



**GREAT AMERICAN CUSTOM INSURANCE SERVICES**  
**INSURANCE AGENTS/BROKERS - WORKERS COMPENSATION RELATED SERVICES SUPPLEMENT**

Applicant\*: \_\_\_\_\_

\_\_\_\_\_  
(\* Please list all entities for which coverage is desired)

1. Does the applicant provide loss control services to its clients? ☐ Yes ☐ No
  - (a) If so, please provide the number of personnel specifically dedicated to providing loss control services: \_\_\_\_\_
2. What revenue/income/fees are generated from solely the loss control services provided by applicant (if any)? \$ \_\_\_\_\_
3. (a) Has the applicant provided any client with a non-customized/generic/"canned" Injury & Illness Prevention Plan (IIPP) in the last 12 months? ☐ Yes ☐ No
  - (b) Has the applicant provided any non-customized/generic/"canned" IIPP's for clients in the last 5 years? ☐ Yes ☐ No
4. (a) Has the applicant provided any client with a sample Injury & Illness Prevention Plan (IIPP) in the last 12 months? ☐ Yes ☐ No
  - (b) Has the applicant provided any client with a sample Injury & Illness Prevention Plan (IIPP) in the last 5 years? ☐ Yes ☐ No
    - i) If so, how prevalent is this and what steps are taken with each client to mitigate the risk to the applicant in the event that the client uses or has used the sample IIPP to develop a non-customized/generic/"canned" IIPP that is not Cal/OSHA compliant?
5. Does the applicant write or assist in the preparation of Injury & Illness Prevention Plans (IIPP) for its clients? ☐ Yes ☐ No
  - (a) If so, to what extent?
  - (b) What steps does the applicant take to assure that the work they do on behalf of clients for their plans and, where appropriate, the plans themselves, are in compliance with Cal/OSHA guidelines/rules/procedures? Please provide detailed answer via separate attachment.

**It is hereby understood and agreed that the information provided above is true and correct and is material to the Insurer in deciding whether to issue its policy to the Applicant. Further, if such information is false or incomplete, it may constitute a misrepresentation that will: (a) permit the Insurer to modify the terms and conditions of the policy issued to the Applicant (including without limitation to excluding any claim arising from or relating to the false information or non-disclosure); or (b) void the policy.**

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date (Mo/Day/Yr)*

\_\_\_\_\_  
*(Print or Type Name & Title)*