

SUPPLEMENTAL WORKERS' COMPENSATION APPLICATION FOR MUSEUMS

APPLICANT NAME: _____

Type of Museum:

<input type="checkbox"/> Art Museum	<input type="checkbox"/> Children's Museum	<input type="checkbox"/> History Museum
<input type="checkbox"/> Historical Site	<input type="checkbox"/> Historical Society	<input type="checkbox"/> Science Museum
<input type="checkbox"/> Other (describe)		

Number of years in operation: _____ Number of annual visitors: _____
Number full time employees: _____ Number part time employees: _____ Union Non-Union
Do you have volunteer workers? No Yes If yes: Average daily number: _____
What jobs do they perform? _____

Do any employees travel out of the country? No Yes, if so, how often and where? _____

Are subcontractors utilized? Yes No Certificates of insurance? Yes No

What services are outsourced?

<input type="checkbox"/> Maintenance	<input type="checkbox"/> Grounds Keeping	<input type="checkbox"/> Snow removal
<input type="checkbox"/> Cleaning	<input type="checkbox"/> HVAC	
<input type="checkbox"/> Security (if yes, armed – <input type="checkbox"/> Yes and number _____ or <input type="checkbox"/> No not armed)		
<input type="checkbox"/> Other (describe)		

Do you have any of the following:

<input type="checkbox"/> Cafeteria/restaurant/snack bar	<input type="checkbox"/> Packing and unpacking	<input type="checkbox"/> Valet Service
<input type="checkbox"/> Restoration	<input type="checkbox"/> Licensed electrician	<input type="checkbox"/> Pools/streams or ponds
<input type="checkbox"/> Library	<input type="checkbox"/> Gift shop (if yes, cash handling procedures in place)	
<input type="checkbox"/> Security (if yes, armed – <input type="checkbox"/> Yes and number _____ or <input type="checkbox"/> No not armed)		
<input type="checkbox"/> Other (describe)		

Please indicate below which of the following safety programs and best practices are currently operational:

<input type="checkbox"/> Driver Safety Program	<input type="checkbox"/> WC Accident Investigation	<input type="checkbox"/> Health and Safety Committee
<input type="checkbox"/> Written Safety Programs	<input type="checkbox"/> Documented Facility Inspections	<input type="checkbox"/> De-escalation training
<input type="checkbox"/> Return to Work/Transitional Duty	<input type="checkbox"/> Footwear Policy	<input type="checkbox"/> Lock Out/Tag Out Program
<input type="checkbox"/> Workplace Violence		

Does the hiring process include:

<input type="checkbox"/> Drug testing	<input type="checkbox"/> Criminal background check	<input type="checkbox"/> Motor Vehicle Record check
<input type="checkbox"/> Pre-Placement reference check		

Please provide the following:
Loss history for the current and 5 prior complete loss runs

Applicant Name-please print Title Signature Date