



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

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

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

1. Has the applicant provided any client with a sample Injury & Illness Prevention Plan (IIPP) in the last 5 years?  Yes  No

(a) If so, how prevalent is this? Please attach explanation.

2. Does the applicant write or assist in the preparation of Injury & Illness Prevention Plans (IIPP) for its clients?  Yes  No

(a) 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 attach explanation.

3. Please provide premium volume of Workers Compensation business placed with Majestic Insurance Company in the last 12 months: \_\_\_\_\_

4. Please provide premium volume of Workers Compensation business placed with any other company, Trust or group affiliated with or administered by CRM, or its affiliates, in the last 5 years. Please specifically provide the complete name of the entity the business was placed with, the years business placed with that entity and premium volume placed with that entity:

\_\_\_\_\_  
\_\_\_\_\_

It is hereby understood and agreed that the information provided above is true and correct.

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

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

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