



| a Berkley Company

General Workers Compensation

Supplemental Application

Employer Name: _____

Website: _____ Phone Number: _____

Primary Contact: _____ Email: _____

Description of Operations: _____

Premium, Payroll & Experience Mod History

Please fill in the correct amount for each of the following:

Category	Expiring Year	Prior (1)	Prior (2)	Prior (3)	Prior (4)
Premium					
Payroll					
Experience Mod					

General Information

Previous Pain Points:

Automobile Exposures

1. Is there driving exposure? *(Please consider H&NO exposure)* Yes No

2. What are the vehicles used for? *(Check all that apply)*

Delivery Service Sales Other: _____

3. Please specify the:

Driving Radius: _____ Types of Vehicles: _____

Number of Vehicles: _____ Number of Drivers: _____

4. Are personal vehicles used for company business? Yes No

If so, is proof of liability collected? Yes No

5. Is there group transportation of employees? Yes No

If yes, how many passengers and usual distance traveled? _____

6. How often are MVRs reviewed by the employer? _____

Hiring Practices

1. Does your new hire program include any of the following? (Check all that apply):

- | | | | |
|------------------------------|--|----------------------------------|--|
| Written application? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Written formal job descriptions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reference checks? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Background checks? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Motor vehicle record checks? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pre-employment physicals? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pre-employment drug testing? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Job-specific training? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Post-accident drug testing? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Certificate of Insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Subcontractors used? | <input type="checkbox"/> Yes (____%) <input type="checkbox"/> No | Union Employees? | <input type="checkbox"/> Yes (____%) <input type="checkbox"/> No |

2. Annual turnover percentage: _____ %

Transitional Duty Program

1. Is there a formal written return-to-work/transitional duty program? Yes No
If no, does the employer accommodate on a case-by-case basis? Yes No

2. Are light duty tasks identified? Yes No

3. Has the employer successfully returned injured employees to work in the past? Yes No
Explain: _____

Safety Program

1. Are owners and/or senior leaders active in daily operations? Yes No

2. Does the applicant have a formal written safety program in place? Yes No
If yes, when was the program last reviewed/revised? _____

3. Is there an active safety incentive program? Yes No

4. Are safety meetings conducted? Yes No
If so, how often? _____

5. Does the employer have designated safety director/risk manager? Yes No
If yes, please provide details: _____



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6. Does the employer have a drug-free workplace program? Yes No

If yes, check all that apply:

Pre-Employment/Post-Offer

Post-accident drug testing?

For Cause/Reasonable

Annual training of all supervisors to recognize on the job substance abuse. Documentation shall include the training content, name of trainer and name(s) of attendees.

Employee education program that includes an employee assistance program and information on the dangers of alcohol and marijuana in particular.

Comments: _____

Automobile Exposures

1. Are there any chemical exposures? (Any chemicals with latent health effects, highly flammable or explosive) Yes No

If yes, please explain: _____

2. Is personal protection equipment provided and utilized? Yes No

If yes, is personal protection equipment required? Yes No

Please describe types and the departments in which they are used: _____

3. Maximum manual lifting exposure: < 25 25 – 40 pounds > 40 pounds

4. Is all machinery properly guarded, with appropriate warnings posted? Yes No

If no, please explain: _____

5. Are there written lock-out/tag-out/block-out procedures in place? Yes No

6. What is the maximum height at which employees will work? _____

What will be used? Ladders Scaffolding Scissor Lifts Other N/A

7. Are there any 24-hour exposures? Yes No

8. Any temporary or seasonal labor used (including H2A/H2B). Yes No



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Applicant Signature

Notice: This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to provide the insurance. The Undersigned declares that to the best of his/her knowledge, the statements set forth herein are true. If the information supplied herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the Company of the changes and the Company reserves the right to modify or withdraw any offer for insurance.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

Applicant Name: _____

Title: _____

Applicant Signature: _____

Date: _____