10106 W. San Juan Way, Ste. 100, Littleton, CO 80127 Phone: 303-904-3777 Fax: 303-933-4500

www.westpacins.com

Workers' Compensation No Prior Questionnaire

Description of Operations (Please be as specific as possible): Is this a new business being created by the applicant?	Insured Name:			
If so, number of years' experience the applicant has in the industry: In what capacity has the applicant worked for the past five years? Where will the employees be sourced from (i.e., union, newspaper, former relationship, etc.): Are written employment applications used? Are references checked for new hires? What are hours of operation? Is modified duty (light duty) available for all injured workers? Is there a formal job description for all employees? If so, what percentage of employees are covered? Is there a formal safety committee and safety manager? Are regular (at least monthly) safety meetings held for ALL employees? Are regular (at least monthly) safety meetings held for ALL employees? Are all safety meetings and training documented and kept on file? Are supervisors/foremen held accountable for workplace injuries? Are MVR's reviewed for all drivers? YES \ NO \ N/A \	Website:	FEIN	:	
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,		YES 🗆		
Are employees required to use personal vehicles for ANY company business? YES \Box NO \Box				N/A □
		? YES □		
	Any temporary labor used?	YES 🗆		
	Are sub-contractors used?	YES 🗆		
·	Any work sublet without certificates of insurance?	YES 🗆	NO 🗆	
Describe all work handled by uninsured sub-contractors:	Describe all work handled by uninsured sub-contractors:			
Who is responsible for safety measures at this organization? NAME:	Who is responsible for safety measures at this organization?	NAME:		
PHONE:		PHONE	:	
EMAIL:		EMAIL:		
By signing this application, the applicant states that the information provided is accurate to the best of their knowledge. All information provided is subject to	By signing this application, the applicant states that the information provided is accurate to the best of their	r knowledge	All information	on provided is subject to
verification. The application or policy coverage may be cancelled for misrepresentation if information provided is not accurate.	, , , , , , , , , , , , , , , , , , , ,	-		on provided is subject to
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Signature of Applicant: Date:	Signature of Applicant:	ate:		
Signature of Producer: Date:	Signature of Producer: D	oate:		