



# 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](mailto:Mail@MaloneyLLC.com)**

