RESET FORM

Work Comp Supplemental Questionnaire

APPLICANT INFORMATION

INSURED NAME _____ DATE _____

POLICY # _____ AGENCY _____

SUPPLEMENTAL UNDERWRITING INFORMATION

A. GENERAL INFORMATION

1. Years under current management _____
2. What are general business hours? _____ to _____
3. Is there an interchange of employees with a subsidiary or another entity? ☐ Yes ☐ No
   a. If yes, name of subsidiary/entity _____
   b. Employees involved: _____
   c. Duties of each businesses: _____
4. If your answer to the question, "Seasonal Employees?" is YES, what is the percentage of seasonal employees to all employees? _____%
5. Are employees Union, or Non-Union?
   ☐ Union ☐ Non-Union

B. SAFETY MANAGEMENT

1. Is there a formal safety program in place? ☐ Yes ☐ No
   (Send copy of page stating goals)
2. Do you have a Safety Director on staff? ☐ Yes ☐ No
   Who is responsible? _____
3. Who is responsible for reporting claims? _____
4. Are material safety data sheets available to all employees and easily accessible? ☐ Yes ☐ No
5. Do you have a Driver Training Program? ☐ Yes ☐ No
6. a. Are MVRs ordered prior to employment of all drivers?
   ☐ Yes ☐ No
   b. How often are MVRs ordered on employees? _____
   c. What acceptability guidelines do you follow to determine whether or not an existing employee is qualified to drive company vehicles? _____
   d. How many employees are allowed to take company vehicles home? _____
   e. Is there a written policy in place, signed by the employees, preventing them from using company vehicles for personal use? ☐ Yes ☐ No
7. Is protective equipment required? If so, who is responsible?
   a. Hard hats? ☐ Insured ☐ Employee ☐ None
   b. Gloves? ☐ Insured ☐ Employee ☐ None
   c. Goggles? ☐ Insured ☐ Employee ☐ None
   d. Ear protection? ☐ Insured ☐ Employee ☐ None
   e. Safety shoes? ☐ Insured ☐ Employee ☐ None
   f. Respirators? ☐ Insured ☐ Employee ☐ None
   g. Other: _____
   h. Is there a penalty for not wearing safety equipment?
   ☐ Yes ☐ No
8. Drug Testing Policy: ☐ Pre-employment ☐ Random
   ☐ Post-accident ☐ Reasonable suspicion
   Written policy in place? ☐ Yes ☐ No
9. Do you have a Return to Work Program (Light Duty)?
   ☐ Yes ☐ No
10. Do you require post-offer physicals? ☐ Yes ☐ No

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11. Please include a copy of applicant's safety checklist.

12. Is there lifting over 75 pounds? ☐ Yes ☐ No
    If yes, is there any pre-screening to determine if this amount can be lifted? ☐ Yes ☐ No

13. Does this insured offer or provide A&H insurance to employees? ☐ Yes ☐ No

14. Does anyone under the age of 25 operate a truck over 45,000 GVW, a semi tractor of any size, or heavy equipment?
    ☐ Yes ☐ No

15. What is the age of the building? _____

16. How many stories does the building have? _____

C. LOSS AND AUDIT INFORMATION

1. Please send a copy of audits for the last two years.
2. Please send a copy of OSHA form 300 with loss information for the last three years or company loss runs.
3. Accident Investigation. What is the policy for prompt reporting and thorough investigation? _____

   _____

   _____

   Are all losses reported? ☐ Yes ☐ No

Please continue on next page

D. EMPLOYEE INFORMATION

FULL NAME	AGE		LIST ALL INJURIES THAT HAVE OCCURRED DURING EMPLOYMENT (What has been done to prevent injuries such as these in the future?)	YEARS EMPLOYED	JOB DESCRIPTION
		☐ Full Time ☐ Part Time			
		☐ Full Time ☐ Part Time			
		☐ Full Time ☐ Part Time			
		☐ Full Time ☐ Part Time			
		☐ Full Time ☐ Part Time			
		☐ Full Time ☐ Part Time			
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