

WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

Applicant: _____ Effective Date: _____

Web Address: _____

I. Description of operations (include experience and expertise of employees, weight of product, target markets, price of item sold, degree of mechanization, pace of work, etc.):

II. Employee Mix and Wages

1. Number of permanent employees: _____.
2. Number of full-time employees: _____.
3. Number of part-time employees: _____.
4. Number of temporary/seasonal employees: _____.
5. Average wage for employee in governing class: _____.
6. Average wage for employees in class 8810: _____.
7. Average wage for employees in class 8742: _____.
8. Hours of operations: _____ to _____.

III. General Management and Employee Benefits

1. Percentage of medical insurance paid by employer _____%
2. Percentage of employee participation in Medical Insurance _____%
3. Paid vacation: Yes No 4. Paid sick leave: Yes No 5. 401K/ESOP: Yes No
6. Annual employee turnover _____%.
7. Active ownership in management and safety: Yes No
8. How are Supervisors/Forepersons held accountable for safety: _____
9. Hiring Practices
 - a. Pre-employment applications: Yes No
 - b. Pre-employment reference checks: Yes No
 - c. Pre-employment physical exams: Yes No
 - d. Pre-employment drug testing: Yes No
10. Written discipline procedures for safety infractions: Yes No
11. Exit/Termination Interviews: Yes No
12. Are claims reported within 5 days of injury: Yes No

IV. Programs

1. Written Safety Program: Yes No
2. Documented Safety Meetings with all employees: Yes No How often: _____
3. Safety Committee: Yes No How often do they meet: _____
4. New Employee Orientation Program: Yes No Does it address safety: Yes No
5. Safety Incentive Plan: Yes No Describe: _____

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6. Written Early Return to Work Program: Yes No
 7. Written Post Accident Drug Testing Program: Yes No

V. Office Ergonomics

1. Management proactive with ergonomic exposures: Yes No
2. Workstations modern and adjustable: Yes No
3. Brand name of office furniture: _____
4. Procedure for handling employee complaints of discomfort:

VI. Exposure\Controls (applicable to manufacturing and distribution clients only)

1. Personal Protective Equipment provided: Yes No Use enforced: Yes No
2. List types of PPE: _____

3. Machinery Guarded: Yes No
4. Lockout/Tagout Procedures: Yes No
5. Documented Physical Inspections: Yes No How often: _____
6. Accident Investigation: Yes No Corrective Action: Yes No
7. Maximum weight lifted manually by one person: _____ lbs.
8. Describe controls in place to minimize material handling exposures: _____
9. Have you been inspected or cited by OSHA: Yes No If yes describe: _____

VII. Driving

1. Delivery of product: Yes No Radius of operation: _____ miles
2. Number of private passenger autos: _____ Number of trucks: _____
3. Hired Exposures:
 - a. Number of employees that lease or rent vehicles for business use: _____
 - b. Estimated total number of rental days per year: _____
4. Non-owned Exposures:
 - a. How many employees regularly use their own personal cars for company business: _____
 - b. Estimate the percentage for business vs. personal use for above employees:
 - 1 day = 15% of business use
 - 2 days = 30% of business use
 - 3 days = 45% of business use
 - 4 days = 60% of business use
 - 5 days = 75% of business use
5. MVRs checked on drivers of company vehicles: Yes No How often: _____
6. MVRs checked on employees using their own vehicles: Yes No
7. California Risks: Are you enrolled in the CA Employer MVR Pull Notice Program: Yes No
8. What criteria are used to define an acceptable driver:

VIII. Travel

1. Employee travel outside the United States: Yes No
2. Number of employees traveling outside United States: _____
3. How often and how long do employees travel outside the United States: _____

4. List countries: _____

