



Insured: _____

Web Address: _____

Detailed Description of Operations:

Are There Any Other Commonly Owned Businesses Which Are Separately Insured Yes No

If Yes, Explain: _____

Are There Any States In Which The Insured Operates That Are Covered Elsewhere Yes No

If Yes, Explain: _____

PRIOR PAYROLL AND PREMIUM INFORMATION

	Current Year	Prior Year	Prior Year	Prior Year	Prior Year
Premium					
Payroll					

HIRING PRACTICES AND BENEFITS

<p>Written Applications Used Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>References Checked Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Pre-Employment Physicals Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>MVR Checked Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Volunteer Labor Used Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are Any of the Following Alternate Employer Organizations Used: Professional Employer Organization (PEO), Temporary Staffing Company, Outsourcing Services Provider? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, Explain: _____</p>	<p>Drug Screening (check those that apply): Pre-Placement <input type="checkbox"/> Random <input type="checkbox"/> Post-Accident <input type="checkbox"/></p> <p>Employee Unions Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Group Medical Benefits Provided Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, % of Employees Covered ____%</p> <p>Average Wage (Governing Class Code) \$ ____ / Hour</p> <p>Employee Turnover Rate ____%</p> <p>Average Employee Tenure ____ Year(s)</p> <p>Group Transportation Provided Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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MANAGEMENT AND SAFETY PRACTICES

<p>Owners/Officers Active In Operations Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Employee Supervision Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Formal Safety Program Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Safety Training / Orientation Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Safety Director Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Safety Committee Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Formal Accident Investigation Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Light Duty / Early Return to Work Program Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Designated Medical Provider Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Maximum Weight Lifted Manually: ____ lbs</p> <p>Personal Protective Equipment Use Enforced... Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Any Outstanding Loss Control Recommendations From Prior Workers</p> <p>Compensation Carrier Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, Explain: _____</p>
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EMPLOYEE CONCENTRATION AND ADDITIONAL EXPOSURES

Describe any situation in which there is a concentration of 250+ employees in a single location (attach additional sheets if necessary)

Location Address (Street, City, Zip Code +4)	# of Employees

Is There An Emergency Response / Evacuation Plan In Place Yes No

If Stop Gap Coverage Is Requested, Provide Annual Premiums Paid in ND, OH, WA, and WY.

If Foreign Travel Exposure Is Requested, Provide Countries Visited, Work Performed And Total Number Of Days Per Year.

If Coverage For Volunteer Labor Is Requested, Provide How Many, Duties, Total Annual Hours For All Volunteers.

If USL&H Is Requested, Provide Class Codes And Actual Exposures.

Signature: _____ Information Supplied By: Broker Insured Date: _____