MIDWESTERN
INSURANCE ALLIANCE
WESTERN WHOLESALE PRODUCTS DIVISION
DBA: MWIA Insurance Services (in California) CA License No. OH86807

Healthcare WC Supplemental Application

1. APPLICATION OVERVIEW

Insured Name: _____

Does Common ownership (over 50%) exist with any other operation? ☐ Yes ☐ No

If "yes", give names and types of operations managed and owned:

_____

List the states where the employees work:

_____

Date business established: _____.

Number of years under current ownership: _____.

Payroll History Current _____ 2nd Year_____ 3rd Year_____

4th Year_____ 5th Year_____

Premium History Current _____ 2nd Year_____ 3rd Year_____

4th Year_____ 5th Year_____

Are medical/health insurance benefits provided to employees? ☐ Yes ☐ No. If yes, what percentage participate? _____

What is the average wage for employees in the governing class? $_____.

Indicate percentage of volunteers in the workforce _____.

Business Operations (check all that apply)

☐ Home Health- Skilled Nursing
☐ Personal Care Provider
☐ Hospice Provider
☐ Physical Therapy/Occ. Health
☐ Other Describe_____
☐ Substance Abuse Counseling
☐ Mental Health Counseling
☐ Crisis Response Team
☐ Drug Treatment/Detox
☐ Nursing Home
☐ Assisted Living
☐ Community Hospital
☐ Clinic

Please indicate where your employees perform their work:

☐ Day Care Setting ____%
☐ Private Homes/Apts. ____%
☐ Doctor's Offices ____%
☐ Community Residences _____%
☐ Clinics _____%
☐ Hospitals ____%
☐ Nursing Homes ____%
☐ Assisted Living ____%
☐ Other Locations ____%

2. RISK MANAGEMENT AND SAFETY PROGRAMS

a) Are independent contractors required to carry their own workers' compensation insurance? ☐ Yes ☐ No
b) How many independent contractors are being used? _____
c) What are the duties of the independent contractors? _____
d) Are independent contractors medical licenses checked annually? ☐ Yes ☐ No
e) Are copies of workers compensation ins. certificates obtained annually and kept on file? ☐ Yes ☐ No
f) Do employees drive personal or company vehicles to and from clients during the workday? ☐ Yes ☐ No
If yes, what percentage drive personal vehicle _____% and company vehicles _____%
g) What is the average radius that employees drive during the work day? _____.
h) Are Motor Vehicle Records (MVR) checked annually for all employees and/or Independent Contractors who drive as part of the job? ☐ Yes ☐ No
i) Is there a formal Injury or Illness Program that is work comp compliant and documented? ☐ Yes ☐ No

If a formal safety program is in effect, please indicate applicable elements:

☐ Driver Safety Programs?
☐ Accident/Injury Investigation?
☐ Patient Handling/Transfer Training?
☐ Performance Evaluation include safety?
☐ Safety Committee?
☐ Safety Incentive Program?
☐ Regular formal safety training conducted?
☐ Management involvement in safety, explain_____
_____

☐ New employee orientation?
☐ Blood Borne Pathogen?
☐ Combative Patient Training?

Hiring Practices:

Check the following boxes to indicate screening measures that are applied to prospective employees (note: some are post offer)

☐ Reference checks? ☐ Criminal background check? ☐ Personal Interviews?
☐ Drug testing/screening? ☐ Child clearance?
☐ Psychological testing? ☐ Verification of certifications/licenses?
☐ Post-offer physicals? ☐ Validate work history?

Claims Management:

a) Is there a designated person to manage workers' compensation claims? ☐ Yes ☐ No
b) Is there a Formal Return to Work/Modified Duty Program in place? ☐ Yes ☐ No
c) Have detailed light duty job descriptions been developed? ☐ Yes ☐ No
d) Has a relationship been established with a preferred medical provider/facility? ☐ Yes ☐ No

3. INSURANCE INFORMATION

a) Has the applicant had continuous WC coverage for the past 2 years? ☐ Yes ☐ No
b) Has the applicant's WC insurance been cancelled for nonpayment within the last 3 years? ☐ Yes ☐ No
c) Has the applicant's WC been cancelled for Underwriting Reasons, other than carrier appetite change? ☐ Yes ☐ No
d) Is the applicant's current WC insurance provided through a PEO? ☐ Yes ☐ No
e) Does the applicant supply any workers to other employers on a temporary or permanent basis? ☐ Yes ☐ No
f) Are all the applicant's operations (exclusive of monopolistic states) being submitted? ☐ Yes ☐ No

This information is accurate and complete to the best of my knowledge and represents the operations and exposures of the above noted applicant.

Applicant Name (printed): _____ Signature: _____