

Standard Supplemental

Applicant Name: _____

Company _____

Website: _____

Proposed Eff. Date: _____

FEIN/SSN: _____

Detailed Description of Operation (Typical Services Offered, Typical Clients)

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Historic Payroll and Premium

Year	Governing Class Code	Total Payroll	Total Premium

Hiring Practices (i.e., conducted at hire, prior to hire, or immediately following hire)

Answer	Question
[] All [] Some [] None	Do employees have documented (formal and written) job descriptions?
[] All [] Some [] None	Do applicants submit a written application?
[] All [] Some [] None	Are applicants screened by performing reference checks?
[] All [] Some [] None	Does company review Drivers' MVR's?
[] All [] Some [] None	Are applicants subject to a pre-hire drug test and pre-hire physicals?
[] All [] Some [] None	Are personnel files documented for pre-existing injuries?
[] Yes [] % [] No	Does company provide Medical Insurance to employees? If yes, please indicate percentage enrolled
[] Yes [] % [] No	Does the company hire Union employees? If yes, please indicate percentage

Safety Practices and Loss Control

Answer	Question
[] All [] Some [] None	Is there a formal return to work program?
[] All [] Some [] None	Do employees receive a written safety manual?
[] All [] Some [] None	Do you have a formal and written injury & illness prevention program (IIPP)?
[] All [] Some [] None	Do employees receive quarterly (or more frequently) safety training, which is then documented in writing?
[] All [] Some [] None	Are employees subject to random and post-accident drug tests?
[] All [] Some [] None	After terminating an employees are personnel files documented with employee signed notes regarding any potential injuries incurred during their work for you?
[] All [] Some [] None	Is the ownership active in the day-to-day operations of the company?
[] All [] Some [] None	Full time risk / safety manager employed whose job is 50%+ safety related?
[] All [] Some [] None	Formal accident investigation procedures?
[] All [] Some [] None	Formal claims reporting procedures?
[] All [] Some [] None	Does company provide group transportation of more than four (4) employees

For all answers above answered with a "SOME" or "NONE" please provide a narrative description below.

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Officer or Owner of Business _____

Date _____

To the best of my knowledge, all of the information I have given about my business is true and correct. If information is found to be different as the result of my knowingly attempting to defraud the insurance company, or if information is concealed for the purpose of misleading, or another person files an application for insurance containing materially false information, the insurance company may send direct notice of cancellation.