



WORKERS COMPENSATION APPLICATION

1. Applicants' Name: _____
2. Applicants' Address: _____
3. Applicants' Phone Number: _____ 3a. Email Address: _____
4. Applicants' Years in Business: _____ 4a. Applicants' Years of Experience: _____
5. FEIN/SSN# _____
6. Years in business: _____ 6a. Years Experience _____
7. Workers Compensation Insurance Rating Bureau Number: _____
8. Applicants' Operations: _____

I. RATING INFORMATION SECTION

State	Class Code	Categories, Duties, Classifications	# Employees Full Time	# Employees Part Time	Estimated Annual Payroll

II. INDIVIDUALS INCLUDED/EXCLUDED

#	Name	Title/Relationship	% Owner	Duties	Inc/Exc.	Class Code	Annual Payroll
1							
2							
3							
4							
5							
6							

All applicants must complete all of page 1 through 4, then must complete the page specific to their industry, and sign this form.

Applicant Name: _____		Effective Date: _____
Federal ID No.: _____	Web Address: _____	
Producer currently writes applicant's work comp coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current lapse in coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Insurance provided through Blue Cross? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Voluntary	
Additional Coverages: <input type="checkbox"/> Waiver of Subrogation – Blanket	<input type="checkbox"/> USL&H	
<input type="checkbox"/> Waiver of Subrogation - Specific	<input type="checkbox"/> Repatriation <input type="checkbox"/> Other: _____	
Preferred Pay Plan <input type="checkbox"/> Monthly Report of Payroll	<input type="checkbox"/> Monthly Stipulated Installments <input type="checkbox"/> Other: _____	
Regulatory authority filing required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> PUC # _____	<input type="checkbox"/> DMV # _____
	<input type="checkbox"/> DOT # _____	

A. PRIOR PAYROLL, PREMIUM, AND CARRIER INFO

	Total Annual Payroll	Premium	Carrier
2015 - 2016	\$	\$	
2014 - 2015	\$	\$	
2013 - 2014	\$	\$	
2012 - 2013	\$	\$	
2011 - 2012	\$	\$	

B. OPERATIONS

1. States of operations: CA NV Others: _____

2. Owners active in daily operations? Yes No If yes, excluded from coverage? Yes No

3. Hours of operations: From: _____ To: _____ 4. Number of shifts: _____

5. 24-hour exposure? Yes No If yes, what is exposure? _____

6. Year business established: _____

7. New venture or acquisition of an existing business? Yes No

If yes: Years of experience in this industry: _____

Purchasing a pre-existing business? Yes No

If yes: Date of acquisition: _____

Prior loss runs available? Yes No

Current management being retained? Yes No If yes, what percentage is being retained? _____%

Current employees being retained? Yes No If yes, what percentage is being retained? _____%

Commencing to do business for the first time? Yes No

Hiring employees for the first time? Yes No

8. Driving / delivery exposure? Yes No

If yes: Purpose of driving / delivery operations:

Sales / Consulting Delivery Test Drive To / From Job Sites

Other: _____

Frequency: Daily Weekly Other: _____

Radius of driving/delivery:

0 - 25 Miles _____%	101 - 200 Miles _____%	1,001 – 1,500 Miles _____%
26 - 50 Miles _____%	201 - 500 Miles _____%	Over 1,500 Miles _____%
51 - 100 Miles _____%	501 – 1,000 Miles _____%	

Maximum radius: _____ miles

of vehicles used: Cars _____ Trucks _____ Vans _____ Buses _____ Other: _____

of authorized drivers: _____

Group transportation of employees (more than 3 employees in same vehicle)? Yes No

If yes: Frequency of trips involving group transportation: Daily Weekly Other: _____



Workers' Compensation Supplemental Application

<p>Company vehicles taken home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Employees use personal vehicles for company use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Vehicle/fleet maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> By Employees <input type="checkbox"/> By Outside Vendors</p> <p>Fleet safety program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Driver acceptability standards program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>MVRs checked before or after hire? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>MVRs checked annually? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Enrollment in DMV "Pull" Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																						
<p>9. Heights of operations: (must equal 100%)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; text-align: center;">% of Operations</td> <td style="width:15%; text-align: center;">Accessed Via</td> <td colspan="5"></td> </tr> <tr> <td>0 to 6 feet _____%</td> <td><input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding</td> <td><input type="checkbox"/> Cherry Picker / Boom</td> <td><input type="checkbox"/> Scissor Lift</td> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> <tr> <td>7 to 15 feet _____%</td> <td><input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding</td> <td><input type="checkbox"/> Cherry Picker / Boom</td> <td><input type="checkbox"/> Scissor Lift</td> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> <tr> <td>16 to 25 feet _____%</td> <td><input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding</td> <td><input type="checkbox"/> Cherry Picker / Boom</td> <td><input type="checkbox"/> Scissor Lift</td> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> <tr> <td>26 to 35 feet _____%</td> <td><input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding</td> <td><input type="checkbox"/> Cherry Picker / Boom</td> <td><input type="checkbox"/> Scissor Lift</td> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> <tr> <td>Over 35 feet _____%</td> <td><input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding</td> <td><input type="checkbox"/> Cherry Picker / Boom</td> <td><input type="checkbox"/> Scissor Lift</td> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table> <p>Maximum height of operations: _____ feet</p> <p>If scaffolding is used is it erected by employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are employees certified annually? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Formal/documented fall protection program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, copy available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		% of Operations	Accessed Via						0 to 6 feet _____%	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding	<input type="checkbox"/> Cherry Picker / Boom	<input type="checkbox"/> Scissor Lift	<input type="checkbox"/> Other: _____		7 to 15 feet _____%	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding	<input type="checkbox"/> Cherry Picker / Boom	<input type="checkbox"/> Scissor Lift	<input type="checkbox"/> Other: _____		16 to 25 feet _____%	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding	<input type="checkbox"/> Cherry Picker / Boom	<input type="checkbox"/> Scissor Lift	<input type="checkbox"/> Other: _____		26 to 35 feet _____%	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding	<input type="checkbox"/> Cherry Picker / Boom	<input type="checkbox"/> Scissor Lift	<input type="checkbox"/> Other: _____		Over 35 feet _____%	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding	<input type="checkbox"/> Cherry Picker / Boom	<input type="checkbox"/> Scissor Lift	<input type="checkbox"/> Other: _____	
% of Operations	Accessed Via																																					
0 to 6 feet _____%	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding	<input type="checkbox"/> Cherry Picker / Boom	<input type="checkbox"/> Scissor Lift	<input type="checkbox"/> Other: _____																																		
7 to 15 feet _____%	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding	<input type="checkbox"/> Cherry Picker / Boom	<input type="checkbox"/> Scissor Lift	<input type="checkbox"/> Other: _____																																		
16 to 25 feet _____%	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding	<input type="checkbox"/> Cherry Picker / Boom	<input type="checkbox"/> Scissor Lift	<input type="checkbox"/> Other: _____																																		
26 to 35 feet _____%	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding	<input type="checkbox"/> Cherry Picker / Boom	<input type="checkbox"/> Scissor Lift	<input type="checkbox"/> Other: _____																																		
Over 35 feet _____%	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding	<input type="checkbox"/> Cherry Picker / Boom	<input type="checkbox"/> Scissor Lift	<input type="checkbox"/> Other: _____																																		
<p>10. Depths of operations: (must equal 100%)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; text-align: center;">% of Operations</td> <td></td> </tr> <tr> <td>0 feet _____%</td> <td></td> </tr> <tr> <td>1 to 3 feet _____%</td> <td></td> </tr> <tr> <td>4 to 6 feet _____%</td> <td></td> </tr> <tr> <td>More than 6 feet _____%</td> <td></td> </tr> </table> <p>Maximum depth of operations: _____ feet</p> <p>Trench box or shoring required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	% of Operations		0 feet _____%		1 to 3 feet _____%		4 to 6 feet _____%		More than 6 feet _____%		<p>11. Manual lifting exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, Under 20 lbs. _____%</p> <p>21 to 40 lbs. _____%</p> <p>41 to 50 lbs. _____%</p> <p>Over 50 lbs. _____%</p> <p>(must equal 100%)</p> <p>Formal lifting policy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Supplemental lifting devices used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																											
% of Operations																																						
0 feet _____%																																						
1 to 3 feet _____%																																						
4 to 6 feet _____%																																						
More than 6 feet _____%																																						
<p>12. Employees work from home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type of work: _____</p>																																						
<p>13. Out of state, international, or overnight (within state) travel? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes: Why / Purpose: _____</p> <p>Who will travel: _____ Where: _____</p> <p>Duration: _____ Frequency: _____</p>																																						
<p>14. # employees live or work out of state: Live: _____ Work: _____</p>																																						
<p>15. Number of employees: Full Time: _____ Part Time: _____ Seasonal: _____ Volunteers: _____</p> <p>If volunteers: Duties of volunteers: _____</p> <p>Work comp coverage requested for volunteers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Accident, Health, or Disability Insurance provided to volunteers by applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																						
<p>16. Last 12 months employee turnover: <input type="checkbox"/> <10% <input type="checkbox"/> 11-20% <input type="checkbox"/> 21-30% <input type="checkbox"/> >30% If >20%, why? _____</p>																																						
<p>17. Next 12 months employee count forecast: <input type="checkbox"/> Stable <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing</p>																																						
<p>18. Maximum # of employees at any one location: _____</p>																																						
<p>19. # W-2's issued last year: _____ Previous year: _____</p>																																						
<p>20. Employees paid: <input type="checkbox"/> Hourly <input type="checkbox"/> Flat Salary <input type="checkbox"/> Commission <input type="checkbox"/> Piece rate <input type="checkbox"/> Other: _____</p>																																						
<p>21. Employee to supervisor ratio: <input type="checkbox"/> <4:1 <input type="checkbox"/> 4:1 <input type="checkbox"/> 5:1 <input type="checkbox"/> 6:1 <input type="checkbox"/> 7:1 <input type="checkbox"/> >7:1</p>																																						
<p>22. % of union employees: _____ % of non-union employees? _____</p>																																						
<p>23. Day laborers or temporary / employee leasing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details: _____</p>																																						
<p>24. Average hourly wage for employees in governing class: \$_____/hour</p>																																						
<p>25. Average employee tenure with the company: _____ years</p>																																						
<p>26. Does applicant hire temporary labor in states where they are working on a temporary basis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>																																						
<p>27. Are there any employees exempt from workers' compensation (e.g. casual labor, domestic servants, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																						
<p>28. Does the applicant have any plans to begin operations in states not listed B.1. above? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																						
<p>29. Does the applicant ever "borrow" a worker from another employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																						
<p>30. Are there any employees from a PEO? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																						

Workers' Compensation Supplemental Application

31. Interchange of labor? Yes No
 If yes: Another Business A Subsidiary Between Departments Other: _____

32. Subcontractors used? Yes No If yes, why? _____
 If yes, certificates of insurance kept on file? Yes No

33. Are independent contractors used? Yes No If yes, why: _____
 If yes, how paid: 1099's Other: _____

C. EMPLOYEE BENEFITS

1. Group medical plan provided? Yes No
 If yes: Provider name? _____ % of employees enrolled? _____ % paid by the employer? _____

2. Paid sick leave? Yes No

3. Paid vacation? Yes No

4. Retirement or pension plan? Yes No Employer contribute? Yes No

5. Specific medical provider used to treat injured employees? Yes No Clinic Physician Other: _____
 Distance to provider? _____ miles

6. Medical Provider Network (MPN)? Yes No MPN name? _____

7. CPR training provided? Yes No Number of certified employees? _____

D. HIRING AND EMPLOYEE PRACTICES

1. Written applications? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing tests? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reference checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Orthopedic back testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Criminal background checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pathogenic (disease) testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-hire drug / substance abuse testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Formal job descriptions on file? <input type="checkbox"/> Yes <input type="checkbox"/> No
Post-accident drug/substance abuse testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job-specific training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pre or post hire employment physicals? <input type="checkbox"/> Yes <input type="checkbox"/> No	New employee orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Personnel files documented for pre-existing injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No	

E. LOSS CONTROL AND SAFETY

1. Active injury & illness prevention program? Yes No

Written safety program? Yes No English Spanish Other: _____

Safety training / orientation? Yes No Formal/Documented Informal

Safety meetings? Yes No Frequency? _____

Active safety incentive program? Yes No Type of incentive? _____

Safety director or risk manager? Yes No Full time position? Yes No

Written accident reporting policy? Yes No

Written accident investigation procedure? Yes No

Supervisors accountable for injuries / accidents? Yes No

Return to work program? Yes No Salary continuation included? Yes No

Specific job training? Yes No

Forklift training? Yes No N/A

Machinery/equipment property guarded? Yes No N/A

Written lockout / tagout / blockout procedures? Yes No N/A

Respiratory program? Yes No N/A

Office ergonomic safety program? Yes No N/A

Personal protective safety equipment? Yes No N/A

If yes: Back Belts Boots Safety glasses Hearing Protection Respiratory Equipment
 Gloves Guard Rails Safety belts Ladder Tie Offs Full Body Harnesses
 Safety Nets Other: _____

2. OSHA citation in last year? Yes No If yes, please explain: _____

3. Loss control services performed in last year? Yes No
 If yes, required recommendations completed? Yes No

F. OTHER CONSIDERATIONS			
1. Bankruptcy (ever)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Years at current location: _____		3. Age of occupied building: _____ years	
4. Building / Premises: <input type="checkbox"/> Owned <input type="checkbox"/> Leased		5. Condition of premises: <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Average	
6. Equipment condition: <input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> N/A			
7. Equipment operators trained and currently certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
8. Average claim reporting timeframe: _____ days			
9. Any claim over \$50,000 in last four years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information for each such claim:			
How did it occur?		Is employee still working for the applicant?	
What was the injury?		What corrective action has the applicant taken to prevent reoccurrences?	
10.	This section must be completed by all applicants who are individuals, sole proprietorships, husband and wife, or partnerships (where the general partners are husband and wife).		
Please list below any relatives residing in your household who are employees of your business and to whom your books and records show payments to such relatives:			
Employed Relatives*			
Name	Relationship to You	Job Title or Duties	Estimated Annual Remuneration
<input type="checkbox"/> Check here if there are no relatives residing in your household that are employed in your business.			
*Relatives are defined as: spouse, child by birth or adoption, stepchild, grandchild, son-in-law, daughter-in-law, parent, step-parent, parent-in-law, grandparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, sister-in-law, uncle, aunt, nephew, or niece.			
Note: Per California Labor Code, as an employer you are required to include in your Workers' Compensation coverage all relatives residing in your household who are your employees. Any policy issued based on information provided in this application will exclude coverage for residing relatives if none are listed above.			
Note: All information provided is subject to verification by way of an underwriting survey or inspection. Arrowhead General Insurance Agency, Inc. must be notified of any significant change in operations or payroll. Terms of insurance coverage may be cancelled for misrepresentation if information provided is inaccurate.			

Note: All information provided is subject to verification by way of an underwriting survey or inspection. Underwriter must be notified of any significant change in operations or payroll. Terms of insurance coverage may be cancelled for misrepresentation if information provided is inaccurate.

Applicant Name

Date

Signature of Applicant

G. CONTRACTORS	
1. Applicant type: <input type="checkbox"/> Prime Contractor <input type="checkbox"/> General Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> Other: _____	
2. Applicant licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, license number: _____	
3. Estimated annual gross sales: \$ _____	4. Estimated number of jobs per year: _____
5. % of work conducted in each of the following operations:	
Residential _____ %	Commercial _____ %
New Construction _____ %	Remodeling _____ %
Interior _____ %	Exterior _____ %
Industrial _____ % (must equal 100%)	
Service/Repair _____ % (must equal 100%)	
(must equal 100%)	
6. % of work is sub-contracted out: _____ % Types of work subcontracted: _____	
7. # of Waivers of Subrogation are needed annually: _____	
8. Certificates of insurance obtained from subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No # of certificates collected annually: _____	
9. 1099s received from independent contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Use of cranes, booms, or similar heavy equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Exposure to confined spaces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: _____	
12. "Wrap Up" or "OCIP" projects? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Indicate % of work conducted in each of the following operations. If none apply, <input type="checkbox"/> N/A	
_____ Supervisory only	_____ Concrete Tilt-ups
_____ Roofing (flat)	_____ Streets / Roads
_____ Roofing (sloped>15 degrees)	_____ Highways
_____ Exterior Framing	_____ Tanks
_____ Grading	_____ Utility Poles
_____ Excavation	_____ Structural Steel
_____ Water Mains	_____ Welding
_____ Sewers	_____ Spray Painting
_____ Gas Mains	_____ Solar Panels
_____ Other	_____ Wrecking/Demolition
	_____ Debris removal/job site cleanup
	_____ Scaffold Set-up
	_____ Crane Work
	_____ Blasting
	_____ Tunneling
	_____ Drilling
	_____ High Voltage
	_____ Cell Towers
	_____ Boilers
	_____ Waterways
	_____ Marinas
	_____ Seawalls
	_____ USL&H
	_____ Over Passes
	_____ Bridge Work
	_____ Asbestos
	_____ Mold Remediation
H. JANITORIAL CONTRACTORS	
1. Check appropriate exposures in the following areas:	
<input type="checkbox"/> Office Buildings	<input type="checkbox"/> Industrial Plants
<input type="checkbox"/> Medical Offices	<input type="checkbox"/> Education Facilities
<input type="checkbox"/> Hospitals	<input type="checkbox"/> Government
<input type="checkbox"/> Apartment houses	<input type="checkbox"/> Nursing Homes
<input type="checkbox"/> Hotels	Other: _____
<input type="checkbox"/> Airports	<input type="checkbox"/> Stores
<input type="checkbox"/> Museums	<input type="checkbox"/> Fire/Flood/Restoration
2. Indicate % of services provided (must equal 100%):	
_____ General cleaning*	_____ Chimney cleaning
_____ Industrial cleaning	_____ Ceiling tile cleaning
_____ Carpet cleaning	_____ Elevator maintenance
_____ Snow removal	_____ Residential cleaning services
_____ Exterior window cleaning above 1 st floor	_____ Heating, A/C ventilation service
_____ Pest control	_____ Floor waxing and refinishing
_____ Pressure or steam washing operations	_____ Exposure to hazardous materials
_____ Mold Remediation	_____ Servicing/cleaning of hoods/filters/grease traps/etc
_____ Other: _____	_____ Debris removal/job site cleanup
	_____ Landscaping
	_____ Parking lot cleaning
	_____ Fire / Flood restoration
	_____ Aircraft service and maintenance
	_____ Crime scene or bio-hazard clean-up
* General cleaning includes operations such as vacuuming, dusting, wastebasket trash pick up, floor and rug cleaning, restroom clean-up	
3. Employees work in pairs or more? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Employees supervised? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Direct <input type="checkbox"/> Roving