



Workers Compensation Supplemental Questionnaire

APPLICANT INFORMATION

NAMED INSURED _____

SOCIAL SECURITY # _____

FEIN _____

WEB ADDRESS _____

UNDERWRITING INFORMATION

A. GENERAL INFORMATION

- Years under current management: _____
- What are general business hours? _____ to _____
- Is there an interchange of employees with a subsidiary or another entity? Yes No
 - If yes, name of subsidiary/entity: _____
 - Employees involved: _____
 - Duties of each business: _____
- Do you have seasonal employees? Yes No
 - If yes, what is the percentage of seasonal employees to all employees? _____%
- Are employees union, or non-union? Union Non-union

B. SAFETY MANAGEMENT

- Is there a formal safety program in place? Yes No
(Send copy of page stating goals, if yes.)
- Do you have a safety director on staff? Yes No
Who is responsible? _____
- Are material safety data sheets available to all employees and easily accessible? Yes No
- Do you have a driver training program? Yes No
- Are MVRs ordered prior to employment for all drivers? Yes No
 - How often are MVRs ordered on employees? _____
 - What acceptability guidelines do you follow to determine whether or not an existing employee is qualified to drive company vehicles? _____

- How many employees are allowed to take company vehicles home? _____
- Is there a written policy in place, signed by the employees, preventing them from using company vehicles for personal use? Yes No

Is protective equipment required? If so, who is responsible for providing it?

- | | | | |
|--------------------|----------------------------------|-----------------------------------|-------------------------------|
| a. Hard hats? | <input type="checkbox"/> Insured | <input type="checkbox"/> Employee | <input type="checkbox"/> None |
| b. Gloves? | <input type="checkbox"/> Insured | <input type="checkbox"/> Employee | <input type="checkbox"/> None |
| c. Goggles? | <input type="checkbox"/> Insured | <input type="checkbox"/> Employee | <input type="checkbox"/> None |
| d. Ear protection? | <input type="checkbox"/> Insured | <input type="checkbox"/> Employee | <input type="checkbox"/> None |
| e. Safety shoes? | <input type="checkbox"/> Insured | <input type="checkbox"/> Employee | <input type="checkbox"/> None |
| f. Respirators? | <input type="checkbox"/> Insured | <input type="checkbox"/> Employee | <input type="checkbox"/> None |
| g. Other: | _____ | | |

- Is there a penalty for not wearing safety equipment? Yes No
- Is there a written drug testing policy in place? Yes No
If yes, is it: Pre-employment Random Post-accident Reasonable suspicion
- Do you have a return-to-work program (light duty)? Yes No
- Do you require post-offer physicals? Yes No
- Please include a copy of applicant's safety checklist.
- 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
- Does this insured offer or provide A&H insurance to employees? Yes No
- 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



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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. Who is responsible for reporting claims? _____

- 4. What is the policy for prompt reporting of accidents and thorough investigation? _____

- 5. Are all losses reported? Yes No

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
		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
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_____	_____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	_____	_____	_____

N.J. Law P.L 1995, c. 132: Any person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

For PA Submissions:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on my business and/or me.

_____		_____	
Owner or Officer's Name		Agent's Name	
_____		_____	
Title		Agent's Signature	Date
_____		_____	
Owner or Officer's Signature	Date	Expiring policy number, if applicable	



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