

Workers' Compensation Supplemental Application

Named insured: _____

Date: _____

Detailed description of operations: _____

Operations	Yes	No	N/A
Is any work performed by subcontractors?			
- If yes, are certificates of insurance obtained from all subcontractors?			
Is any work performed underground or above heights of 15 feet?			
Is there any work with hazardous materials or flammables?			
Are there any operations that present an occupational disease exposure (dust, fumes, etc.)?			
Is all work performed at the insured's premises?			
Does the insured deliver its products or are they sent via a common carrier?			

What is the maximum amount of weight an employee is required to lift? _____ How often? _____

GENERAL INFORMATION

Years in business: _____ Hours of operation: _____ Number of shifts: _____

Number of employees: _____ Full time: _____ Part time: _____ Seasonal: _____

Average age of workforce: _____ Average tenure: _____ Turnover rate: _____

Is there a unionized workforce? ___ YES ___ NO If yes, when does the CBA expire? _____

HIRING/EMPLOYMENT PRACTICES					
	Yes	No		Yes	No
Written application/interview			MVR check		
Pre-employment physicals			Criminal background check		
Pre-employment drug testing			Physical capabilities testing		
Post-accident drug testing			Random drug testing		
Probable cause drug testing			Wellness program/incentives		

TRAVEL EXPOSURE	Private Passenger	Pickups/Vans	Small Trucks	Medium Trucks	CDL Vehicles
Number					
Radius of operation					
Number of drivers					

Any out-of-state travel? _____ Yes ___ No If yes, how often? _____

Are annual MVRs run on all drivers? ___ Yes ___ No

What is the employer's policy for multiple violations/accidents and/or DUIs on MVRs? _____

Underwriting Questions	Yes	No
Does the applicant operate as a taxi service to the general public?		
Does the applicants only provide transportation services to clients with mobility, vision or hearing impairments; the elderly; mentally disabled; or those who qualify for Medicaid transportation assistance?		
Does the applicant provide any means of transportation that is not designed for public road use and/or not a wheeled motorized vehicle?		
Does the applicant only use vehicles equipped with wheelchair lifts when transporting passengers in wheelchairs?		
Does the applicant allow employees to use their personal vehicles to transport clients?		
Does the applicant maintain a maintenance schedule on all vehicles transporting clients?		
Does the applicant allow non-employed drivers to transport passengers?		
Are all of the applicant's drivers at least 21 years of age?		
Does the applicant annually review the Motor Vehicle Records on all of their drivers?		
Does the applicant allow drivers with 3 or more moving violations or more than 1 at fault accident within the past three years to drive for them?		
Does the applicant allow drivers with suspended or revoked licenses to drive for them?		
Does the applicant allow any driver that has been convicted of driving while impaired due to drugs/alcohol in past 6 years to drive from them?		
Are drivers trained in safe passenger/client assistance techniques?		
Does the applicant obtain criminal background checks on all prospective hires?		
Are job offers withheld from prospective hires who have been convicted of a felony?		
Does the applicant have a Drug Free Workplace program which includes the testing of all new field employees?		
Are job offers withheld from prospective hires with positive test results?		
Does the applicant use volunteers in its operation?		
Has the applicant been in business for two or more years?		
Does the applicant have evidence of continuous workers' compensation coverage, in their own name, for the past two years?		
Does the applicant have an experience modification that has been published by either NCCI or an Independent Rating Bureau?		
Does the applicant handle any fireworks, explosives or firearms?		
Does the applicant perform any work on barges, vessels, docks, bridges over navigable waters, or have exposure subject to Longshore & Harbor Workers (L&H) or Outer Continental Shelf Lands Act (OCSLA)?		

Safety Programs/Training							
	Yes	No	N/A		Yes	No	N/A
Hazard communication/S.D.S.				Safety incentives			
Personal protective equipment				Hearing conservation			
Lockout/Tag out				Respiratory protection			
Slip-trip-fall prevention				Fall (from heights) protection			
Certified forklift operator				Emergency action plan			
Confined space				Machine guarding			
New hire orientation				Forklift operation			
Defensive driver				Safe lifting			
Machine-specific training				Annual safety training			
Mentor program				Emergency evacuation			
OSHA recordkeeping				Bloodborne pathogens			

Who in the organization is responsible for the safety program? (Title) _____

Is there an active safety committee? ___ Yes ___ No If yes, how often does it meet? _____

Are regular "hazard identification" inspections of the premises performed? ___ Yes ___ No

If yes, how often? _____

Is there a progressive employee disciplinary program for safety violations? ___ Yes ___ No

In the last two years, what safety programs/activities have been implemented to reduce the risk of loss?

Claims Management	Yes	No
Is a designated provider panel posted for all employees to see?		
Does the insured have any objections to utilizing a UPMC preferred provider panel?		
Are employees required to sign a provider panel acknowledgement form?		
Are there written job descriptions for all jobs?		
Will the insured provide modified duty jobs for convalescing employees?		
Are modified duty positions predetermined with written job descriptions?		

Please provide examples of available modified duty jobs: _____



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