



DOWNEY

INSURANCE

Protecting Those Who ServeSM

INDIANA PUBLIC EMPLOYERS' PLAN, INC.

UNDERWRITING SURVEY

Name of Entity _____

Address _____

County: _____

Contact Person for Loss Control _____

Title: _____ Phone: _____

Contact Person for Claims _____

Title: _____ Phone: _____

Proposed Effective Date _____

Federal ID # _____ Risk ID # _____

Current Carrier _____ Assigned Risk? Yes _____ No _____

Experience Mod _____ Mod Effective Date _____

Agency _____ Phone _____

Producer _____ Fax _____

Address _____

Give the following current and 3-year prior WC experience information: Attach carrier loss runs valued within the last three months. Also provide the most recent Experience Rating Data Worksheet or a letter to the ICRB permitting release to Downey Insurance, Inc. as the agent for IPEP.



(6-07)

RATING INFORMATION

| Class Code | Classification | Estimated Payroll |
|-------------------|---|--------------------------|
| 5506 | Street or Road Construction, Paving | _____ |
| 6217 | Excavation | _____ |
| 6306 | Sewer Construction | _____ |
| 7380 | Drivers | _____ |
| 7423 | Airport/Aircraft | _____ |
| 7502 | Gas Works | _____ |
| 7520 | Waterworks Operation & Driver | _____ |
| #7539 | Electric | _____ |
| 7580 | Sewage Disposal Plant & Drivers | _____ |
| 7610 | Dispatchers | _____ |
| 7699 | Firefighters-Med Only Paid Staff (PERF) | _____ |
| 7705 | Ambulance | _____ |
| 7705 | Ambulance – Volunteers | _____ |
| 7710 | Firefighters & Drivers | _____ |
| 7711 | Firefighters-Med Only Volunteers | _____ |
| 7720 | Police Officers & Drivers | _____ |
| *7725 | Police Officers-Med Only | _____ |
| 7725-V | Police Officers-Volunteers | _____ |
| 8380 | Auto Service | _____ |
| 8601 | Surveyor/Engineer | _____ |
| 8742 | Executive Directors/Solid Waste | _____ |
| 8810 | Clerical Office Employees NOC | _____ |
| 8820 | Attorney | _____ |
| 8829 | County Home | _____ |

Special Exposures: Check the appropriate line that reflects the actual and/or anticipated exposures of the entity. (Provide details on "Yes" responses on page 5)

| | Yes | No |
|---|-------|-------|
| 1. Does applicant own, lease or charter any Aircraft or Watercraft? | _____ | _____ |
| 2. Does applicant own or operate an airport? | _____ | _____ |
| 3. Any work performed on Barges, Vessels, Docks | _____ | _____ |
| 4. Does applicant own, maintain or repair railroads? | _____ | _____ |
| 5. Any exposure to federal coverage, such as Jones Act, U.S.L. & H. or F.E.L.A.? | _____ | _____ |
| 6. Do employees travel out of state or country on a regular basis? | _____ | _____ |
| 7. Any exposure to occupational disease? (Includes Asbestos, Silica, Dusts, Toxic, injurious or hazardous chemicals, caustics, fumes, Radiation, communicable diseases and other odd exposures) | _____ | _____ |
| 8. Does applicant own or operate a gas utility? | _____ | _____ |
| If yes, do employees lay pipe or do hook-ups? | _____ | _____ |
| 9. Any work performed underground or above 15 ft? | _____ | _____ |
| 10. Any group transportation furnished? | _____ | _____ |
| 11. Any exposure to burns other than firefighters? | _____ | _____ |
| 12. Any part time or seasonal employees? | _____ | _____ |
| 13. Any volunteer or donated labor? | _____ | _____ |
| 14. Any citations for OSHA violations? | _____ | _____ |
| 15. Any substantial changes in operations that are planned or have taken Place in the past 5 years? | _____ | _____ |
| 16. Are certificates of insurance required from all contractors doing work For applicant? | _____ | _____ |

Supplemental Application

To be used if there is electrical exposure present

Date: _____

Entity Name: _____

Contact Name: _____

Phone: (____) _____ Fax: (____) _____

1. Is any electrical power generated: _____
If so, what % of total _____

2. If power is purchased; indicate supplier and % purchased

3. Do employees do any construction of electrical power lines? _____
If yes, please explain: _____

4. Do employees do servicing and repairs of existing lines? _____
If yes, please explain: _____

5. Total number of customers: _____

6. Total number of payroll for classification \$ _____

7. Total amount of clerical payroll included above \$ _____

Additional comments: _____

