



WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

Name of Entity: _____

1. **Is there a formal written safety program in place?** Yes No

If so, advise the following:

- Is it being followed? Yes No
- Is it available to employees through a written format
i.e....employee handbook? Yes No
- Does it include specialized procedures for emergency personnel
i.e....fire, police, etc.? Yes No
- Does it include on-going employee education? Yes No
- Does it include preventive maintenance and hazard controls? Yes No

2. **Is there a person/persons responsible for administering the Workers' Compensation program?** Yes No

If so, advise the following:

- Name & Title? _____
- What percentage of their time is spent in this activity? _____
- Do they have a designated person/persons responsible for safety? Yes No

Name & Title: _____

- Do they have a Safety Committee in place? Yes No
- Do they have a Return To Work program? Yes No

3. **Are post-offer physicals administered?** Yes No

If so, which of the following do they include:

- Back X-rays Yes No
- Drug Screening Yes No
- HIV Screening Yes No
(HIV screening for employees in any medical field i.e.. EMTs, Nurses, Doctors)

Attach to completed ACORD 125s (Commercial Ins. Application) & 130 (Workers' Compensation Application).

Currently valued, detailed company loss runs for the current year plus 3 prior years.

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4. **Is there a Driver Training Program in place?** Yes No

Does it include MVR screening on:

- New Hires? Yes No Frequency: _____
- Existing Employees? Yes No Frequency: _____

5. **Is there an Emergency or Disaster plan in place?** Yes No

6. **If you are a school please answer the following question:**

Does the school employ/contract/or otherwise arrange for security guard or law enforcement personnel?

- How many licensed: _____ Unlicensed: _____
- Hiring Arrangement: _____