Work Comp Contractors Supplemental Questionnaire

APPLICANT INFORMATION

INSURED NAME _____ DATE _____

POLICY # _____ AGENCY _____

SUPPLEMENTAL UNDERWRITING INFORMATION

A. GENERAL INFORMATION

1. As owner, percentage of time you are at the job site daily ____%
2. What percentage of current employees have been with the applicant for less than one (1) year? _____%
3. How many new employees have been hired in the past three (3) years? _____
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
6. Do you perform reference checks with prior employers? ❑ Yes ❑ No

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. What type of training is given to employees? When working at heights is required, is any special training provided to employees prior to having them work at roof level? Yes No
   If, YES, describe in detail: _____
   _____
   _____
   _____
5. Are daily job site inspections done, and are elevated work surfaces inspected before employees work from them?
   Yes No
   If, YES, details :
   _____
   _____
   _____
6. Describe OSHA training that is provided to foreman or supervisory employees:
   _____
   _____
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. 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 qualifies 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

13. 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

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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