



**PASSA**  
**Pennsylvania Self Storage Association**  
**Workers' Compensation Insurance**  
**Member Benefit Program**

1. **Named Insured (Including DBAs):** \_\_\_\_\_

Sole Proprietor    LLC    Corporation    Partnership    Other

**FEIN:** \_\_\_\_\_

2. **Location Address(es):**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Mailing Address (if different from location):** \_\_\_\_\_

3. **Contact Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

4. **Year Business was Established or Acquired by Current Owner:** \_\_\_\_\_

5. **Current Insurance Carrier:** \_\_\_\_\_

6. **Policy Expiration Date:** \_\_\_\_\_

7. **Owners, Partners, Officers, Managers, Relatives to be included or excluded from policy:**

Name	Title	% of Ownership	Include/Exclude

8. **Estimated Annual Payroll Per Class Code:**

Class Code	Payroll
Class Code 953 – Payroll dollar total for clerical office employees	\$
Class Code 971 – Commercial Buildings Maintenance of Premises	\$
Other Class Codes (Description)	\$

## General Information

9. **Hours of Operation:** \_\_\_\_\_ to \_\_\_\_\_
10. **Number of Employees:** Part Time: \_\_\_\_\_ Full Time: \_\_\_\_\_
11. **Do you have an employee(s) residing on premises?**  Yes  No  
(If no, skip to question #12)  
**Age of Resident Employee:** \_\_\_\_\_ **Length of Time as Resident Employee:** \_\_\_\_\_  
**Do Spouse and/or Family Live on Premises:**  Yes  No  
**Job Description of Resident Employee:** \_\_\_\_\_  
**Are written procedures in place that address after hours vandalism, attempted breakins and other breaches of security?**  Yes  No  
**Do those procedures instruct resident employee(s) to advise local law enforcement of such occurrences?**  Yes  No  
**Do those procedures prohibit employee(s) from investigating the cause of such breaches?**  Yes  No
12. **Any past, present or future with the storing, treating discharging, applying, disposing of or transporting of hazardous waste?**  Yes  No
13. **Group Medical Provided?**  Yes  No **Percentage of employees participating?** \_\_\_\_\_
14. **Applicant engaged in any other type of business?**  Yes  No
15. **Any work sublet without certificates of insurance?**  Yes  No
16. **Do you hire seasonal employees?**  Yes  No
17. **Is there any volunteer or donated labor?**  Yes  No
18. **Any employees with physical handicaps?**  Yes  No
19. **Do employees travel out of state or business travel overnight?**  Yes  No
20. **Any employees under 16 or over 60 years of age?**  Yes  No
21. **Any physicals required after offers of employment are made?**  Yes  No
22. **Any prior coverage declined/cancelled in last 3 years?**  Yes  No
23. **Any work performed underground or above 15 feet?**  Yes  No
24. **Any labor interchange with any other business/subsidiary?**  Yes  No
25. **Any employees leased to or from others?**  Yes  No
26. **Does you require/have security staff?**  Yes  No
27. **Do you have a hiring procedure in operation?**  Yes  No
28. **Do you have a written safety program in operation?**  Yes  No
29. **Have you had any workers' compensation losses in the past 5 years?**  Yes  No
30. **Do you have hard copy loss runs?**  Yes  No

*You may fax the completed application to (949)486-7958*