



RT WC Specialty

**WC Specialty for Restoration Contractors
Supplemental Workers' Compensation Application**

Insured Name: _____

Insured Web Address: _____

Insured FEIN: _____

Payroll/Premium Information:

Policy Year	Payroll	Premium
4th Prior	\$	\$
3rd Prior	\$	\$
2nd Prior	\$	\$
1st Prior	\$	\$
Current	\$	\$

Applicant Overview:

Does common ownership (over 50%) exist with any other operations? Yes No
If yes, provide names & types of operations:

Date business established: _____ Number of years under current ownership: _____

Total Number of Employees: _____

Employee Annual Turnover Rate: _____% Total Number of Full Time Employees: _____

Total Number of Part-time Employees: _____ Total Number of Volunteers: _____

Contractor's License # _____ Environmental Certification # _____



Business Operations (Check all that apply):

- Restoration Remediation Restoration/Remediation Disaster Clean Up
- Crime Scene Clean Up Asbestos Abatement Reconstruction Related to Fire/Water

Please indicate percentage of operations:

Water Extraction/Drying _____% Mold Remediation _____% Carpet Cleaning/Janitorial _____%

Asbestos Abatement _____% Reconstruction Related to Fire/Water Restoration _____%

General Construction Unrelated to Fire/Water Restoration _____% Crime Scene Clean Up _____%

Please specify if other:

1. What percentage of employees are W2?

- 0 to 25% 25 to 50% 50 to 75% 75 to 100%

2. What percentage of employees are 1099?

- 0 to 25% 25 to 50% 50 to 75% 75 to 100%

3. Do employees provide construction clean up?

- Yes No

a. If so, what is the percentage?

_____%

4. Percentage of commercial operations?

_____%

5. Percentage of residential operations?

_____%

6. Do employees travel out of state?

- Yes No

a. If yes, please list the states:

7. Do employees drive personal vehicles?

- Yes No

8. Do employees drive company vehicles?

- Yes No

9. Average radius employees drive during workday? _____ miles

10. Are Motor Vehicle Records (MVR) checked annually for all employees who drive as part of their job?

- Yes No

11. Do you have written MVR standards for your employees? Yes No

Please clarify the following:

MVRs verified at time of hire. Yes No

Copies of MVR's maintained in personnel files? Yes No

12. Is there a formal safety program in place? Yes No

13. Does Insured have procedure to handle mold related complaints? Yes No

14. Does Insured have any OSHA Citations or Violations? Yes No

a. If yes, list how many and if any are currently open

15. Are employees provided with the proper safety equipment? Yes No

16. Is a respiratory program in place? Yes No

17. Are material safety data sheets available for all chemical products used? Yes No

18. Do employees work at elevations greater than 15' ___ 30' ___ Max Height exposure _____

19. Does insured work with or around scaffolding? Yes No

a. If yes, please confirm if it is suspended, conventional or erection

20. Are documented proper procedures for safe lifting provided to employees? Yes No

21. Do employees work with electrical equipment with greater than 300 Volts AC? Yes No

22. Is there a formal return to work/modified duty program in place? Yes No

23. Are pre-employment medical exams completed? Yes No

24. Is there a formal pre-hire drug testing program in place? Yes No

25. Is a formal post accident drug testing program in place? Yes No



*** The undersigned attests that all information provided is both accurate and truthful. All information provided is subject to verification by way of an underwriting survey or inspection. You must notify RT Specialty of any significant change in operations or payroll. Terms of insurance coverage may be cancelled for misrepresentation if information provided is inaccurate. ***

Signature of Applicant: _____

Title: _____

Print Name: _____ Date: _____

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