

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

**Safety Practices and Loss Control**

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