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: Fax:			
Phone:				
Current insurance	e carrier:			
Insurance broker:				
Expiration date of	workers' compensation policy:			
Type of Work:	□ Structural □ Decking □	□ Reinforcing Steel		
	□ Fabrication □ Rigging □	Miscellaneou	s	
	 Other (explain) 			
How long have you	u been signatory to the Iron Workers?			
List all other craft	s to which you are			
signatory?				
Average number o	of Iron Worker employees per month?			
Do you operate a s	shop?	□ Yes	\square No	
Is your shop signatory to the Iron Workers?		□ Yes	\square No	
Have you posted tl	he required Trust Fund Bond?	□ Yes	\square No	
Are you currently delinquent on your Fringe Benefits?		□ Yes	\square No	
Are voll on any na	yment nlan regarding delinguency?	□ Ves	□ No	

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11 your answer is yes to eitner of two previous questions, please explain.	
Are you signed to the District Council's IMPACT Drug & Alcohol Policy? (If yes, when?) Date:	– □ Yes □ No
Have there been any formal grievances or informal problems in the implementation of the IMPACT Drug & Alcohol Policy? (If yes, explain)	S □ No
Have you had any fatalities within the past 2 years? (If yes, explain) □ Yes	S □ No
Have you had any lost time injuries in the last 2 years? (If yes, explain) □ Ye	es 🗆 No
Are you been complying with Section 21 of the Agreement by providing Letters of Evidence and submitting prevailing wage survey information to the trust office?	□ No
I declare under penalty of perjury under the laws of the State of Califanswers to the above questions are true and correct.	fornia that my
Executed on, 20 at, Cali	fornia
Signature	

Please complete and Email or Fax this application to:

C. Richard Greenhagen, Program Administrator Ironworkers Workers' Compensation Program District Council of Iron Workers

Email: iwwcprichard@gmail.com Fax number: (866) 322-2044