

Employer Name: \_\_\_\_\_

Website: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

### Payroll, Premium & 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)
Payroll					
Premium					
Experience Mod					

### General Applicant Information

#### Exposures

1. Are there any chemical exposures?  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. Lifting exposure:  < 25 pounds  25 – 40 pounds  > 40 pounds

4. Is all the machinery properly guarded?  Yes  No

5. Are there any mechanical aids (hoist, cranes, forklifts, etc.)?  Yes  No

If yes, please specify: \_\_\_\_\_

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

7. What is the maximum height at which employees will work? \_\_\_\_\_

What will be used?  Ladder  Scaffolding  Scissor  Other  N/A

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

9. Are subcontractors used?  Yes  No

*If yes, is a certificate of insurance required?*  Yes  No

*If yes, please clarify subcontractor percentage and use.* \_\_\_\_\_

### Safety Program

1. Is there an accident investigation program?  Yes  No

2. Is there a formal written safety program in place?  Yes  No

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

4. Is there a safety committee?  Yes  No

*If so, how often are meetings conducted?* \_\_\_\_\_

5. Is there a designated safety director/risk manager?  Yes  No

*If so, whom?* \_\_\_\_\_

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

*If yes, check all that apply:*

Post-employment drug testing?

Post-accident drug testing?

For cause?

Random Drug testing of 25% of employees annually, or for reasonable suspicion of drug use and publication of the employer's drug testing program to all employees.

7. List frequency of OSHA Compliance Training: \_\_\_\_\_

8. Please list OSHA inspections within the last five years and summary of outcomes:

Year	Outcome

#### Hiring Practices

1. Does your new hire program include any of the following?

- |                                  |  |   |  |
|----------------------------------|--|---|--|
| Written application?             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pre-employment physicals?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reference checks?                | <input type="checkbox"/> Yes <input type="checkbox"/> No | Job-specific training?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Written formal job descriptions? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Union Employees?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Background checks?               | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what is the union percentage? _____ |  |

2. Annual turnover: \_\_\_\_\_

#### 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: \_\_\_\_\_

#### Transportation Exposures

1. Is there driving exposure?  Yes  No

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

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Delivery | <input type="checkbox"/> Sales        |
| <input type="checkbox"/> Service  | <input type="checkbox"/> Other: _____ |

3. Are MVRs reviewed by the employer?  Yes  No

If so, how often? \_\_\_\_\_

4. Is there a written driver safety program in place?  Yes  No

5. Does the applicant conduct driver safety training?  Yes  No

6. Check all programs/policies that are in place:

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Seat Belt | <input type="checkbox"/> Cell Phone      |
| <input type="checkbox"/> Weather   | <input type="checkbox"/> Driver Behavior |

### 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: \_\_\_\_\_