



Workers' Compensation Supplemental Application

Named Insured: \_\_\_\_\_
Website: \_\_\_\_\_
Agency/Broker: \_\_\_\_\_

Does your agency currently control the account [ ] Yes [ ] No

If you need additional space for any answer, please use the comments section at the end of the supplemental or on a separate sheet of paper

Operations/Exposures

Detailed Description of Operations: \_\_\_\_\_

\_\_\_\_\_

1. Any seasonal operations? [ ] No [ ] Yes If yes, please explain \_\_\_\_\_

2. Operations are: [ ] Increasing [ ] Decreasing [ ] Stable

3. # of employees is: [ ] Increasing [ ] Decreasing [ ] Stable

4. Payrolls are: [ ] Increasing [ ] Decreasing [ ] Stable

Please provide details for any previous or planned fluctuation in payroll. \_\_\_\_\_

5. Percent of union employees \_\_\_\_\_%

Percent of non-union employees \_\_\_\_\_%

6. Turnover % for the last 12 months \_\_\_\_\_%

Number of W-2's issued last year \_\_\_\_\_ Prior Year \_\_\_\_\_

Future layoffs foreseen? [ ] No [ ] Yes

7. Number of employees: Full time \_\_\_\_\_ Part-time \_\_\_\_\_

Seasonal \_\_\_\_\_ Volunteers \_\_\_\_\_

Number of W-2's issued last year \_\_\_\_\_ Previous year \_\_\_\_\_

8. Employees are paid? [ ] Hourly [ ] Piece rate

[ ] Commission [ ] Flat salary

[ ] Other: \_\_\_\_\_

If hourly: Average Wage/Hour \$ \_\_\_\_\_

9. Do any employees work from home? [ ] No [ ] Yes if yes, how many? \_\_\_\_\_

What are their duties? \_\_\_\_\_

10. Average length of employment \_\_\_\_\_ Average number of years of experience \_\_\_\_\_

Ratio of supervisors to employees \_\_\_\_\_ Average supervisor length of employment \_\_\_\_\_

Average supervisor years of experience \_\_\_\_\_

11. Number of employees who live/work out of state: Live \_\_\_\_\_ Work \_\_\_\_\_

What States: \_\_\_\_\_

12. Hours of operation: [ ] 24 Hours a day OR

FROM \_\_\_\_\_ [ ] AM [ ] PM TO \_\_\_\_\_ [ ] AM [ ] PM

FROM \_\_\_\_\_ [ ] AM [ ] PM TO \_\_\_\_\_ [ ] AM [ ] PM

Number of shifts \_\_\_\_\_

Any weekend, nightshifts, or graveyard shifts? [ ] No [ ] Yes If yes, please explain \_\_\_\_\_

Any day laborers, temps or leased employees?  No  Yes If yes, please provide details \_\_\_\_\_

13. Any off-premises operations?  No  Yes if yes, what percentage \_\_\_\_%  
 If yes, please describe these operations \_\_\_\_\_
14. Independent contractors used?  No  Yes If yes, for what purpose \_\_\_\_\_  
 If yes, how are they paid?  1099's  Other (please explain) \_\_\_\_\_
15. Are you currently participating in a MPN (Medical Provider Network)?  No  Yes  
 If yes, please provide the name of the current MPN: \_\_\_\_\_
16. Has the ownership of the applicable entity changed within the past 5 years?  No  Yes  
 If yes above, please provide details (on another sheet if needed) \_\_\_\_\_
17. Does the insured belong to any trade associations?  No  Yes If yes, please list them \_\_\_\_\_
18. Any group transportation of employees?  No  Yes  
 If yes above, how are employees transported?  
 Car  Truck  Van  Bus  Other: \_\_\_\_\_  
 Number of employees' in a vehicle? \_\_\_\_\_  
 Number of vehicles used to transport? \_\_\_\_\_  
 How frequently are employees transported? \_\_\_\_\_

## **Premium/ Payroll**

Please use estimated premium and payroll for the current policy and audited premium and payroll for all prior periods.  
 Please provide payroll and premium going back at least 4 full years.

	<b>Premium</b>	<b>Payroll</b>
Current policy	\$ _____	\$ _____
1 <sup>st</sup> Prior policy period	\$ _____	\$ _____
2 <sup>nd</sup> Prior policy period	\$ _____	\$ _____
3 <sup>rd</sup> Prior policy period	\$ _____	\$ _____
4 <sup>th</sup> Prior policy period	\$ _____	\$ _____

Please explain reason(s) for any lapses in coverage or policies greater than or less than a full year \_\_\_\_\_

## **Safety Program**

1. Formal safety / injury & illness prevention program?  No  Yes
2. Is there a full-time safety director or risk manager,  
 i.e. no additional job responsibilities?  No  Yes  
 If yes, how long has there been a designated safety person? \_\_\_\_\_  
 If yes, name and title: \_\_\_\_\_
3. Active safety incentive program?  No  Yes  
 If yes, what type of incentive(s)? \_\_\_\_\_  
 If yes, does it encompass all employees?  No  Yes
4. Do you have an accident investigation program?  No  Yes  
 If yes, do you have a formal written accident report?  No  Yes
5. Do you have an early return to work program?  No  Yes  
 If yes, is it?  Formal  Informal  
 If yes, does it include salary continuation?  No  Yes  
 If yes, does it include modified/light duty?  No  Yes
6. Do you test for drugs  No  Yes

If yes, when?  Pre-Hire  Post Accident  Random  Near Miss

## Safety Program Contd.

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7. Are MVR's checked?  No  Yes  
If yes, how often \_\_\_\_\_
8. Are owners active in daily operations?  No  Yes  
If yes, are they excluded from coverage?  No  Yes
9. Are safety meetings conducted?  No  Yes  
If yes, how often do they occur? \_\_\_\_\_  
If yes, are they  Formal / documented  Informal
10. CPR training provided?  No  Yes If yes, number of employees certified \_\_\_\_\_
11. Any material handling exposures?  No  Yes  
If yes, Please explain \_\_\_\_\_  
How much is lifted by hand  <25 lbs.  25-40  40+  
List any mechanical lifting devices used: \_\_\_\_\_  
Forklifts used?  No  Yes  
If forklifts used, is forklift training provided?  No  Yes  
Annual Certification for forklift drivers?  No  Yes  
Number of Forklift Drivers \_\_\_\_\_ Number of forklifts \_\_\_\_\_
12. Loss control services been performed in the last year?  No  Yes  
Has Cal/OSHA visited or cited your business in the last year?  No  Yes  
If yes to either of the above, please provide an explanation (on separate page if needed) \_\_\_\_\_
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13. Is PPE mandatory?  No  Yes  
Is there a progressive disciplinary program in place if employees fail to use the equipment?  
 No  Yes  
Personal protection equipment (PPE) provided?  No  Yes  N/A  
What PPE is used?  Back Belts  Goggles  Masks  
 Face Guard  Gloves  Respirators  
 Hearing protection devices  
 Other (please describe): \_\_\_\_\_
14. Does the insured use any of the following?  Ladder  Scaffolding  Scissor lifts  N/A  
If scaffolding is used, does the insured build their own?  No  Yes  
Strict enforcement of utilization?  No  Yes  N/A  
What is the maximum height at which you will work? \_\_\_\_\_
15. The building / premises are?  Owned or  Leased  
Condition of premises?  Excellent  Very good  Average
16. Please answer the following questions by marking the applicable box:  
Do you hold supervisors accountable for safety?  No  Yes  
Do you have a Hearing Conservation Program?  No  Yes  
Do you have a Hazard Communication Program?  No  Yes  
Is there a set procedure for reporting claims?  No  Yes  
Do you have a Blood Borne Pathogen Program?  No  Yes  
Documented physical inspection of the premises?  No  Yes  
Respiratory Program in place?  No  Yes  N/A  
Is all machinery/equipment properly guarded?  No  Yes  N/A  
Are all equipment operators trained/ certified?  No  Yes  N/A  
Condition of equipment?  New  Good  Average  N/A  
Material Safety Data Sheets available for all chemicals and products used?  No  Yes  N/A  
Written Lockout/Tagout/Blockout Procedures in place?  No  Yes  N/A

## Benefits

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1. Group medical provided?  No  Yes  
If yes, name of healthcare provider \_\_\_\_\_  
Percentage of employees enrolled \_\_\_\_\_ %  
Percentage paid by employer \_\_\_\_\_ %  
If group medical is provided, who is eligible  FT  PT  Seasonal  Management/Supervisors only?
2. Paid Sick Leave?  No  Yes Paid Vacation ?  No  Yes
3. What is the average weekly wage of the employees in the governing class? \$ \_\_\_\_\_
4. Retirement / Pension Plan?  No  Yes  
If yes above, Does employer contribute?  No  Yes
5. Do you use a specific medical provider to treat injured employees?  No  Yes

## Hiring Practices

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1. Are personnel files documented for pre-existing injuries?  No  Yes
2. Employee Orientation Program?  No  Yes  
If yes above, is the orientation?  Verbal only  Verbal and Documented
3. Please answer the following questions by marking the applicable box  
Written Application used?  No  Yes Is a background check service used?  No  Yes  
Reference Checks?  No  Yes Pre/Post employment Physicals?  No  Yes  
Orthopedic back testing?  No  Yes MVR's checked?  No  Yes  
Pre-Employment drug testing?  No  Yes Post accident drug testing?  No  Yes  
Audio hearing tests?  No  Yes Formal job descriptions on file?  No  Yes  
Is job specific training provided?  No  Yes Pathogenic testing done (i.e. lead)?  No  Yes

## Driving Exposure

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1. Are your employees engaged in any driving, pick-up, or delivery operations?  No  Yes  
If yes above, how frequently:  Daily  Weekly  Other \_\_\_\_\_  
MVR checks performed?  No  Yes  
If yes, frequency  Annual  Semi-Annual  
Do you participate in the CHP Pull Program?  No  Yes  
Are motorcycles used for any driving pick-up or delivery operations?  No  Yes  
Average Travel Radius  Less than 50 Miles  50 – 100 Miles  Greater than 100 Miles  
How often do you do deliveries greater than 100 miles? \_\_\_\_\_  
# of Vehicles \_\_\_\_\_  
# of drivers \_\_\_\_\_
2. Vehicle/Fleet maintenance program?  No  Yes  
If yes, who performs the service?  Outside Vendor  
 In-house employees
3. Vehicle Inspection program?  No  Yes
4. Are company vehicles owned?  No  Yes If yes, are vehicles taken home?  No  Yes
5. Has a driver acceptability standard been established?  No  Yes
6. Do employees use company vehicles for personal business?  No  Yes  
Do employees use personal vehicles for errands or deliveries?  No  Yes
7. Is a PUC/DMV filing program required?  PUC  DMV  N/A  
If a PUC/DMV filing is required what is the motor carrier number? \_\_\_\_\_  
What is the exact name that appears on the PUC/DMV filing? \_\_\_\_\_

**Traveling Exposure**

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1. Any out of state, international or overnight (within state) travel?  No  Yes

If yes, please provide details \_\_\_\_\_  
What is the purpose? \_\_\_\_\_  
Who will travel? \_\_\_\_\_  
Mode of transportation? \_\_\_\_\_  
# of employees who travel? \_\_\_\_\_ Frequency? \_\_\_\_\_  
Duration? \_\_\_\_\_ Where? \_\_\_\_\_

**Catastrophic Exposure**

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1. Does the insured work within 2 miles of the following: government or military bases, financial institutions, sports stadiums, arenas, theme parks, major bridges, tunnels, dams, utilities/power plants, transportation hubs, railroads, airports, shipping, historic / symbolic buildings, monuments or parks?  No  Yes

If yes, please explain \_\_\_\_\_

2. Do they have employees in a 4 story building or greater?  No  Yes

If yes above, structure of buildings is: (tilt up concrete; masonry; steel; wood frame/stucco) \_\_\_\_\_

**Claims**

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Please forward at least 4 years of loss information valued within 90 days of policy inception.

For claims over \$25,000 please advise us of the following:

- Was it an accepted claim?
- Is the employee still working for the insured?
- What corrective action has the insured taken to prevent reoccurrences?
- How did it occur? What was the injury?

Please include a copy of the most current experience modification worksheet available along with a copy of the Bureau Inspection Report

**Additional Information/Comments:**

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**Signed**

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**Dated**

## Workers' Compensation Supplemental Application Class Specific Questions

### Agriculture – Farming

1. Is the insured a farm labor contractor?  No  Yes
  2. Do any family members work in operation?  No  Yes  
If yes, are any under the age of 16?  No  Yes
  3. Is harvesting  mechanized or  manual?
  4. Are operations seasonal?  No  Yes  
If yes, season begins \_\_\_\_\_ ends, \_\_\_\_\_  
# of seasonal employees hired \_\_\_\_\_  
Are the same employees used each season?  No  Yes
  5. Is housing provided?  No  Yes  
If yes, # of employees housed? \_\_\_\_\_  
Is the charge for housing included in the payroll?  No  Yes
  6. Do any employees conduct work on sump pumps?  No  Yes
  7. Are employees allowed to enter stem pipes around lagoon?  No  Yes  
If yes above, are proper safety procedures in place for working near steam pipes, lagoons or sump pumps?  
 No  Yes
  8. Any confined spaces exposures?  No  Yes  
If yes above, please provide details on separate page (if needed) – include a copy of written procedures and details of Confined Spaces Training. \_\_\_\_\_
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9. Is there an extreme temperature program that meets Cal OSHA requirements?  No  Yes
  10. Does the insured own or operate any ATV's?  No  Yes

### Automotive Services

1. Any towing services provided?  No  Yes If yes, any contract towing?  No  Yes
2. Any road repair assistance?  No  Yes If yes, 24 hour exposure?  No  Yes
3. Is there a mini-market on premises?  No  Yes If yes, any sales of alcoholic beverages?  No  Yes
3. Please answer the following questions by marking the applicable box.
 

Any test driving of customers' vehicles?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Open 24 hours?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Security/surveillance cameras on premises?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Any transportation of customers?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is cashier's booth bulletproof?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Any fueling operations?	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Access to Freeway?  0-1 mile  1-2 miles  2+ miles
5. How many employees are ASE trained and certified? \_\_\_\_\_

### Contractors

**Please attached a project list for the last 12 months and a bid list for the next 12 months**

1. Contractors license number? \_\_\_\_\_ Years experience in trade? \_\_\_\_\_  
Estimated # of jobs per year? \_\_\_\_\_
2. Indicate % of work conducted in each of the following operations (must equal 100% for each line)
 

New Construction	_____	Remodeling	_____	Service/Repair	_____	= 100%
Commercial	_____	Apts/Condos/Tract Homes	_____	Single Custom Homes	_____	= 100%
Interior	_____	Exterior	_____			= 100%

 If exterior work is done, what is the maximum height exposure? \_\_\_\_\_
3. Any use of cranes, booms or similar heavy construction equipment?  No  Yes
4. Any work below grade?  No  Yes Max Depth in feet \_\_\_\_\_ Percent of total work \_\_\_\_\_%

5. Any confined spaces exposures?  No  Yes If yes, please provide details on separate page if needed – include copy of written procedures and details of Confined Spaces Training \_\_\_\_\_
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6. Any work involving asbestos, hazardous product abatement, chemical/petroleum products or underground tank or pipe replacement?  No  Yes If yes, please explain \_\_\_\_\_
- Any USL&H Work?  No  Yes If yes, please explain \_\_\_\_\_
7. Does this risk conduct work for the government or city municipalities?  No  Yes
8. Is the applicant involved in “Wrap Up” or “OCIP” projects  No  Yes  
If yes, please provide percentage of total payroll dedicated to these projects \_\_\_\_\_%
- Also, advise detailed procedures on how applicant determines employee split between these projects and other contracts/projects (not Involving “wrap up” or “OCIP”). \_\_\_\_\_
9. Indicate % of work conducted in each of the following operations or mark not applicable -  N/A
- |   |   |   |  |   |
|---|---|---|--|---|
| <input type="checkbox"/> Blasting         | <input type="checkbox"/> Drilling         | <input type="checkbox"/> Light Pole Work  | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Tunneling        |
| <input type="checkbox"/> Grading          | <input type="checkbox"/> Wrecking         | <input type="checkbox"/> Gas Mains        | <input type="checkbox"/> Multi Story Buildings | <input type="checkbox"/> Crane Work       |
| <input type="checkbox"/> Asbestos         | <input type="checkbox"/> Highway Work     | <input type="checkbox"/> Scaffold set-up  | <input type="checkbox"/> Roofing               | <input type="checkbox"/> Concrete Tilt-up |
| <input type="checkbox"/> Sewer            | <input type="checkbox"/> Exterior Framing | <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Bridge Work           | <input type="checkbox"/> Excavation       |
| <input type="checkbox"/> Supervisory only | <input type="checkbox"/> Street/Road Work | <input type="checkbox"/> Spray painting   | <input type="checkbox"/> Dock/Sea Walls        |   |
10. Does the insured have an extreme temperature program that meets Cal OSHA requirements?  No  Yes

## **Motel / Hotel**

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1. Any rental of rooms by the hour?  No  Yes
2. Which of the following best describes the risk's operations?  
 Motel  Hotel  Fraternity/Sorority House  Boarding House  Dude Ranch  Brothel
3. If hotel is marked above, what is their AAA Rating? \_\_\_\_\_ (if the hotel is not AAA rated, mark N/A)
4. Does the insured use sub-contractors for their major repairs?  No  Yes
5. Does the insured provide shuttle service?  No  Yes
6. Do they have the ability to store their cleaning equipment on each floor?  No  Yes  
If yes, do they have access to an elevator?  No  Yes
7. Does the insured required 2-person teams to flip mattresses?  No  Yes

## **Janitorial Contractors**

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1. Do they have on-site cleaning equipment and supplies?  No  Yes
2. What is the number of buildings the majority of your crew(s) services per shift:  
 1 Building  2-3 Buildings  3 or more buildings
3. Check appropriate exposures in the following areas:
- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Education Facilities   | <input type="checkbox"/> Nursing Homes    | <input type="checkbox"/> Apartment houses | <input type="checkbox"/> Hospitals            |
| <input type="checkbox"/> Airports               | <input type="checkbox"/> Office Buildings | <input type="checkbox"/> Stores           | <input type="checkbox"/> Government           |
| <input type="checkbox"/> Hotels                 | <input type="checkbox"/> Museums          | <input type="checkbox"/> Medical Offices  | <input type="checkbox"/> Manufacturing Plants |
| <input type="checkbox"/> Fire/Flood/Restoration |   |   |   |
4. Indicate % of services provided (must equal 100%):
- |  |  |                              |
|--|--|------------------------------|
| General cleaning* _____                                    | Chimney cleaning _____                     | Debris Clearing _____        |
| Industrial cleaning _____                                  | Ceiling Tile cleaning _____                | landscaping _____            |
| Carpet Cleaning _____                                      | Elevator maintenance _____                 | Clean Room _____             |
| Snow removal _____   | Crime scene clean-up _____                 | Fire/flood restoration _____ |
| Pest control _____   | Parking lot cleaning _____                 |                              |
| Exterior window cleaning above 1st floor _____             | Heating, A/C ventilation service _____     |                              |
| Aircraft service and maintenance _____                     | Pressure or steam washing operations _____ |                              |
| Maid/housekeeping services _____                           | Floor waxing and refinishing _____         |                              |
| Servicing/cleaning of hoods/filters/grease traps/etc _____ |  |                              |
- \* General Cleaning includes operations such as vacuuming, dusting, wastebasket trash pick up, floor and rug cleaning, restroom clean-up
5. Are employees supervised?  No  Yes If yes, supervision is  Direct  Roving  
Do employees work in pairs or more?  No  Yes

## Retail / Wholesale

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1. Type of Merchandise? \_\_\_\_\_
2. Gross Receipts: \_\_\_\_\_ Wholesale \_\_\_\_% Retail \_\_\_\_%
3. Warehousing?  No  Yes
4. Any repacking or repackaging operations  No  Yes If yes, please explain operations: \_\_\_\_\_
5. Assembly exposure?  No  Yes If yes, please explain exposure: \_\_\_\_\_

## Manufacturing

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1. What type of raw material does the insured use?  
 Plastics  Aluminum  Titanium  Zinc  Magnesium  Copper  
 Cadmium  Brass  Lead  Nickel  Tin  Chromium  
 Other \_\_\_\_\_  
What percentage of the operations utilizes these materials? \_\_\_\_%
2. What type of machinery is used? Check all that apply  
CNC \_\_\_\_\_ Planing \_\_\_\_\_ Milling \_\_\_\_\_ Boring \_\_\_\_\_  
Stamping \_\_\_\_\_ Drilling \_\_\_\_\_ Power Presses \_\_\_\_\_ Grinders \_\_\_\_\_  
Cutters \_\_\_\_\_ Saws \_\_\_\_\_ Welding \_\_\_\_\_ Sandblasting \_\_\_\_\_  
Die Casting \_\_\_\_\_ Press Brakes \_\_\_\_\_ Jig Borer \_\_\_\_\_ Lathes \_\_\_\_\_  
Punch Presses \_\_\_\_\_ Other (type and number) \_\_\_\_\_
3. Who is responsible for maintaining machinery?  Insured  Contractor  Other \_\_\_\_\_
4. Does the insured do any installation?  No  Yes If yes, please explain \_\_\_\_\_
5. Is there any off premises work?  No  Yes If Yes, what percentage \_\_\_\_%  
If yes above, what are these operations & where do they occur? \_\_\_\_\_
6. Any interchange of labor?  No  Yes If yes, please explain \_\_\_\_\_
7. Average Age of machinery:  <2 yrs  2-5 yrs  5-10 yrs  10+ yrs
8. Accessible moving parts guarded on machinery/equipment?  No  Yes
9. Is building properly ventilated?  No  Yes  
Is proper dust collection system in place?  No  Yes
10. What is the average weight of final product(s)? \_\_\_\_\_ What is the end product? \_\_\_\_\_

## Landscaping

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1. Does the insured perform weed abatement, above ground level tree trimming, more than incidental excavation work, work along non-residential medians or major roads / highways, land clearing, holiday decorations installation or removal of parasitic vines like mistletoe?  No  Yes
2. What percentage of the risk's operations are: Residential \_\_\_\_% Commercial \_\_\_\_%
3. Which of the following best describes the risk's operations?  Landscape Maintenance  Landscape Design  
If the insured's operation includes landscape design, please answer the following questions:  
What percentage of the risk's operations are remodel? \_\_\_\_%  
Does the insured do hardscape work?  No  Yes  
Does the insured perform any sprinkler installation?  No  Yes  
Do the insured's operations include the removal of trees?  No  Yes  
Does the insured perform any tree planting greater than 25 gallons?  No  Yes
4. Does the insured's operation include snow removal?  No  Yes  
If yes above, what percentage of the insured's total operation is snow removal? \_\_\_\_%
5. Any use of chippers, mulchers, cherry pickers, booms or other similar equipment?  No  Yes  
If yes above, please explain \_\_\_\_\_



## Restaurants

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1. What type of restaurant best describes the insured's operations? If more than one applies check both.
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Banquet Hall               | <input type="checkbox"/> Cafeteria/Buffer                     | <input type="checkbox"/> Fast Food                  |
| <input type="checkbox"/> Casual Dining/Family Style | <input type="checkbox"/> Fine Dining (Entrée Price \$20 or >) | <input type="checkbox"/> Diner (IHOP/Denny's, etc.) |
| <input type="checkbox"/> Gentlemen's Club           | <input type="checkbox"/> Hotel/Resort Restaurant              | <input type="checkbox"/> Mobile Catering Truck      |
| <input type="checkbox"/> Night Club                 | <input type="checkbox"/> Pizza Delivery                       | <input type="checkbox"/> Tavern/Sports Bar          |
2. Does the insured do any off-site catering (delivery and set-up of food)?  
\_\_\_\_\_%
3. Does the insured have entertainment?  No  Yes
4. Does the insured have security guards or bouncers?  No  Yes
5. Are any of the insured's locations open after 11?  No  Yes
6. Does the insured require non-slip shoes?  No  Yes
7. What is the percentage of liquor sales?  
\_\_\_\_\_%