

Workers Compensation Questionnaire

Our company needs its quotation No Later Than: _____ Renewal Date: _____

1. What is your company's full legal name? _____

2. Is your company a: Corporation LLC Partnership Proprietorship Other

3. What is your FEIN or Social Security No. _____ Years in Business _____

4. Do you currently have Workers Compensation Insurance in force? YES NO

******If yes please attach a copy of your current declaration pages and current five-year Loss Runs.******

5. Describe briefly what your business does: _____

A. Do you or your employee install any equipment? YES No - If yes, describe what you install.

B. Do you or your employee handle any chemicals? Kindly describe what chemical and how handled?

6. Do you work on scaffolds, ladders, or any similar device inside. YES NO

If yes, what is the maximum height _____ Ft?

Do you work on scaffolds, ladders, or any similar device outside. YES NO

If yes, what is the maximum height _____ Ft?

7. How many employees do you have? _____ How many over 65 Years Old? _____

How many under 18? _____

8. Please describe the various groundwater services your company provides and the percentage for each of your total business.

Well Drilling	_____%	Ground Water Remediation	_____%
Well Servicing	_____%	Ground Water Analysis	_____%
Geological Survey	_____%	Ground Water Engineering	_____%
Ground Water Distribution	_____%	Ground Water Management	_____%
Well Supply Manufacturing	_____%	Water Handling Equipment Mfg/Supply	_____%
Geothermal Contracting	_____%	Water Equipment Sales/Service	_____%
Geology/Water Consulting	_____%	Other _____	_____%

Percentages must Total 100%

9. Should the answers in question 8 not fully describe all the services your company provides, please specify below what other services your company does provide:

_____	_____%	_____	_____%
_____	_____%	_____	_____%

Utilize a separate sheet of paper if the space provided is not adequate to properly and fully describe your additional services.

10. Is the insured a certified well contractor who ONLY performs well services? YES NO

11. Does this risk EVER perform any work that requires employees to be away from home overnight?

YES NO

12. Does the insured drill in mountainous areas or geographical areas where artesian wells may exist?

YES NO

13. Does the insured have any blasting operations? YES NO

14. Does the insured have procedures in place to "Call Before You Dig" or similar program? YES NO

15. Does the insured perform any pollutant monitoring, testing or installation at hazardous waste sites?

YES NO

16. Is all heavy equipment, including drill rigs, operated by properly certified personnel? YES NO

17. What is the payroll of your company excluding all officers? \$ _____

18. What is the payroll for the officers in your company? \$ _____

19. Are the officers of the company to be included in Workers Compensation Coverage? YES NO

20. Officer Information:

Use an additional sheet if necessary.

State	Name	DOB	Title	Ownership %	Work Description	INC/EXC	Annual Gross Pay

21. Employee Information:

Number of Employees	Permanent Residence State	States employee works in	State Hired

No of Employees	Job Title	Description of Work Performed

22. Payroll Classification:

STATE	CLASS	NO OF EMPL	WORK DESCRIPTION	ANNUAL PAY
	8742		Company Owners or Corp Officers	
	8742		Outside Sales	
	8601		Consultant – Outside	
	8603		Consultant – Inside	
	8018		Distributor	
	8742		Mfg. Representative	
	6204		Well Drilling – Water & Drivers	
	5183		Field Technician	
	8810		Clerical	

23. If regular Workers Comp Carriers are unable to offer a quote, would you accept PEO (Professional Employer Organization)? YES NO

24. Name of Contact Person: _____ Phone: _____

Email _____ Fax _____

Signature of Applicant

Date

Return to: MPR-Fintra AL Inc., dba WaterColor Management, PO Box 1132, Decatur, AL 35602;
Phone 256-260-0412; FAX 256-355-3070; rhonda@watercolormanagement.com