Specialty Worker's Compensation **Supplemental Workers' Compensation Application**

Insured: Web Address:

Detailed Description of Operations

Are There Any Other Commonly Owned Businesses Which Are Separately Insured? ..... Yes ☐ No ☐
If Yes, Explain: _____

Are There Any States In Which The Insured Operates That Are Covered Elsewhere? ..... Yes ☐ No ☐
If Yes, Explain: _____

PRIOR PAYROLL AND PREMIUM INFORMATION

	Current Year	Prior Year	Prior Year	Prior Year	Prior Year
Premium					
Payroll					

HIRING PRACTICES AND BENEFITS

Written Applications Used ..... Yes ☐ No ☐
References Checked ..... Yes ☐ No ☐
Pre-Employment Physicals ..... Yes ☐ No ☐
MVR Checked ..... Yes ☐ No ☐
Volunteer Labor Used ..... Yes ☐ No ☐
Are Any of the Following Alternate Employer Organizations Used:
Professional Employer Organization (PEO), Temporary Staffing
Company, Outsourcing Services Provider? ..... Yes☐ No ☐
If Yes, Explain: _____

Drug Screening (check those that apply):
Pre-Placement ☐ Random ☐ Post-Accident ☐
Employee Unions ..... Yes ☐ No ☐
Group Medical Benefits Provided ..... Yes ☐ No ☐
If Yes, % of Employees Covered ..... %
Average Wage (Governing Class Code) ..... $_____ / Hour
Employee Turnover Rate ..... _____ %
Average Employee Tenure ..... _____ /Year(s)
Group Transportation Provided ..... Yes ☐ No ☐

MANAGEMENT AND SAFETY PRACTICES

Owners/Officers Active In Operations ..... Yes ☐ No ☐
Employee Supervision ..... Yes ☐ No ☐
Formal Safety Program..... Yes ☐ No ☐
Safety Training / Orientation ..... Yes ☐ No ☐
Safety Director ..... Yes ☐ No ☐
Safety Committee ..... Yes ☐ No ☐
Formal Accident Investigation ..... Yes ☐ No ☐

Light Duty / Early Return to Work Program ..... Yes ☐ No ☐
Designated Medical Provider..... Yes ☐ No ☐
Maximum Weight Lifted Manually: ..... lbs.
Personal Protective Equipment Use Enforced .... Yes ☐ No ☐ N/A☐
Any Outstanding Loss Control Recommendations From Prior Workers Compensation Carrier ..... Yes ☐ No ☐
If Yes, Explain: _____

EMPLOYEE CONCENTRATION AND ADDITONAL EXPOSURES

Describe any situation in which there is a concentration of 250+ employees in a single location (attach additional sheets if necessary)
Location Address (Street, City, Zip Code +4) # of Employees

Is There An Emergency Response / Evacuation Plan In Place ..... Yes ☐ No ☐

If Stop Gap Coverage is requested, provide annual premiums paid in ND, OH, WA, or WY.
If there is a Foreign Travel Exposure , provide countries visited, work performed & total number of days per year.
If volunteer labor is used, provide number of volunteers, duties & total annual hours for all volunteers.
If USL&H Is Requested, Provide a description of applicable work locations and operations.

Signature: Information Supplied By: Broker ☐ Insured ☐ Date: