ARGO INSURANCE

Workers Compensation Supplemental Application

Account Name: ______________________ Policy Number: ______________

WORKERS COMPENSATION PREVENTION PROGRAMS		
Safety Program:	☐ None ☐ Written policy	☐ Written manual ☐ Injury &illness prevention program
Health Benefits	☐ Health Benefits Offered	Percentage paid by employer: _____ %
Drug Test:	☐ None ☐ Post-accident	☐ Post-offer ☐ Random
Hiring:	☐ Written application ☐ In-person interviews ☐ Check references on all applicants ☐ Check references sometimes	☐ No reference checks ☐ Background checks on cash handlers ☐ Other background checks
Safety Training:	☐ None ☐ Informal ☐ Documented ☐ Checklist used	☐ Video ☐ Quizzes ☐ Refresher training
Topics:	☐ Slip and falls ☐ Cut prevention ☐ Safe lifting	☐ OSHA programs ☐ Other
Personal Protective Equipment	☐ Slip-resistant shoes required ☐ Cut-resistant gloves required for slicer use and cleaning	☐ Oven mitts and cut-resistant gloves available but not required ☐ Slip-resistant shoes not required
Safety Committees:	☐ None ☐ Monthly meetings ☐ Bi-monthly meetings ☐ Quarterly meetings ☐ Corporate committee only	☐ Meeting minutes documented ☐ No documentation ☐ Self-inspections ☐ Training topics discussed ☐ Accidents/near misses discussed

WORKERS COMPENSATION CONTROL PROGRAMS		
Claim Program:	☐ Claims kits on hand	☐ 24-hour claim reporting training/communication for all managers
Designated Doctor:	☐ None ☐ Designated doctor	☐ Doctor panel set-up ☐ Store doctor/panel poster
Return to Work	☐ None ☐ Offers modified duty only ☐ Offers transitional duty	☐ Written policy & procedure ☐ Case by case
Accident Investigations	☐ None ☐ Informal ☐ Written policy & procedures ☐ Investigations done by a manager	☐ Investigation documented ☐ Corrective or preventive measures taken ☐ Reviewed by safety committee
Risk Participation	☐ Owners on premises and involved in the daily operation of the business	☐ Limited ownership / corporate involvement ☐ No ownership / corporate involvement

Total # of employees per location: _____

Maximum # of employees at any one time per location (excluding shift change): _____

Management W/C Attitude & Commitment ☐ Excellent ☐ Good ☐ Average ☐ Poor

Narrative:

Insured Signature: ______________________ Date: __________

Individual Completing Application: ______________________ Date: __________

9 8 2014