



## *Printers' Group Insurance Agency*

### *PIAG Insurance Services*

5020 Highlands Parkway • Smyrna, GA 30082 • Telephone: (770) 433-3030 or (800) 288-1894 • Fax: (770) 433-3066

WC

<b>Company Name</b> ( <i>must be full legal name to include dba</i> )			Effective Date		
<b>Street Address:</b>					
<b>Mailing Address if different from above:</b>					
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC					
Contact Person:			Phone #:		
			Fax #:		
Liability Limit:			Federal ID #:		
Number of Years in Business:			Experience Mod/NCCI Number:		
Additional locations :					
Class Codes		# of Full Time Employees	# of Part Time Employees	Annual Payroll	
Printing	4299				
Clerical	8810				
Drivers	7380				
Sales	8742				
Quick Printing	8015				
Addressing & Mailing	8800				
Other:					
Other:					
<b>OFFICERS:</b>					
Name	Title	Class Code	% of Ownership	Included or Excluded	

## Underwriting Questions:

1. Are sub-contractors used? If yes, give the % subcontracted.  yes  no
2. Are you Certified as a Drug Free Work Place?  yes  no
3. Do you sub-contract work?  yes  no  
*At what percentage? \_\_\_\_\_%*
4. Any work sublet without certificate of insurance?  yes  no
5. Do you have a return to work/modified duty program in place to expedite the return of injured workers to the job after an injury?  yes  no
6. Is a written safety/accident program in operation?  yes  no
7. Does your safety and accident prevention practices include:  
*Accident investigation plan*  yes  no *Active safety committee*  yes  no
8. Do any employees predominantly work at home?  yes  no  
*How many employees? \_\_\_\_\_*
9. Any employees under 16 years of age or over 60 years of age?  yes  no
10. Are MVR's reviewed on employees that drive during the course of business?  yes  no  
*no*
11. Are employees required to work 15 feet above the ground to perform their jobs?  yes  no
12. Any seasonal employees?  yes  no
13. Is there any volunteer or donated labor?  yes  no
14. To conduct business, do employees travel out of the country?  yes  no
15. Any tax liens or bankruptcy with in the last 5 years?  yes  no
16. Are you engaged in any other type of business?  yes  no
17. Any prior coverage declined/cancelled/non renewed within last 3 years?  yes  no
18. Are employee health plans provided?  yes  no
19. Maximum weight lifted by employees:  
*Pre-Press \_\_\_\_\_lbs      Pressroom \_\_\_\_\_lbs      Post-press/bindery shipping \_\_\_\_\_lbs*

20. Are employees required to wear back braces?  
*Pre-Press* yes no    *Pressroom* yes no    *Post-press/bindery shipping* yes no

21. **Circle** how materials (raw or finished) are moved:

**Warehouse**

Manually

Conveyor

Hand truck

Fork lift

Other powered device

**Press Room**

Manually

Conveyor

Hand truck

Fork lift

Other powered device

**Post Press:**

Manually

Conveyor

Hand truck

Fork lift

Other powered device

22. Number of employees in:

\_\_\_\_\_Pre-Press

\_\_\_\_\_Pressroom

\_\_\_\_\_Post-press/bindery shipping