SUPPLEMENTAL WORKERS' COMPENSATION APPLICATION

APPLICANT NAME: _____

Type of Company: ☐ For Profit ☐ Not for Profit **Is this Facility:** ☐ Union or ☐ Non-Union
Date Company was established: _____ **# Years under current ownership** _____
Is Applicant a current member of a National or State Trade Association? ☐ Yes ☐ No
If Yes, please indicate Association _____

Business Operations (check all that apply):

☐ Ambulance Services	☐ Assisted Living Center	☐ Community Organization
☐ Group Home	☐ Healthcare Staffing Agency	☐ Home Care Services
☐ Hospital	☐ Medical Equipment Provider	☐ Medical Services
☐ Mental Health Services	☐ Nursing Home/Long Term Care	☐ Physical Therapy/Occupational Health
☐ Rehab Clinic /Drug or Alcohol	☐ Retirement Home	☐ Social Service Organization
☐ School for Challenged	☐ Substance Abuse Counseling	☐ Women's Shelter
☐ Visiting Nurse Services	☐ Other: _____	

Employees: # Full Time ____ # Part Time ____ Turnover rate: ____ % **Total # of beds (if applicable):** _____
Are employees provided with: Health Insurance ☐ Yes ☐ No Paid Vacation & Sick Time: ☐ Yes ☐ No
Are subcontractors utilized? ☐ Yes ☐ No **If Yes, what services do they provide?** _____
If Yes, are Certificates of Insurance obtained annually and kept on file? ☐ Yes ☐ No
Does Applicant use leased or temporary employees from other companies? ☐ Yes ☐ No
Does Applicant provide leased or temporary employees to other companies? ☐ Yes ☐ No
List any locations, including construction code, with 100 or more employees. List how many at each location _____

Please indicate below which of the following Safety Programs and Best Practices are currently operational:

☐ Driver Safety Program	☐ Accident/Incident Investigation	☐ Labor/Mgmt Safety Committee
☐ Safety Incentive Program	☐ Patient Handling/Transfer Training	☐ Mentoring for new employees
☐ New Employee Orientation	☐ Personnel Evaluations include safety	☐ Driver Training / Travel logs
☐ Return to Work/Modified Duty	☐ Screening process for new hires	☐ Functional testing of new hires
☐ Written Safety Program	☐ Documented Facility inspections	☐ Competency-based training

Does the hiring process include:

☐ Post Offer Job Function Testing	☐ Criminal Background Check	☐ Motor Vehicle Record Check
☐ Pre-Placement Drug Testing	☐ Post Offer Medical Examination	☐ Drug-free Workplace
	☐ Job Descriptions	☐ Pre-Placement Reference Check

Please indicate below which of the following are currently operational in your organization:

- ☐ Management's commitment to Safety.
- ☐ Return-to-Work is offered to all injured workers cleared for light duty
- ☐ Restrictions are placed on the type of footwear allowed
- ☐ Employees are provided with slip resistant products for their shoes during the winter months
- ☐ Applicant provides group transportation to employees

Lifting Program - Which of the following best describes the patient handling program?

- ☐ No manual lifting allowed: All lifting done with mechanical devices.
- ☐ Minimal manual lifting : Most lifting done with mechanical devices. Situations requiring manual lift utilize 2+ staff, lifts, gait belts, slide sheets, etc.
- ☐ No Formal lifting program in effect.
- ☐ Not applicable – no patient handling performed by this applicant

Please provide the following:

1) Informational brochures describing operations, locations, services, etc,

2) Loss history for the current and the 5 prior complete policy years along with the loss runs.

3) Applicant's website address: _____

_____	_____	_____	_____
Applicant Name (please print)	**Title**	**Signature**	**Date**

(Ed. 01.2015)

FLEET QUESTIONNAIRE

To be completed for all members whose employees drive a personal or company vehicle to and from clients during the workday.

APPLYING COMPANY NAME:_____

# of employees who drive _____
# of agency vehicles _____
Average # of employees in a vehicle at any given time _____
Average # of daily trips per vehicle _____
Motor Vehicle Records are obtained annually for all drivers who drive AGENCY vehicles? ☐Yes ☐No
Motor Vehicle Records are obtained annually for all drivers who drive PERSONAL vehicles for company business? ☐Yes ☐No

Driver training is available to all employees who drive for company business. ☐Yes ☐No
If Yes, how often? ☐ Upon Hire ☐ Annually ☐ Remedial
Type of driver training: _____

Types of Agency vehicles:
____ Passenger Vehicles
____ Mini Vans
____ Wheelchair Transport Vehicles
____ Others (please list) _____
_____

 # Special Licenses
____ **P** = Passenger
____ **S** = School Bus, includes Student Transportation Vehicle, Activity Vehicle, Taxi, Livery, Service Bus and Motor Coach
____ **V** = Student Transportation Vehicles, includes Activity Vehicle, Taxi, Livery, Service Bus and Motor Coach
____ **A** = Activity Vehicles, includes Taxi, Livery, Service Bus and Motor Coach
____ **F** = Taxi, Livery, Service Bus, Motor Coach
____ **Q** = Fire Apparatus (by request of the Fire Chief only)

_____	_____	_____	_____
Applicant Name (please print)	**Title**	**Signature**	**Date**

(Ed. 01.2015)