

# **California Ironworkers Collectively Bargained Workers' Compensation Program**

## **Employer Application & Questionnaire for Program Participation**

### **Employer Information**

Company name: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Current insurance carrier: \_\_\_\_\_

Insurance broker: \_\_\_\_\_

Expiration date of workers' compensation policy: \_\_\_\_\_

Type of Work:     Structural     Decking     Reinforcing Steel  
                          Fabrication     Rigging     Miscellaneous  
                          Other (explain) \_\_\_\_\_

How long have you been signatory to the Iron Workers? \_\_\_\_\_

List all other crafts to which you are signatory? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Average number of Iron Worker employees per month? \_\_\_\_\_

Do you operate a shop?      Yes                          No

Is your shop signatory to the Iron Workers?      Yes                          No

Have you posted the required Trust Fund Bond?      Yes                          No

Are you currently delinquent on your Fringe Benefits?      Yes                          No

Are you on any payment plan regarding delinquency?      Yes                          No

**Application and Questionnaire**

If your answer is yes to either of two previous questions, please explain.

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Are you signed to the District Council's IMPACT Drug & Alcohol Policy?  Yes  No  
(If yes, when?) Date: \_\_\_\_\_

Have there been any formal grievances or informal problems in the implementation of the IMPACT Drug & Alcohol Policy?  Yes  No  
(If yes, explain)

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Have you had any fatalities within the past 2 years? (If yes, explain)  Yes  No

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Have you had any lost time injuries in the last 2 years? (If yes, explain)  Yes  No

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Have you been complying with Section 21 of the Agreement by providing Letters of Evidence and submitting prevailing wage survey information to the trust office?  Yes  No

I declare under penalty of perjury under the laws of the State of California that my answers to the above questions are true and correct.

Executed on \_\_\_\_\_, 20\_\_ at \_\_\_\_\_,  
California

Signature \_\_\_\_\_

**Please complete and Mail, Email, or Fax this application to:**

**Eric J. Nobriga, Sr., ADR Program Administrator**  
**2120 Foothill Boulevard, Suite 100, La Verne, CA 91750**  
**Email: [eric.nobriga@ironworkerbenny.net](mailto:eric.nobriga@ironworkerbenny.net)**  
**Office: (626) 356-3051 or (888) 615-IRON Fax: (866) 322-2044**