WORKERS COMPENSATION

SUPPLEMENTAL APPLICATION

Insured:____ Eff Date:___________

Website Address:____

GENERAL INFORMATION

Years in business: ___________

Description of operations: ____

Current number of employees: Full time ______ Part time ___________ Seasonal ___________

Volunteers __________

Percent of employee turnover in the last 12 months: Full time _________ Part time ___________

Hours of operation: _________ to __________

BENEFITS

Group medical insurance? Yes ☐ No ☐ Employer contribution ______%

What percentage of employees are covered by the plan? _______%

Name of group medical provider: ______________________________

Who is eligible? All employees ☐ Only full time ☐ Other: ☐ ____________

Full time nurse maintained on staff? Yes ☐ No ☐ CPR training provided? Yes ☐ No ☐

HIRING PRACTICES

Check all that apply:

- ☐ Written Application
- ☐ Reference Checks
- ☐ Validate Work History
- ☐ Criminal Background Check
- ☐ Child Abuse Clearance
- ☐ Formal Interview
- ☐ Pre/Post Employment Physical
- ☐ Orthopedic Back Test
- ☐ Audio Testing
- ☐ Substance Abuse Testing

How are potential new employees hired (check all that apply)?

- ☐ Referrals
- ☐ Word of Mouth
- ☐ Newspaper Ads
- ☐ Recruiters
- ☐ Union Hall
- ☐ Other Describe:________________________

Are written job descriptions provided? Yes ☐ No ☐

Subcontractors used? Yes ☐ No ☐

If yes, for what purpose? ____

If yes, are certificates of insurance obtained and kept on file? Yes ☐ No ☐

SAFETY

Designated full time safety director? Yes ☐ No ☐ Name: ____________________

Do you have a designated safety committee? Yes ☐ No ☐

If Yes, how frequently does the committee meet? ____________________

Daily ☐ Weekly ☐ Monthly ☐ Annually ☐

Does the safety committee present their findings to a management team? Yes ☐ No ☐

What is reviewed by the safety committee during their meetings?

____

Safety meetings held for all employees? Yes ☐ No ☐ Frequency: ____________________

Safety training program in place for employees? Yes ☐ No ☐

Safety incentive program? Yes ☐ No ☐ What is the incentive? ____________________

Slip & Fall prevention program? Yes ☐ No ☐

Proper lifting program? Yes ☐ No ☐

Personal protective safety equipment provided? Yes ☐ No ☐

Equipment safeguards utilized? Yes ☐ No ☐

Equipment inspection/maintenance program? Yes ☐ No ☐ If yes, describe: ____________________

____

Hazardous materials communication program? Yes ☐ No ☐

Accident investigation program? Yes ☐ No ☐

Are supervisors help accountable for injuries? Yes ☐ No ☐

MANAGEMENT

Does the insured have a return to work program? Yes ☐ No ☐

With full pay? Yes ☐ No ☐

Written ☐ Informal ☐

Modified duty offered to injured employees? Yes ☐ No ☐

Is the insured willing to implement safety recommendations made by the carrier?

Yes ☐ No ☐

Is the insured willing to implement loss control recommendations made by the carrier?

Yes ☐ No ☐

PREMISES

Housekeeping/cleanliness at the jobsite: Excellent ☐ Good ☐ Poor ☐

Condition of equipment: Excellent ☐ Good ☐ Poor ☐

Proper safeguards? Yes ☐ No ☐

Do employees perform maintenance and custodial work at your facilities? Yes ☐ No ☐

If yes, are the employees responsible for housecleaning, laundry, cooking or yard work/landscaping?

Yes ☐ No ☐

If yes, do employees maintain the exterior? Yes ☐ No ☐

VEHICLE/DRIVING EXPOSURE

Is there a driver safety program? Yes ☐ No ☐

Are MVR's ran? Yes ☐ No ☐ How often? ______________________________

Describe MVR acceptability criteria and procedures for dealing with unacceptable drivers and violations:

____

____

What is the driving distance? <50 miles ☐ 51-100 miles ☐ >100 miles ☐

Frequency of driving? Daily ☐ Weekly ☐ Other ☐

Number of company vehicles?____________

Number of employees authorized to operate company vehicles?____________

What is the purpose of the driving exposure? ____________________________

Do more than 3 employees travel together in any one vehicle? Yes ☐ No ☐

Do employees take company vehicles home? Yes ☐ No ☐

Vehicles inspection/maintenance program? Yes ☐ No ☐

RISK MANAGEMENT CONTROLS

Which of the following best represent your organization's top loss driver? (Check all that apply)

- ☐ Exterior slips, trips or falls
- ☐ Interior slips, trips or falls
- ☐ Falls from elevation
- ☐ Combative clients
- ☐ Motor vehicle accidents
- ☐ Ergonomic/repetitive motion
- ☐ Lifting/manual handling
- ☐ Struck by/against objects