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 CA# 0334819

Workers Compensation Supplemental Application

General Information Current number of seasonal employees: _____

Percent of employee turnover in the last 12 months: Full time: _____ Part time: _____

If California, please provide the zip code with the highest exposure: _____

Benefits Group medical insurance? Yes No What percentage of employees are covered by the plan? _____%

Who is eligible? All employees Only full time Other: _____ CPR training provided? Yes No

Hiring Practices Check all that apply:

- Audio Testing Orthopedic Back Test Reference Check Validate Work History
- Criminal Background Check Pre/Post Employment Physical Substance Abuse Testing Written Application
- Formal Interview

Are written job descriptions provided? Yes No

Safety Designated full time safety director? Yes No Name: _____

Do you have a designated safety committee? Yes No Meeting frequency: Daily Weekly Monthly Annually

Does the safety committee present their findings to a management team? Yes No

What is reviewed by the safety committee during their meetings? _____

Safety meetings held for all employees? Yes No Frequency: _____

Safety training program in place for employees? Yes No

Safety incentive program? Yes No What is the incentive? _____

Slip & Fall prevention program? Yes No Safe lifting program? Yes No

Personal protective safety equipment provided? Yes No

Equipment safeguards utilized? Yes No Equipment inspection/maintenance program? Yes No

If yes, describe: _____

Hazardous materials formal safety protocol? Yes No Accident investigation program? Yes No

Are supervisors held accountable for injuries? Yes No

Management Does the insured have a return to work program? Yes No With full pay? Yes No

Written Informal Modified duty offered to injured employees? Yes No

Is the insured willing to implement safety recommendations made by the carrier? Yes No

Is the insured willing to implement loss control recommendations made by the carrier? Yes No

Premises Regular inspections for housekeeping hazards and condition of equipment performed? Yes No

If so, how often and by whom? _____

Do employees perform maintenance and custodial work at your facilities? Yes No

If yes, are the employees responsible for housecleaning, laundry, cooking or yard work/landscaping? Yes No

If yes, do employees maintain the exterior?

Vehicle/Driving Exposure Is there a driver safety program? Yes No Are MVR's run? Yes No

How often?: _____ Describe MVR acceptability criteria and procedures for dealing with unacceptable drivers and violations: _____

Driving distance? _____ Frequency of driving? Daily Weekly Other _____

Number of company vehicles? _____ Number of employees authorized to operate company vehicles? _____

What is the purpose of the driving exposure? _____

Do more than 3 employees travel together in any one vehicle? Yes No

Vehicles inspection/maintenance program? Yes No