General Information

**Named Insured**:

**Website Address**:

**Number of Full-Time Employees:**

**Number of Part-Time Employees:**

**Union:**

[ ]  Yes [ ]  No

**If yes, name of Union (s):**

**Percentage of union employees:**

     %

**Number of locations**:

**Max number of employees at any one location**:

**Percentage of turnover in the last 12 months:**

     %

**Average hourly wage for governing class:**

$

**Does the insured use volunteers?**

[ ]  Yes [ ]  No

**How many?**

**How many hours do they work per year in total?**

**What are their duties?**

**Are they compensated?**

[ ]  Yes [ ]  No

**If so, how?**

**Is the insured requesting coverage for volunteers?**

[ ]  Yes [ ]  No

**Is a separate accident policy provided for volunteer labor?**

[ ]  Yes [ ]  No

**Is accident, health, or disability coverage provided by the insured?**

[ ]  Yes [ ]  No

**Please comment on any expected growth, downsizing, and/or changes in operations in the next 12 months:**

Operations

**Hours of operation:** to

**Number of daily shifts**:

**Does the operation include driving?**

[ ]  Yes [ ]  No

**Number of drivers in the governing class:**

**Number of drivers in sales class (8742):**

**Number of company vehicles**:

**Number of personal vehicles used**:

**MVR checks?**

[ ]  Yes [ ]  No

**Purpose of driving exposure (i.e. delivery, sales, etc.)**:

**Frequency of driving?**

[ ]  Daily [ ]  Weekly

[ ]  Other (explain):

**Driving radius?**

[ ]  <25 miles [ ]  26-50miles [ ]  51-100 miles

[ ]  100miles+ (please provide max distance):

**Group Transport?**

[ ]  Yes [ ]  No

Max number of employees per vehicle:

How often are 4+ employees per vehicle?

**Are forklifts used?**

[ ]  Yes [ ]  No

**If so, how many?**

**Are all forklift operators certified?**

[ ]  Yes [ ]  No

**How often?**

**What is the max lifting exposure?**:        **lbs**

**Is there a formal lifting policy?**

[ ]  Yes [ ]  No

**Is there out of state or out of country travel?**

[ ]  Out of State [ ]  Out of Country [ ]  Neither

**If yes, where?**

**What is the purpose of the trip?**

**How many employees go?**

**How often?**

**For how long?**

Hiring Practices

**Employment Applications?**

[ ]  Yes [ ]  No

**Background / Reference Checks?**

[ ]  Background Checks [ ]  Reference Checks [ ]  Neither

**Pre-Hire Drug / Substance Testing?**

[ ]  Yes [ ]  No

**Temporary / Seasonal Labor Used?**

[ ]  Yes [ ]  No

**If yes, please explain?**

**Physicals:**

Pre Employment? [ ]  Yes [ ]  No

Post Employment [ ]  Yes [ ]  No

Post incident? [ ]  Yes [ ]  No

Benefits

**Are ALL employees eligible?**

[ ]  Yes [ ]  No

**If no, then who?**

**Group Health?**

[ ]  Yes [ ]  No

**Percent enrolled?      %**

**Percent paid by employer?      %**

**Paid Vacation?**

[ ]  Yes [ ]  No

**Paid Sick Leave?**

[ ]  Yes [ ]  No

**Retirement/401k Plan?**

[ ]  Yes [ ]  No

Safety Programs

**Return to Work (RTW) plan?**

[ ]  Yes [ ]  No

**If yes, describe your RTW and modified duty programs:**

**Designated Safety Director?**

[ ]  Yes [ ]  No

**Full Time or Part Time:**

**Years in role:**

**Name:**

**Safety Meetings Held For All Employees?**

[ ]  Yes [ ]  No

**Frequency**:

**Safety Training Held For All Employees?**

[ ]  Yes [ ]  No

**Describe the Safety Training Program:**

**Safety Incentive Program?**

[ ]  Yes [ ]  No

**If yes, what are the incentives?**

**Personal Protective Equipment provided?**

[ ]  Yes [ ]  No

**If yes, please list:**

**Are supervisors held accountable for injuries/accidents?**

[ ]  Yes [ ]  No

**If yes, please list:**

**Describe the approach to accident investigation (including documentation and follow-up actions)?**

**If yes, please list:**

**Were there and OSHA citations in the last year?**

[ ]  Yes [ ]  No

**If yes, please describe:**

Subcontractors / Independent Contractors

**Are subcontractors used?**

[ ]  Yes [ ]  No

**If yes, specify for what work:**

**Are certs for workers comp insurance coverage collected?**

[ ]  Yes [ ]  No

**Are independent contractors used?**

[ ]  Yes [ ]  No

**If yes, specify for what work:**

**Are they paid on 1099’s?**

[ ]  Yes [ ]  No

**Is this included in the submitted payrolls?**

[ ]  Yes [ ]  No

Payroll & Premium History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Current Year** | **1st** **Prior Year** | **2nd Prior Year** | **3rd Prior Year** | **4th Prior Year** |
| **Payroll** | $      | $      | $      | $      | $      |
| **Premium** | $      | $      | $      | $      | $      |