



111 Hekili Street, PMB #204
 Kailua, HI 96734
 Ph. (808) 429-8067 Fax (808) 254-5300

BUSINESS APPLICATION

BUSINESS INFORMATION				
Legal Name of Business				
dba (if applicable)				
Federal Tax ID #	UI/DOL#	Contractors License #	Date Business Estab.	Years in Business
Type of Organization: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC				
Mailing Address				
Business Address				
Phone	Fax	Email		
Name of Person Completing this Form			Title	
OWNERS				
1. Name		Title	% of Ownership	
Email	Date of Birth	Phone	SSN	
Residential Address		City	Zip	
2. Name		Title	% of Ownership	
Email	Date of Birth	Phone	SSN	
Residential Address		City	Zip	
WORKSITE (e.g. warehouse, office, retail)				
1. Type of Business Site		Number of Employees at Site		
Street Address		City, State, Zip		
2. Type of Business Site		Number of Employees at Site		
Street Address		City, State, Zip		
BANKING INFORMATION				
Bank Name and Branch		Type of Account		
Account Number		Routing Number		
Contact Name		Telephone Number		

Do you employ individuals 18 years of age and under?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	(attach job description of each minor)
Do workers operate motor vehicles?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
If yes, are CDL required?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Do any of your workers operate heavy equipment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	(describe)
Do you perform drug testing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Pre-employment <input type="checkbox"/> Random Accident <input type="checkbox"/> Post
Do you perform weekly Tail Gate/Safety Meetings	<input type="checkbox"/> No	<input type="checkbox"/> Yes	(attach copy of last (3) sign off sheets
Are there any safety training, requirements programs, certifications, etc. for your industry mandated by law?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	(attach list/copies of required training, requirements programs, certifications, etc.)
Check all that are applicable to your business and include a CURRENT copy with this application:			
<input type="checkbox"/> Liability Insurance Certificate	<input type="checkbox"/> Current Employee Manual		
<input type="checkbox"/> OSHA 200 Log - OSHA 200 Injury Log	<input type="checkbox"/> Safety Program(s)		
<input type="checkbox"/> Contractors License	<input type="checkbox"/> Business Auto Policy		
DEPOSIT REQUIRED			
<input type="checkbox"/> \$200 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> Other \$----- <input type="checkbox"/> n/a			
This deposit is used to process the Workers Compensation insurance policy. The deposit will be applied to the first DBS, Inc. invoice incurred. However, should you decide not to use DBS, Inc. services, \$100.00 of the deposit is non-refundable. The remaining deposit will be returned within 10 business days.			

Everything I have stated in this application is correct to the best of my knowledge. I authorize inSOURCE both now and in the future to check my personal credit history and/or the credit history of my business. I also authorize inSOURCE to work on my behalf with Trans Pacific Insurance to obtain a Workers Compensation policy for my business.

Name _____ Date _____

Signature _____ Date _____