



Supplemental Workers' Compensation Application

Insured: _____
Total Payrolls: Current Year: \$ _____
Year: _____ \$ _____ Year: _____ \$ _____ Year: _____ \$ _____
Current year premium (EAP): \$ _____

Employee Information

Number of Employees: Full Time _____ Part Time _____ Temporary _____
Governing Code Average Wage \$ _____ Per hour Average Turnover for Last Three Years _____%
Percentage of Employees with Company over One Year: _____% Over Three Years: _____%
Piecework based compensation..... Yes - No
Written Applications used..... Yes - No
Are References Checked..... Yes - No
Pre-employment physicals..... Yes - No
Employees are unionized..... Yes - No
Are Seasonal Employees Used..... Yes - No
Are Volunteer Laborers Used..... Yes - No
Are Leased Employees Used..... Yes - No
Formal Employee Training
New Employee Training..... Yes - No
Employees with new assignments... Yes - No
Does Insured have a formal
Early Return to Work program? Yes - No
Management and Safety Practices :
Majority of Owners Active in Management Yes - No
Formal Safety Program Yes - No
Safety Meetings Held Yes - No Weekly Monthly Quarterly Other _____
Attendance Mandatory for all employees..... Yes - No
Safety Committee..... Yes - No
Safety Director..... Yes - No
Safety Inspections..... Yes - No
Loss Control Incentive Program Yes - No
Employee Communication Program..... Yes - No
Written Disciplinary Procedure..... Yes - No
Supervisors/Foremen Accountable for Safety? Yes - No
Accident Investigation..... Yes - No
Exit Interviews..... Yes - No
All Machinery Properly Guarded..... Yes - No
Lock Out / Tag Out Procedures..... Yes - No
Mechanical Lifting Devices..... Yes - No
Forklift Operators Certified..... Yes - No
Personal Protective Equipment Use enforced... Yes - No
In House First Aid Facilities..... Yes - No
Designated Medical Provider..... Yes - No
Has Medical Provider Reviewed Operations to Assist with Early Return to Work Program? Yes - No
Describe Housekeeping Excellent Above Average Average Below Average Poor
Number of Company vehicles Delivery provided Yes - No
Number of Company authorized drivers Driver training provided Yes - No
Radius of Travel for Company Vehicles Miles If yes how often
MVRS Checked..... Yes - No Participate in DMV "Pull" Program.... Yes - No
Vehicle and Equipment Inspected Daily Weekly Monthly
Vehicles and Equipment Serviced By..... Employees Outside Mechanics