

Worker's Compensation Supplemental Questionnaire

Named Insured: _____ Website: _____

OPERATIONS

Description of Operations & employee duties: _____

of Years in Business: _____ # of Years' Experience in Industry: _____

Current # of employees: FT _____ PT: _____ Seasonal: _____

% of work performed by subs: _____ Are Certificates collected & maintained? Yes No

Do any employees work longer than a 12 hr shift? Yes No If yes, explain: _____

Please list the equipment owned/used: _____

Is Max Height Exp over 15 ft? Yes No N/A Is Max Depth Exp Under 3 ft? Yes No N/A

If yes, explain in detail: _____

Payroll & Premium History

Payroll 2012: _____
2011: _____
2010: _____
2009: _____

Premium 2012: _____
2011: _____
2010: _____
2009: _____

Any outstanding bills due to any prior Insurance Carriers? Yes No

DRIVING EXPOSURE

Is there any driving exposure? Yes No Any Group Transportation? Yes No

What is the max # of employees in any one car? _____

What is the max radius of Travel? _____ Any Travel out of State? Yes No

If yes please explain _____

Are MVRs checked annually & at time of hire? Yes No

Please detail Driver Acceptability Standards for hiring and continued employment:

How often are vehicles maintained? _____ Is this done by employees or outside vendor? _____

Is there loading/unloading? Yes No If yes, what is the max weight manually lifted? _____

SAFETY PROGRAMS

Is there a Dedicated Safety Manager on Staff? Yes No Name: _____

Is there a Written Safety Program in Place? Yes No

Is there a written Accident Reporting Procedure? Yes No

Is there a Written Accident Investigation Procedure? Yes No

Are Safety Meetings Conducted on a Regular Basis: Weekly Monthly Quarterly Semi Annually

What is the supervisor to employee ratio on a daily basis: _____

Return to light duty plan? Yes No

Is PPE worn? Yes No Please list the PPE _____

Group Health provided? Yes No Paid sick leave? Yes No Paid Vacation? Yes No

HIRING PRACTICES

Is there a Written Application? Yes No

Are References checked? Yes No

Are Pre-Employment Drug Test Required? Yes No Are Post Accident Drug Tests Required? Yes No

Are Pre-Employment Physicals Required? Yes No Are Post Employment Physicals Required? Yes No

Are Criminal Background Checks Conducted? Yes No

What is the Annual Turnover Ratio? <10% 11-20% 21-30% >30%

I, _____, attest that all the information given above is true and accurate.

Signature

Date