



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 _____



MarketScout Contractors Supplemental

(To be filled out with WC Supplemental Application)

Residential %

Commercial %

New Construction %

Re-model Construction %

Max Height

Any Roofing Exposure Yes No

If yes, % of work on pitched roofs

Any work Performed below ground? Yes No Max depth

Any Shoring Exposure Yes No If yes what % of the work involves shoring

Percentage of subcontracted Labor

Type of Subcontracted Labor

Any confined space exposure? Yes No If yes explain

Any OCIP, or Wrap Up work? Yes No

If so, please provide estimated payroll estimation for this work for the upcoming term

Any work involving asbestos, hazardous product abatement, chemical/petroleum products, USL&H, underground tank or pipe replacement? Yes No

