



Workers' Compensation Supplemental Application

Named Insured: _____ Effective Date: _____

FEIN: _____ Website: _____

1. Total Number of Employees: _____ Full Time: _____ Part Time: _____ Temporary: _____
Volunteers: _____

2. Please provide a detailed description of the operation: _____

3. Years in business: _____

4. Hours of operation: _____ to _____

5. # of Shifts: _____

6. Is there a driving/delivery exposure? ☐ Yes ☐ No
If yes, what is the frequency: ☐ Daily ☐ Weekly ☐ Other: _____

7. Are vehicle companies used? ☐ Yes ☐ No

8. # of vehicles? _____ # of drivers? _____

9. Vehicle/fleet maintenance program? ☐ Yes ☐ No

10. Do employees use personal vehicles for company business? ☐ Yes ☐ No

11. Any out of state, international or overnight (within state) travel? ☐ Yes ☐ No
If yes, provide details: _____

12. Union? ☐ Yes ☐ No

13. Number of employees is or has been ☐ Increasing ☐ Decreasing ☐ Stable

14. Is group medical provided? ☐ Yes ☐ No Number of Employees participating: _____
Carrier: _____

15. Employer designated clinic for industrial injury? ☐ Yes ☐ No

16. Are there pre-employment physicals? ☐ Yes ☐ No

17. Are employment references checked? ☐ Yes ☐ No

18. Is pre-employment drug screening performed? ☐ Yes ☐ No

19. Return to light duty plan? ☐ Yes ☐ No

20. Is there a return to full time modified work plan? ☐ Yes ☐ No

21. Is there a formal safety program per SB198? ☐ Yes ☐ No
Safety Program Details: _____

22. Is there a safety coordinator? ☐ Yes ☐ No Name: _____
23. Are safety meetings conducted? ☐ Yes ☐ No How often? _____
24. Are there any unique safety measures in place? If so, please specify: _____

25. Is there an incentive program in place? ☐ Yes ☐ No
26. What types of job training are in place? _____

27. Do you maintain facilities and equipment? ☐ Yes ☐ No
How often? _____
28. How do you address housekeeping, industrial hygiene & ergonomics issues?

29. Do any employees work from home? ☐ Yes ☐ No
30. Written application? ☐ Yes ☐ No
31. Is job specific training provided? ☐ Yes ☐ No
32. Employee Orientation Program? ☐ Yes ☐ No
33. Subcontractors used? ☐ Yes ☐ No If yes, for what purpose? _____
If yes, are certificates of insurance obtained and kept on file? ☐ Yes ☐ No
34. Independent contractors used? ☐ Yes ☐ No If yes, for what purpose? _____
If yes, how are they paid? ☐ 1099's? ☐ Other? Please explain: _____
35. MVR Checks? ☐ Yes ☐ No
36. Criminal Background Checks? ☐ Yes ☐ No
37. Do you have a formal written accident report? ☐ Yes ☐ No
38. Are there set procedures for reporting claims? ☐ Yes ☐ No
39. Are owners active in daily operations? ☐ Yes ☐ No
40. Any lifting exposures? ☐ Yes ☐ No
If yes, ☐ <25 lbs. ☐ 25-40 ☐ 40+
If 40+, manual lifting or with assistance? Please explain: _____