



**INDIANA PUBLIC EMPLOYERS' PLAN, INC.**

**UNDERWRITING SURVEY**

Name of  
Entity \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ County \_\_\_\_\_

Contact Person for Loss Control \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

Contact Person for Claims \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

Proposed Effective Date \_\_\_\_\_ Expiring Premium \_\_\_\_\_

Federal ID # \_\_\_\_\_ Risk ID # \_\_\_\_\_

Current Carrier \_\_\_\_\_ Assigned Risk? Yes \_\_\_\_\_ No \_\_\_\_\_

Experience Mod \_\_\_\_\_ Mod Effective Date \_\_\_\_\_

Agency \_\_\_\_\_ Phone \_\_\_\_\_

Producer \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Please provide the following:

- Carrier loss runs valued within the last three months for current and 4-years prior.
- Need by date for quote.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Signature



## **RATING INFORMATION**

<b><u>CLASS CODE</u></b>	<b><u>CLASSIFICATION</u></b>	<b><u>ESTIMATED PAYROLL</u></b>
5506	STREET OR ROAD CONSTRUCTION, PAVING	_____
6217	EXCAVATION	_____
6306	SEWER CONSTRUCTION	_____
7380	DRIVERS	_____
7403	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	_____
7710	FIREFIGHTERS & DRIVERS	_____
7711	FIREFIGHTERS-MED ONLY VOLUNTEERS	_____
7720	POLICE OFFICERS & DRIVERS	_____
7725	POLICE OFFICERS-MED ONLY	_____
7732	POLICE RESERVES      # RESERVES _____	_____
8380	AUTO SERVICE	_____
8742	EXECUTIVE DIRECTORS / SOLID WASTE	_____
8810	CLERICAL OFFICE EMPLOYEES NOC	_____
8820	ATTORNEY	_____
8824	NURSING HOME	_____



<u>CLASS CODE</u>	<u>CLASSIFICATION</u>	<u>ESTIMATED PAYROLL</u>
8831	HOSPITAL VETERINARY	_____
8832	PHYSICIAN	_____
8833	HOSPITAL PROFESSIONAL	_____
8835	HOME HEALTH NURSING	_____
8868	SCHOOL PROFESSIONAL	_____
9015	BUILDINGS NOC	_____
9033	HOUSING AUTHORITY	_____
9040	HOSPITAL/SANITARIUM-OTHER	_____
9058	COMMISSARY WORK	_____
9060	COUNTRY/GOLF CLUB	_____
9101	SCHOOL OTHER	_____
9102	PARK NOC-ALL EMPLOYEES	_____
9220	CEMETERY	_____
9402	SEWER/STREET CLEANING	_____
9403	GARBAGE COLLECTION & DRIVERS	_____
9410	MUNICIPAL, TOWNSHIP, COUNTY OR STATE EMPLOYEES NOC	_____
7698	ROSTERED VOLUNTEERS	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL ESTIMATED ANNUAL PAYROLL		_____

- # Complete Electrical Exposure Supplemental Application



**Special Exposures:** Check the appropriate line that reflects the actual and/or anticipated exposures of 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 airport?	_____	_____
3. Any work performed on barges, vessels, or 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 15ft?	_____	_____
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 contractors doing work for applicant?	_____	_____



**Supplemental Application:     *ELECTRICAL EXPOSURE***

(USE ONLY WHEN ELECTRICAL EXPOSURE IS PRESENT)

**Date:** \_\_\_\_\_

**Entity Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**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 amount of payroll for classification:**                      \$ \_\_\_\_\_

**7. Total amount of clerical payroll included above:**                      \$ \_\_\_\_\_

**Additional comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_