EMPLOYERS℠

Workers Compensation
Supplemental Application

Named Insured:_____**Application/Policy Number:**_____**Eff Date:**_____

Agency/Brokerage Firm: _____**Attn:**_____**Fax:** _____

From:_____ **Fax:** _____

Employee Benefits:

A. Medical Insurance: Carrier: _____
   ( ) Employer pays 80% or more of All Employees
   ( ) Employer pays 50% or more of All Employees
   ( ) Employer pays 49% or less of All Employees
   ( ) Benefits provided only to Management & Supervisors
   ( ) No Medical Benefits provided
B. Employer paid Vacation? Yes ( ) No ( )
C. Employer paid Sick Leave? Yes ( ) No ( )

Employee Management:

A. Pre-Hire Screening:
   Applications: Yes ( ) No ( )
   Reference Checks Yes ( ) No ( )
   Physical Examinations: Yes ( ) No ( )
B. Pre-employment Drug Testing Yes ( ) No ( )
C. Post Accident Drug Testing Yes ( ) No ( )

Employee Profile:

A. Union Yes ( ) No ( )
B. No. of W2's filed for last reporting period:_____
   Starting Wage per hour: $_____
   Average Wage per hour: $_____
   # Permanent Employees: _____ #Full Time ____ #Part Time:____
   # of Employees per Class:
   Class: _____ # ____ Class: _____ # _____ Class: _____ # _____
   Class: ____ # _____
   # Temp/Seasonal Employees: _____
   Employee Turnover per year: _____
   Average # of years with Company: _____
C. Interchange of labor (if yes, existence of physical separations) _____
   _____
D. Percent of payroll for "off premises" operations: _____%
   Operations performed off employer's premises: _____
   _____
E. No. of Company Autos _____ No. of Drivers: _____
   No. of Company Trucks _____
   Radius of Driving Operations: _____ MVR's Checked: Yes ( ) No ( )
   How often are MVR's run: _____per year.
F. Do Employees drive their personal autos on Company Business: Yes ( ) No ( )

G. Are Employees allowed to use motorcycles on Company Business: Yes ( ) No ( )
H. Hours of Operation_____
I. Any weekend, nightshifts or graveyard shifts? Yes ( ) No ( )
J. Early Return to Work Program? Yes ( ) No ( )
K. If the risk is a restaurant, do they also operate a micro-brewery? Yes ( ) No ( )

Employee Safety Program:

A. New Employee Orientation Plan Yes ( ) No ( )
B. Formal Written Safety Program Yes ( ) No ( )
C. Documented Safety meetings with all Employees? Yes ( ) No ( )
D. Safety Incentive Plan Yes ( ) No ( )
E. Written Supervisor Accountability Plan Yes ( ) No ( )
F. Full Time Safety Director/Risk Manager Yes ( ) No ( )
G. Employee Training Program for all employees? Yes ( ) No ( )
H. Documented Physical Inspections of premises Yes ( ) No ( )
I. Maximum weight lifted manually _____ lbs
Controls (back belts, forklifts) _____
List mechanical lifting devices used: _____
J. Machine safety guards in place: Yes ( ) No ( )
K. Lockout/Tag-out Program in place? Yes ( ) No ( )
L. Personal Protective Equipment provided and usage enforced? Yes ( ) No ( )
M. Documented Accident Investigation? Yes ( ) No ( )
N. Formal Disciplinary Procedure in place? Yes ( ) No ( )

Employee & Payroll Trends:

A. Future Staff Increases: _____ Future Staff Decreases: _____
B. Future Layoffs Foreseen: Yes ( ) No ( )

Management:

A. Owners: Active in Management: Yes ( ) No ( )
Absentee: Yes ( ) No ( )
B. Trade Associations:_____
C. Group Transportation Provided: Yes ( ) No ( )
D. Ratio of Supervisors to Employees: _____
Average # of year's experience: _____
Average # of years with Company: _____

Claims:
Please forward the following year's loss information to us:
Valuation date should be within 90 days of the policy inception date.

- ❑ 2009 to 2010
- ❑ 2008 to 2009
- ❑ 2007 to 2008
- ❑ 2006 to 2007
- ❑ 2005 to 2006

For all claims over $25,000, please advise the following:
What was the injury?
How did it occur?
What corrective action has the insured taken to prevent recurrence?

Please send us a current experience modification worksheet

Payrolls:
Please forward the following Final Audited Payroll information to us:

- ❑ 2009 to 2010
- ❑ 2008 to 2009
- ❑ 2007 to 2008
- ❑ 2006 to 2007
- ❑ 2005 to 2006

Premium:
Please forward the following Final Audited Premium information to us:

- ❑ 2009 to 2010
- ❑ 2008 to 2009
- ❑ 2007 to 2008
- ❑ 2006 to 2007
- ❑ 2005 to 2006

Insured's Website

Address:_____

Additional Information/Comments:

_____

_____

_____

Please return this Questionnaire by:_____

Completed By: _____**Date:** _____

Title: _____