



# Payroll and Employee Count Supplemental

In order to provide you accurate pricing, we need to gather additional information about your operations, including your payroll and employee count estimates for the proposed policy term. This information will help us finalize your pricing. Please provide complete responses to the questions below.

## Section 1 – Employer Information

|                                      |  |
|--------------------------------------|--|
| Name/Title of Person Completing Form |  |
| Name of Business                     |  |
| Mailing Address                      |  |
| Website                              |  |
| Email                                |  |

## Section 2 – Description of Operations

Please explain the services your business provides to your customers. Include the type of customers you provide services to, as well as the tools you use to perform those services. If you provide a service that is different from other employers engaged in similar services, please explain. If your operation has a seasonal aspect to it, please explain and define your typical season (i.e. month of operation):

How many hours a day do you operate? \_\_\_\_  
How many days a week do you operate? \_\_\_\_  
How many shifts do your employees work per day? \_\_\_\_ Please provide details below:

## Section 3 – Vendors

Please indicate how the work of vendors is performed on your behalf:

| Type of work Performed | % of work performed by employees | % of work subcontracted to others (non-employees) | Gross Receipts |
|------------------------|----------------------------------|---|----------------|
|                        |                                  |   |                |
|                        |                                  |   |                |
|                        |                                  |   |                |
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**Section 7 – Subcontractor or Independent Contractors (1099), Contractor Workers (Any Non-Employee Performing Work for Your Business)**

Do you hire subcontractors, contract workers, or independent contractors to perform any services for your business?      Yes ☐ No ☐ If yes, please provide details of the work subcontracted out below and include a copy of the contract with your subcontractors or independent contractors with your response:

**Section 4 – Historical Exposures**

Please provide historical information below to include payroll, payments to subcontractors, cash labor payments, and gross receipts for past and current years of operation:

| Year                       | Direct/W2 Payroll | 1099/Subcontractor Payments | Annual Cash Labor | Gross Receipts |
|----------------------------|-------------------|-----------------------------|-------------------|----------------|
| Current Year               | \$                | \$                          | \$                | \$             |
| 1 <sup>st</sup> Prior year | \$                | \$                          | \$                | \$             |
| 2 <sup>nd</sup> Prior Year | \$                | \$                          | \$                | \$             |

Do you make any payments to your vendors, subcontractors or employees using electronic payment applications?    ☐ Yes ☐ No    If YES, please advise if the electronic payments are included above. If not, please explain why:

**Section 5 – Employees & Payroll**

Complete the table below. (California State Labor Code 515(c) defines full time hours as 40 hour per week, and employees working less than 40 hours a week are defined as part-time workers):

| Job Duties | Number of Full-Time Employees (>= 40 Hours Per Week) | Full-Time Hourly Wage Rate | Number of Full-Time Hours Worked (Per Week) | Number of Part-Time Employees (<40 Hours Per Week) | Part-Time Hourly Wage Rate | Number of Part-Time Hours Worked (Per Week) |
|------------|--|----------------------------|---|--|----------------------------|---|
|            |  |                            |   |  |                            |   |
|            |  |                            |   |  |                            |   |
|            |  |                            |   |  |                            |   |
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Do you employ or work with any of the following? Please complete the information for each Labor type noted:

| Labor Type<br>(Non W2)          | Yes                      | No                       | If yes,<br>indicate<br>how<br>many<br>for each<br>labor<br>type<br>below. | Provide<br>monthly<br>payment or<br>compensation<br>value below. | Was payment or<br>compensation<br>included in your<br>total estimated<br>annual payroll? |                          |
|---------------------------------|--------------------------|--------------------------|---|--|--|--------------------------|
|                                 |                          |                          |   |  | Yes  | No                       |
| Day/Casual Labor                | <input type="checkbox"/> | <input type="checkbox"/> |   |  | <input type="checkbox"/>   | <input type="checkbox"/> |
| Family<br>members/Relatives     | <input type="checkbox"/> | <input type="checkbox"/> |   |  | <input type="checkbox"/>   | <input type="checkbox"/> |
| Volunteers                      | <input type="checkbox"/> | <input type="checkbox"/> |   |  | <input type="checkbox"/>   | <input type="checkbox"/> |
| Employees from<br>Labor Brokers | <input type="checkbox"/> | <input type="checkbox"/> |   |  | <input type="checkbox"/>   | <input type="checkbox"/> |
| Other:                          | <input type="checkbox"/> | <input type="checkbox"/> |   |  | <input type="checkbox"/>   | <input type="checkbox"/> |

Do you pay any type of allowances, per diem or lodging? ☐ Yes ☐ No If YES, please explain:

Do you provide any non-cash/non-payroll compensation? ☐ Yes ☐ No If YES, please explain:

**Name of Owners(s)/Officers(s)**

Payroll information and job duties for covered owner(s), officers, partners, managers, or members. Include all supervisory or oversight duties:

| Name | Title | Detailed Job Duties | Annual<br>Payroll/Compensation |
|------|-------|---------------------|--------------------------------|
|      |       |                     |                                |
|      |       |                     |                                |
|      |       |                     |                                |
|      |       |                     |                                |

**Section 6 – Other Businesses Not Reflected Above**

List all businesses that any owner/officer has any affiliation, interest, or ownership with below:

| Business Name | Name | Title | Ownership % |
|---------------|------|-------|-------------|
|               |      |       |             |

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**PEO/Temporary Staffing Agency**

| Please answer the following questions if applicable  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Do you obtain or intend to obtain any workers from a staffing agency, Labor Contractor or PEO? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you obtain or intend to obtain workers from another employer?                               | <input type="checkbox"/> | <input type="checkbox"/> |

If you reduced your workforce or no longer have employees engaged in the daily work associated with your business operations, **explain** who is performing the daily work (construction, security work etc. excluding clerical or outside sales employees):

**Construction RMO/RME/RMM**

Does your Responsible Managing Officer/Responsible Managing Employee/Responsible Managing Member work for any other business affiliated or not affiliated with this employer? ☐ Yes ☐ No

If YES, provide the name of the businesses including the CSLB license number(s) they work for and clarify any affiliation below:

Is the payroll for the RMO/RME/RMM included in the total annual payroll amounts? ☐ Yes ☐ No

Please indicate the payroll amount for the RMO/RME/RMM:

**If any of the information provided changes during the policy year, please contact us to provide updates to ensure that the policy information is accurate.**

**Fraud Warning/Fraud Statement**

**For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or make a claim for payment of a loss is guilty of a crime and may be subject fines and confinement in state prison.**

**I (we) hereby declare that all of the information contained in this questionnaire is correct and complete to the best of our knowledge, that the questionnaire was completed and personally signed by the applicant, and that a completed copy hereto has been given to the applicant.**