

SUPPLEMENTAL WORKERS' COMPENSATION APPLICATION FOR SCHOOLS

APPLICANT NAME: _____

Grades: _____ Co-ed: Yes No

Union Non-Union Student to teacher ratio: _____

Number full time employees: _____ Number part time employees: _____

Do any faculty travel out of the country? _____

Do you house students Yes No # _____ Do you house students year round? Yes No # _____

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

What services are outsourced?

- | | | |
|---|--|---|
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Snow removal |
| <input type="checkbox"/> Nurses | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Security (if yes, armed - <input type="checkbox"/> Yes or <input type="checkbox"/> No not armed) |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Grounds keeping | <input type="checkbox"/> Other (describe) |

Do you have any of the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> Chemical lab | <input type="checkbox"/> Woodworking shop | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Pool | <input type="checkbox"/> Automotive repair | <input type="checkbox"/> After school care |
| <input type="checkbox"/> Summer camps | <input type="checkbox"/> Home economics | <input type="checkbox"/> Security Officer(s) |
| <input type="checkbox"/> Interscholastic Athletics <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, <input type="checkbox"/> In State <input type="checkbox"/> Out of state | |

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"/> Screening process for new hires |
| <input type="checkbox"/> Return To Work/Transitional Duty | <input type="checkbox"/> Footwear policy | <input type="checkbox"/> De-escalation training |

Does the hiring process include:

- | | | |
|---|--|---|
| <input type="checkbox"/> Pre-placement drug testing | <input type="checkbox"/> Criminal background check | <input type="checkbox"/> Motor Vehicle Record check |
| <input type="checkbox"/> Drug-free workplace | <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