Agriculture / Farming - Industry Supplemental Questionnaire

STATE COMPENSATION INSURANCE FUND

Applicant Information:

Proposed Effective Date: / /	Legal Name:	Application ID:

Application completed by: Broker: ☐   Employer: ☐

Please provide (*first, last)* name: _____   Date: _____

Business operations include:
☐ Custom Harvester   ☐ Grower   ☐ Packer
☐ Labor Contractor   ☐ Other: _____

Please select all that apply:
☐ Alfalfa/Hay/Cereal Grains   ☐ Citrus
☐ Cotton   ☐ Dairy Farm
☐ Deciduous fruit   ☐ Livestock
☐ Melons/pumpkins   ☐ Nut crops
☐ Potatoes/Sugar Beets   ☐ Strawberries/Bush berries
☐ Truck Farm   ☐ Vineyard
☐ Other: _____

Farm Operations:
    Manually Harvested   ___ %
    Mechanical Harvesting   ___ %
    Harvested by Others   ___ %
    Total: **100 %**

Are pruning operations performed by employees? Yes ☐ No ☐
Any crop dusting operations? Yes ☐ No ☐
Any crops/orchards located on hillsides or slopes? Yes ☐ No ☐

Pesticides/Fertilizers are applied by:
Employees: ☐ Outside Vendor: ☐

If the business operates a Dairy Farm, please answer the following, or check: ☐ My business does not operate a dairy farm.

Size of dairy herd: _____
Does risk grow own feed? Yes ☐ No ☐

Milking barn is: Flat ☐ Elevated ☐
Average # of milking's per day: ____

Are proper safety procedures in place for near stem pipes, lagoons or sump pumps? Yes ☐ No ☐ N/A ☐

Vehicle exposure: N/A ☐   If applicable, please answer the following;

Group transportation? No ☐   Yes: Avg. # of employees per vehicle: _____
Please explain reason for group transportation: _____
_____

Does the risk deliver any products? Yes ☐ No ☐

Total # of Vehicles: _____   Number of employee drivers: _____
Do employees take the vehicle home overnight? Yes ☐ No ☐

Radius in miles: _____mi.   GPS tracking system installed? Yes ☐ No ☐
MVR's Checked: Yes ☐ No ☐ Company Owned Vehicles: Yes ☐ No ☐

PUC Filing: N/A ☐ Yes: _____   MCP Filing: N/A ☐ Yes: _____

Is housing provided? Yes ☐ No ☐
If yes, # of employees who are provided with housing: _____

Are ATV's used? Yes ☐ No ☐
If yes, how many ATV's are used? _____

Are any of the employees relatives of the business owner: Yes ☐ No ☐
Number of employees who are relatives: _____

If yes: Are the relatives included in the payroll estimates?
Yes ☐ No ☐

General Classification Evaluation:

1) Maximum Height exposure: _____Ft.   ☐ N/A
    If applicable - Method of reaching height exposures: (*Check all that apply)*
    Ladder ☐   Scaffolding ☐   Scissor Lifts ☐   Other: ☐ _____
    If scaffolding is used, does the insured build their own? Yes ☐ No ☐

2) Maximum Weight lifted: _____lbs. ☐ N/A
    If applicable: Manual Lifting ☐   Employee(s) lifts with assistance: ☐ Please explain: _____
    Please list the typical types of items lifted: _____

3) Any Out of State, International, or Overnight Travel: No ☐ If Yes, please provide the following:
    Number of employee's traveling: ____
    Method of transportation: _____   Location(s): _____
    Frequency of travel: _____   _____

4) CPR Training provided: Yes ☐ No ☐   **If Yes -**   Number of Employees certified: _____

Claims Handling:
1) Is there a set procedure for reporting claims? Yes ☐ No ☐
2) Is there a formal written accident investigation report? Yes ☐ No ☐
3) Do you currently participate in a MPN program to control claim costs? Yes ☐ No ☐

Personnel Practices:
1) New-hire orientation program: Yes ☐ No ☐ Is the orientation documented? Yes ☐ No ☐
2) Owner is active in daily operations: Yes ☐ No ☐
3) Employee Handbook: Yes ☐ No ☐
4) Post-accident drug testing: Yes ☐ No ☐
5) Job specific training: Yes ☐ No ☐
6) Performance Appraisals: Yes ☐ No ☐
7) Wellness program in place: Yes ☐ No ☐
8) Are any of the following benefits provided?
    Medical: No ☐ Yes: Employer contribution: ____% Percentage of employees enrolled: ____%
    Retirement: No ☐ Yes: Employer contribution: ____% Percentage of employees enrolled: ____%
9) Any other information in regard to employee benefits? If so, please provide those details:
_____

Employer-Employee Relationship:
1) Employee Turnover Rate (Annually): ____%   Average Tenure of Employees (in # of years): _____
2) Number of employees hired:
    Full Time (annual): ____ Payroll Estimate: $_____
    Part Time/Seasonal: ____ Payroll Estimate: $_____
    No. of seasonal Employees: _____   Seasonal Employee Period (From Month: _____ to Month: _____)

Safety Program/Practices which are implemented and enforced:
1) Fall Protection Plan: Yes ☐ No ☐ N/A ☐
2) Heat and illness prevention program: Yes ☐ No ☐ N/A ☐
3) Extreme temperature program meets Cal OSHA Requirements: Yes ☐ No ☐ N/A ☐
4) Respiratory program: Yes ☐ No ☐ N/A ☐
5) Driver safety training plan: Yes ☐ No ☐ N/A ☐
6) Forklift training & safety plan: Yes ☐ No ☐ N/A ☐
    If Yes – Annual Certification required: Yes ☐ No ☐ N/A ☐
7) MSDS available for all chemicals/products used: Yes ☐ No ☐ N/A ☐
8) Written Lockout/Tag out/Block out Procedures: Yes ☐ No ☐ N/A ☐
9) Hazardous chemicals safety plan: Yes ☐ No ☐ N/A ☐
10) Confined spaces plan: Yes ☐ No ☐ N/A ☐
11) Active safety incentive program for all employees: Yes ☐ No ☐ N/A ☐
12) Are supervisors held accountable for a safe work environment? Yes ☐ No ☐ N/A ☐
13) Is there a dedicated full time safety manager? Yes ☐ No ☐ N/A ☐
    If Yes – Please provide:
    Name: _____ Title: _____
14) Safety meetings are conducted: ☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Does not conduct Safety Meetings
    Are safety meetings documented? Yes ☐ No ☐
15) Personal Protective equipment provide to all employees: No ☐ Yes, please list types: _____
16) Employee to Supervisor ratio: _____ / _____
17) What loss prevention recommendations has the insured implemented? ☐Loss control service has not been performed.

> Year implemented: _____
> *[Text here]*

Machinery and Equipment:
1) Please list the types of machinery/equipment used: _____ N/A ☐
2) Are all equipment operators certified? Yes ☐ No ☐
3) Is all machinery/equipment properly guarded: Yes ☐ No ☐
4) Age of equipment in years: ☐0-5 ☐5-10 ☐10-20 ☐20+
5) Condition of the equipment: ☐Excellent ☐Good ☐Average ☐Poor
6) Who is responsible for maintaining machinery? ☐Insured ☐Contractor ☐ Other: _____

Is there any other information about your company, operations, or practices you have implemented which could have an impact on mitigating injuries?

> *[Text here]*