WORKERS COMPENSATION EXPOSURES

Name			Title	Ownership	Duti	ies Ir	nc/Exc	
				•				
(0), (0)	and Small and a small	4000()						
(% Ownership should equal 100%) Loc # Code Descri			iption	Full Part		Payroll	Payroll	
Loc#	Code	Desci	iption	I dii	rait	1 ayıon		
Any wo	ork performed ur	e applicant anticipates	15 feet?					
If yes, o	describe:							
•	•	ned on docks, piers, w		•				
Is any v	work performed	on barges, vessels, o	or bridges that spa	ın navigable wate	r?	Yes _	No	
Are operations performed on fixed platforms on the outer continental shelf?							No	
If yes, a	answer the follo	wing:						
	What is the ne	earest governing state	?					
	Where is the v	vork located?						
	Describe the ty	ype of work:						
Is appli	cant engaged ir	n any other type of bu	siness?			Yes	N	

Any work sublet without certificates of insurance?	Yes	_ No
Any group transportation provided?	Yes	_ No
Any employees under 16 or over 60 years of age?	Yes	_ No
Any seasonal employees?	Yes	_ No
Is there any volunteer or donated labor?	Yes	_ Nc
Any employees with physical handicaps?	Yes	_ No
Are athletic teams sponsored?	Yes	_ No
Are physicals required after offers of employment are made?	Yes	_ No
Are employee health plans provided?	Yes	_ No
Do you lease employees to or from other employers or is there a labor interchange with any other b subsidiaries?		
Are operations performed in monopolistic workers compensation states?	Yes	_ No
If yes, what states:		
Do employees ever travel outside the United States to work?	Yes	_ No
If ves where:		