



WC Supplemental Application

Insured: _____

Effective date: _____

FEIN: _____

Web site: _____

Contact Name and Phone Number

Inspections: _____ (____) - _____

Premium Audit: _____ (____) - _____

Claims: _____ (____) - _____

Detailed description of operations: _____

Years in business? _____

Hours of operation - _____ to _____

of Shifts - _____

Employees

Present # of employees: Full-time - _____ Part-time - _____ Seasonal - _____ Volunteers - _____

Any location with more than 100 employees working at same time? Yes No If Yes, where _____

Any day laborers or temporary/employee leasing? Yes No % of union employees _____ % of non-union _____

Average Annual Employee Turnover rate - _____ Average hourly wage for the governing class - _____

Benefits

All employees eligible? Yes No If no, who is eligible? _____

Group Health Yes No _____ % paid by employer _____ % of participation

Paid sick leave Yes No Vacation Yes No Retirement/Pension Yes No

Work premises and Environment

Is there a driving/delivery exposure? Yes No Radius of operations/travel: <50 miles 50-100 100+

Any lifting exposures? Yes No If yes, <25 lbs. 25-40 40+

Is all machinery/equipment properly guarded? Yes No N/A

Respiratory program in place? Yes No N/A If Yes, exposure and detail _____

Personal protection equipment provided? Yes No N/A If Yes, details _____

Maximum height exposure _____

Risk Management

Hiring and Screening Practices _____

References Checked: Yes No Pre-employment physicals: Yes No Drug Testing: Yes No

Formal Early Return to Work Program: Yes No Examples of modified duty: _____

Loss Control Incentive Plan: Yes No Details of Plan: _____

Employee Benefits: _____

Safety program/Manual Yes No New hire orientation performed for all employees Yes No

Designated Full-time safety director Yes No Safety training held for all employees Yes No

Safety meetings held for all employees Yes No Frequency of meetings? _____

Incentive program for employees Yes No Details of program _____

Accident investigation program in place Yes No Active injury and illness prevention program Yes No

Does Insured qualify for a Drug Free workplace credit? Yes No Bureau mandated safety credit? Yes No

Historical Payrolls

Expiring _____ 1st Prior _____ 2nd Prior _____ 3rd Prior _____ 4th Prior _____

Marketing

Controlled account Yes No

Expiring Premium _____

Target Premium _____