



Workers' Compensation No Prior Questionnaire

Insured Name: _____

Website: _____ FEIN: _____

Description of Operations (Please be as specific as possible):

Is this a new business being created by the applicant? YES NO

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? YES NO

Are references checked for new hires? YES NO

What are hours of operation? _____

Is modified duty (light duty) available for all injured workers? YES NO

Is there a formal job description for all employees? YES NO

Is there a company paid health plan available to all employees? YES NO

If so, what percentage of employees are covered? _____

Is there a formal safety committee and safety manager? YES NO

Is safety training conducted for ALL new hires prior to working? YES NO

Are regular (at least monthly) safety meetings held for ALL employees? YES NO

Are all safety meetings and training documented and kept on file? YES NO

Is there a formal accident investigation program? YES NO

Are supervisors/foremen held accountable for workplace injuries? YES NO

Are MVR's reviewed for all drivers? YES NO N/A

Are employees required to use personal vehicles for ANY company business? YES NO

Any temporary labor used? YES NO

Are sub-contractors used? YES NO

Any work sublet without certificates of insurance? YES NO

Describe all work handled by uninsured sub-contractors:

Who is responsible for safety measures at this organization?

NAME: _____

PHONE: _____

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 verification. The application or policy coverage may be cancelled for misrepresentation if information provided is not accurate.

Signature of Applicant: _____ Date: _____

Signature of Producer: _____ Date: _____