date you started this business                     |  |   |   | Number of years in Business              |   |
| 12   | Federal Tax ID #                                   |  |   |   | State Tax ID #                           |   |
| 13   | Number of F/ T Employee's                          |  |   |   | Number of P/T Employee's                 |   |
| 14   | Annual Payroll                                     |  | \$                                      |   | Annual or Projected Gross Sales          |   |
|  |  |  |   |   | \$                                       |   |
| 15   | Any Claims in the Last 3 yrs?                      |  | Y                                       | N | If yes, the amount of loss \$            |   |
| 16   | <b>Loss Runs for the last 3 years are required</b> |  |   |   |  |   |
| 17   | Hours of Operation                                 |  | Open at                                 |   | Close at                                 |   |
| 18   | Present Workers Compensation Carrier               |  |   |   |  |   |
| 19   | (Circle) Liability coverage Limit                  |  | \$ 1,000,000 or \$ 5,000,000 or Other : |   |  |   |
| Would you like a competitive quotes for the following: |  |  |   |   |  |   |
| 20   | Errors and Omission (E&O) Coverage?                |  | Y                                       | N | Directors and Officers ( D&O ) Coverage? |   |
|  |  |  |   |   | Y  | N |
| 21   | Commercial General Liability                       |  | Y                                       | N | Health Insurance                         |   |
|  |  |  |   |   | Y  | N |



|    | <b>Workers Compensation Insurance Application Section</b>   | <b>YES</b> | <b>NO</b> |
|----|---|------------|-----------|
| 22 | Does applicant own, operate or lease aircraft/watercraft?   |            |           |
| 23 | 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) |            |           |
| 24 | Any work performed underground or above 15 feet?  |            |           |
| 25 | Any work performed on barges, vessels, docks, bridge over water?  |            |           |
| 26 | Is applicant engaged in any other type of business?   |            |           |
| 27 | Are sub-contractors used? (If yes, give % of work subcontracted)  |            |           |
| 28 | Any work sublet without certificates of ins.?   |            |           |
| 29 | Is a written safety program in operation?   |            |           |
| 30 | Any group transportation provided?  |            |           |
| 31 | Any employees under 16 or over 60 years of age?   |            |           |
| 32 | Any seasonal employees?   |            |           |
| 33 | Is there any volunteer or donated labor?  |            |           |
| 34 | Any employees with physical handicaps?  |            |           |
| 35 | Do employees travel out of state?   |            |           |
| 36 | Are athletic teams sponsored?   |            |           |
| 37 | Are physicals required after offers of employment are made?   |            |           |
| 38 | Any prior coverage declined/canceled/non-renewed (last 4 years)   |            |           |
| 39 | Are employee health plans provided?   |            |           |
| 40 | Is there a labor interchange with an other business/subsidiary?   |            |           |
| 41 | Do you lease employees to or form other employers ?   |            |           |
| 42 | Do any employees predominantly work at home?  |            |           |
| 43 | Any tax liens or bankruptcy within the last 5 years?  |            |           |
| 44 | Inspection Contact:   |            |           |
| 45 | Accounting Record Contact:  |            |           |
| 46 | Claims Info Contact:  |            |           |

|    | <b>State Compensation Insurance Fund Supplemental Insurance Application</b>  | <b>YES</b> | <b>NO</b> |
|----|--|------------|-----------|
| 47 | Was this operation all or part of an existing business that was purchased or acquired? (If yes, also complete Section 7.)      |            |           |
| 48 | Has any principal of the business declared bankruptcy in the last seven years? (If yes, also complete Section 8)               |            |           |
| 49 | Received any OSHA citations within the past year?  |            |           |
| 50 | Employ any relatives?  |            |           |
| 51 | Employ any minors? (Under age 18)  |            |           |
| 52 | Make any cash payments to employees or subcontractors?   |            |           |
| 53 | Provide meals or lodging in lieu of wages?   |            |           |
| 54 | Pay any employees by the piece?  |            |           |
| 55 | Have any operations outside of California?   |            |           |
| 56 | Have any work at a maritime or offshore facility?  |            |           |
| 57 | Perform any asbestos removal?  |            |           |
| 58 | Use any equipment that bends, forms, shapes, or cuts materials (e.g., power press)?  |            |           |
| 59 | Have any locations/operations for which coverage is not requested?   |            |           |
| 60 | Have a written return-to-work program for employees injured on the job?  |            |           |
| 61 | Have a minimum of 3 employees?   |            |           |
| 62 | of employees eligible* for health insurance? (*Eligible employees are those who work a minimum of 30 hours per week.)          |            |           |
| 63 | Majority of employees eligible* for health insurance? (*Eligible employees are those who work a minimum of 30 hours per week.) |            |           |
| 64 | Employer pays more than 50% of health insurance premium for eligible employees?  |            |           |
| 65 | Member of any trade or business association?<br>Please indicate:   |            |           |



**Workers Compensation Payroll Reporting Form  
Example**

| Total # of Employees in each State & Classification | Classification       | Full Time | Part Time | Total Payroll last 12 months | Total Payroll projected next 12 Months |
|---|----------------------|-----------|-----------|------------------------------|--|
| 35 in CA  | Software Consultants | 30        | 5         | 1,500,000                    | 2,500,000                              |
| 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 / Inside       | 1         | 0         | 200,000                      | 200,000                                |

Please Complete

| Total # of Employees in each State & each Classification | Classification / Job Description | Full Time | Part Time | Total Payroll last 12 months | Total Payroll projected next 12 Months |
|--|----------------------------------|-----------|-----------|------------------------------|--|
|  |                                  |           |           |                              |  |
|  |                                  |           |           |                              |  |
|  |                                  |           |           |                              |  |
|  |                                  |           |           |                              |  |
|  |                                  |           |           |                              |  |
|  |                                  |           |           |                              |  |
|  |                                  |           |           |                              |  |
|  |                                  |           |           |                              |  |
|  |                                  |           |           |                              |  |
| Total  |                                  |           |           | \$                           | \$                                     |

**Please List all owners ,partners, officers and directors of the company**

| Name         | date of birth | Soc Sec # | Title | % of Ownership | Annual Salary or wages | Included (I) or Excluded (E) for Workers Comp |
|--------------|---------------|-----------|-------|----------------|------------------------|---|
|              |               |           |       |                |                        |   |
|              |               |           |       |                |                        |   |
|              |               |           |       |                |                        |   |
|              |               |           |       |                |                        |   |
|              |               |           |       |                |                        |   |
|              |               |           |       |                |                        |   |
|              |               |           |       |                |                        |   |
|              |               |           |       |                |                        |   |
|              |               |           |       |                |                        |   |
|              |               |           |       |                |                        |   |
| <b>Total</b> |               |           |       | 100%           |                        | XXXXXXXXXX                                    |

You may fax 408-997-7890, e-mail [Insure@jeewanjee.com](mailto:Insure@jeewanjee.com) , or mail this information to:  
 6155, Almaden Expwy, Ste 310, San Jose, CA, 95120 Phone # 408-997-7718