

safety pays!



CAM **Comp**

Construction Association of Michigan
Workers' Compensation Plan
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Compete and Return

REFERRED BY: _____

DATE: _____ FED ID #: _____

COMPANY NAME: _____

ADDRESS: _____

OF LOCATIONS: _____ ADDRESSES: _____

COUNTY: _____ WEB: _____ EMAIL: _____

COMPLETED BY: _____ TITLE: _____

PHONE: _____ FAX: _____ YEARS IN BUSINESS: _____

NATURE OF BUSINESS: _____

CORPORATION LIMITED LIABILITY CO CO-PARTNERSHIP INDIVIDUAL

PLEASE INDICATE MEMBERSHIP IN ANY OF THE FOLLOWING ASSOCIATIONS:

- CONSTRUCTION ASSOCIATION OF MICHIGAN (CAM)
- CAM TRI-CITIES
- BUILDERS & REMODELERS ASSOCIATION OF GREATER ANN ARBOR (BRAG)

NAME OF CURRENT W.C. CARRIER: _____

POLICY PERIOD: _____ AGENT/AGENCY: _____

ANY W.C. COVERAGE DECLINED, CANCELLED OR NON-RENEWED WITHIN THE PAST 3 YEARS?

YES NO

IF YES, PLEASE GIVE EXPLANATION: _____

CURRENT EXPERIENCE MODIFICATION FACTOR: _____
(CAN BE OBTAINED FROM YOUR CURRENT POLICY)

PROVIDE ESTIMATED ANNUAL PAYROLL BY CLASS CODE & CLASSIFICATION FOR CURRENT CALENDER YEAR

CODE	CLASSIFICATION	ESTIMATED PAYROLL	# OF EMPLOYEES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST OFFICERS, PARTNERS, RELATIVES:

NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER-SHIPS	DUTIES
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE ADVISE IF ANY OF THE ABOVE ARE EXCLUDED FROM YOUR CURRENT POLICY: _____

<u>AGE</u>	<u># OF EMPLOYEES</u>
0-15 YEARS	_____
16-20 YEARS	_____
21-35 YEARS	_____
36-50 YEARS	_____
51-60 YEARS	_____
60+	_____

PLEASE PROVIDE ALL THE REQUIRED DETAILS FOR "YES" RESPONSES BY USING THE REMARKS AREA BELOW.

- 1) DO YOU OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT? YES NO
- 2) DO OPERATIONS INVOLVE STORING, TREATING, DISCHARGING, APPLYING, DISPOSING OR TRANSPORTATION OF HAZARDOUS MATERIAL? YES NO
- 3) ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET? YES NO
- 4) ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS? YES NO
- 5) ARE YOU ENGAGED IN ANY OTHER TYPE OF BUSINESS? YES NO
- 6) ARE SUB-CONTRACTORS USED? YES NO
- 7) ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? YES NO
- 8) IS A FORMAL SAFETY PROGRAM IN OPERATION? YES NO
- 9) ANY GROUP TRANSPORTATION PROVIDED? YES NO
- 10) ANY PART TIME OR SEASONAL EMPLOYEES? YES NO
- 11) IS THERE ANY VOLUNTEER OR DONATED LABOR? YES NO
- 12) ANY EMPLOYEES WITH PHYSICAL HANDICAPS? YES NO
- 13) DO EMPLOYEES TRAVEL OUT OF STATE? YES NO
- 14) ARE ATHLETIC TEAMS SPONSORED? YES NO
- 15) ARE PRE-EMPLOYMENT PHYSICALS REQUIRED? YES NO
- 16) ARE EMPLOYEE HEALTH PLANS PROVIDED? YES NO
- 17) IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY? YES NO
- 18) DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? YES NO

REMARKS: _____

TO ALLOW CAM-COMP TO OBTAIN YOUR PRIOR EXPERIENCE MODIFICATION FACTOR THE ATTACHED AUTHORITY LETTER (SAMPLE) MUST BE TYPED ON YOUR COMPANY LETTERHEAD AND SIGNED BY AN OFFICER/OWNER/PARTNER AND RETURNED WITH THIS QUESTIONNAIRE.

EMAIL TO RRIDKY@CAMCOMP.NET OR FAX TO CAM-COMP AT 586-790-7929