



MALONEY & COMPANY, LLC

The Art of Risk Management

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Architects & Engineers Workers' Compensation Questionnaire

1. Firm Name (please include any DBA names):

Address: _____
Street City State Zip

Email: _____ Firm's Tax ID Number: _____ Date Formed: m ___/d ___/y _____

- Professional Association
- Sole Proprietorship
- PC
- LLC or LLP
- Partnership
- Other _____

Does the Firm have more than one location?* Yes No *If Yes, please complete one form for each location

If the Firm is not a NY-based firm, do any employees ever travel to NY? Yes No

If Yes, NY State requires that 'NY' appear in Item 3 on your policy. If you answer No now, but find that an employee must travel to NY State, Please be sure to let us know!

2. Ownership Information:

Should the Owners of the Firm be included on the WC Policy? Yes No

Name	Date of Birth	Title	Ownership	Duties	Remuneration
_____	_____	_____	_____ %	_____	_____
_____	_____	_____	_____ %	_____	_____
_____	_____	_____	_____ %	_____	_____

3. Employee Payroll Information (Owners should not be listed below):

	No. of Employees	Estimated Annual Payroll
☞ Architect/Engineer/Surveyor:	_____	_____
☞ Drafting:	_____	_____
☞ Clerical:	_____	_____
☞ Other (Please Describe):	_____	_____

Do employees use a personal auto for business purposes more than 3 days per week? Yes No

If Yes, explain: _____

4. Firm History:

- Does the Firm currently have a workers' compensation policy in force? Yes No
If Yes, please provide: Insurance Company _____ Effective Dates _____ Premium _____
- Has the Firm ever had any workers' compensation claim or occurrence that may give rise to a claim within the past five years? Yes No
If Yes, please provide details on a separate sheet or attach an insurance company loss run.
- Any named individuals of the Firm that should be included or excluded from the policy? Yes No
If Yes, please provide details on a separate sheet.
- Does the Firm have an Experience Modification Factor?* Yes No *If Yes, what is it? _____

Please provide details (below each question) on all “yes” responses to the following:

1. Does the Firm own, operate or lease aircraft/watercraft? Yes No
2. Do past or present operations of the Firm involve the storing, treating, discharging, applying, disposing, or transporting of hazardous materials? (e.g. landfills, asbestos, wastes, fuel tanks, etc.) Yes No
3. Does the Firm perform any work underground or above 15 feet? Yes No
4. Does the Firm perform any work on barges, vessels, docks, or bridges over water? Yes No
5. Is the Firm engaged in any other type of business? Yes No
6. Does the Firm use sub-contractors? Yes No
7. Is there any work sublet by the Firm without certificates of insurance? Yes No
8. Is a formal safety program in operation for the Firm? Yes No
9. Is there any group transportation provided by the Firm? Yes No
10. Are there any employees of the Firm under the age of 16 or over the age of 60? Yes No
11. Are there any seasonal employees of the Firm? Yes No
12. Does the Firm have any volunteer or donated labor? Yes No
13. Has the Firm had any tax liens or bankruptcy within the past 5 years? Yes No
14. Do employees of the Firm travel out of state? Yes No
15. Are athletic teams sponsored by the Firm? Yes No
16. Are physicals required after offers of employment are made by the Firm? Yes No
17. Was prior coverage for the Firm ever declined/cancelled/non-renewed? Yes No
18. Are employee health plans provided by the Firm? Yes No
19. Is there a labor exchange with any other business or subsidiary? Yes No
20. Does the Firm lease employees to or from other employers? Yes No
21. Do any employees of the Firm work predominantly from home? Yes No

To the best of my knowledge, these responses are accurate, true, and complete

Signed: _____ **Date:** _____

After the form is completed, please fax or email it back to us.

Fax: 800-720-5349

Email: Mail@MaloneyLLC.com

