

**NORTH CAROLINA RATE BUREAU**

**CLASSIFICATION SURVEY**

|                                                      |  |                 |     |
|------------------------------------------------------|--|-----------------|-----|
| Combo/Coverage ID                                    |  |                 |     |
| Employer –                                           |  | Legal Status –  |     |
| Mailing Address                                      |  |                 |     |
| Physical address - If different from mailing address |  |                 |     |
| Employer Contact Name –                              |  | Contact Title – |     |
| Interviewer–                                         |  | Date –          | / / |

| <b>General Information</b> (Explain Each Question Answered Affirmatively.)                                                                                                                                                                                                                   | Yes                      | No                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Do you have a website? If yes, address is HTTP://www.                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has there been a name change, change in legal status or change in ownership in the last 4 years?                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the company related by common ownership to any other business?                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there any other business operations in other states or countries?                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has there been a change in business operations in the last 4 years?<br>If yes, please explain                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does this company subcontract any operations?                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does this company lease any employees?                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does this company or any of its employees or officers own, rent or operates aircraft in conducting its business?<br>If yes, give names of each employee including executive officers that owns rents or operates aircraft.<br>Also, state the seating capacity and type of aircraft used. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have any of the company's employees conducted new construction or alterations to the business premises during this policy year?                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do any employees engage in stevedoring operations (loading and unloading of ships, railroad cars or airplanes)?                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do any employees engage in sawmill operations?                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does the company operate a day care service for the employee's children?                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>Exception Questions</b> |                                                                                                                                               |                          | Yes                      | No                       |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1.                         | Does the company employ clerical workers exclusively in an office engaged in record keeping, correspondence, or phone work?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.                         | Does the company employ clerical workers who work exclusively in a residence office engaged in record keeping, correspondence, or phone work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.                         | Does the company employ outside salespersons, messengers or collectors who do not engage in delivery operations?                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.                         | Does the company employ drivers?                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PRIMARY BUSINESS OPERATIONS**

**Please attach or provide below a detailed written description of the business operations.**

| <b>SECONDARY BUSINESS</b> |                                                                                                      |                          | Yes                      | No                       |
|---------------------------|------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                           | Is there a secondary business? If no, disregard.                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                           | Is this a legal entity?                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                           | Is this business being conducted as a separate undertaking or enterprise?                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                           | Are separate payroll records maintained for the secondary business?                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                           | Is the secondary business physically separated from the principal business by structural partitions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                           | Is there any interchange of labor between the principal and secondary business?                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                           | Do all employees interchange labor between the principal and secondary business?                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**All requested information must be provided before we can render an opinion.**

