



**Section 8 – Was this operation all or part of an existing business that was purchased or acquired?**  Yes  No, skip to Section 9

What percentage of the business was acquired?: \_\_\_\_\_ Date ownership changed: \_\_\_\_\_

Prior business owner's name and address:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name of Business: \_\_\_\_\_

Is the prior owner(s) related to the new owner(s)?  No  Yes, Relationship: \_\_\_\_\_

Have the operations changed since the business was acquired (e.g., from a bakery to a restaurant)?  No  Yes, please explain: \_\_\_\_\_

Were more than 50% of the current employees hired since the acquisition?  Yes  No  
 Are those new employees earning more than 50% of the payroll?  Yes  No

**Section 9 – Management Practices**

Please indicate if you offer: Employee Assistance Program \_\_\_ Paid Vacations \_\_\_ Paid Sick Leave \_\_\_

Do you have a minimum of 2 employees?  No  Yes

If yes, do you offer the majority of your eligible employees Health Insurance? (eligible= works a minimum of 30 hrs./wk)  No  Yes

If yes, do you pay at least 50% of the Health Insurance premium?  No  Yes, Name of Health Insurance Carrier: \_\_\_\_\_

Please check off the hiring practices implemented by your company: Job Descriptions \_\_\_ Pre-placement Medical Screening \_\_\_  
 Pre-placement Drug Testing \_\_\_ Drug-free Workplace \_\_\_ Pre-employment Reference Check \_\_\_ Union Employees \_\_\_

Do you have an Injury and Illness Prevention Program?  No  Yes

Do you have a written early return-to-work program for employees injured on the job?  No  Yes

Do you document: Employee Training \_\_\_ Facility Inspections \_\_\_

Describe your housekeeping: Good \_\_\_ Fair \_\_\_ Poor \_\_\_ Describe the condition of your equipment: Good \_\_\_ Fair \_\_\_ Poor \_\_\_

Have you received any OSHA citations within the past year?  No  Yes (Please explain in "Remarks.")

**Section 10 – Remarks (Attach a separate sheet if necessary.)**

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

**Section 11 – Broker Information (For brokered accounts only, this section must be completely filled out by the producer.)**

**0030**

**58202628**  
BROKER ACCESS NUMBER

**Gaslamp Insurance Services**  
FIRM NAME

**739 4th Avenue, suite 206**  
ADDRESS

**San Diego**  
CITY

**CA**  
STATE

**92101-6878**  
ZIP

**(619) 238-4367**  
PHONE NUMBER

**(619) 238-4387**  
FAX NUMBER

**SIGNATURE**

To be completed by the broker, owner, or an officer/partner (provide your title) of the business.

Insurance Code Article 6, Sec. 11880 prohibits the willful misrepresentation of any fact in order to obtain lower insurance rates. State Fund reserves the right to verify the accuracy of information provided to it by insurance applicants.

I confirm that the information on the ACORD and Supplemental Application is true and correct to the best of my knowledge.

Name: **Emilio Figueroa**

Please print

Title: **President**

Please print

Signature: \_\_\_\_\_



(For AXEa applications must be followed up with original document/signature.)

Date: \_\_\_\_\_