

Non Profit Worker's Compensation Supplemental Application



Contact Information

Insured: Effective Date: FEIN No.:

Contact Name & Title:

Phone Number: Fax Number: Contact E-mail:

General Information

Years in Business: No. of Locations: Hours of Operation: to:

Description of Operations:

- Does the Insured operate a retail, resale or thrift store? Yes No
- Does the retail, resale or thrift store accept electronics, appliances and/or furniture? Yes No
- Do they offer pick up service for the items above? Yes No
- Does the agency operate a sheltered workshop? Yes No

Number of Clients: Describe operations of sheltered workshop:

Present number of Employees: Full-Time: Part-Time: Seasonal: Volunteers:

Percent of employee turnover in last 12 months: Full-Time: Part-Time:

Employee staffing expectation over the next 12 months: Full-Time: Part-Time:

Average hourly wage: Full-Time: \$ Part-Time: \$

Benefits Provided - are ALL employees eligible? Yes No If not, WHO is eligible?

	<input type="radio"/> Yes <input type="radio"/> No	% Paid by Employer	% of Participation
Group Health	<input type="radio"/> Yes <input type="radio"/> No		
Paid Sick Leave	<input type="radio"/> Yes <input type="radio"/> No		
Vacation	<input type="radio"/> Yes <input type="radio"/> No		
Retirement/Pension Plan	<input type="radio"/> Yes <input type="radio"/> No		

Name of Healthcare Provider:

Provide name of clinic, physician, or emergency room used for workplace related injury:

Full-time nurse maintained on staff? Yes No CPR training provided? Yes No

Would you be willing to participate in a MPN (Medical Provider Network) program to control claim costs? Yes No

Safety activities currently established and practiced regularly? Yes No Written safety program compliant with state labor codes? Yes No

Return to light duty plan? Yes No Includes full wages? Yes No

Return to Full-time modified work plan? Yes No

Designated Full-time safety director? Yes No Name:

Safety meetings held for all employees? Yes No Frequency:

Safety training held for all employees? Yes No Incentive program for employees? Yes No

Personal protective safety equipment provided for all employees where necessary? Yes No

Supervisors are held accountable for injuries/accidents? Yes No Accident investigation program in place? Yes No

Hiring Practices:

Employment application? Yes No Drug/substance abuse? Yes No
 Reference checks? Yes No Audiometric testing? Yes No
 Pre/Post employment physical? Yes No Orthopedic back test? Yes No

Vehicle Use

Operations include vehicle exposure (Company owned or personal)? Yes No # of Authorized Drivers: # of Vehicles:

For what purpose do employees drive?

Frequency of driving: Daily Weekly Other Driving radius: < 50 miles 51-100 miles 101 - 250 miles > 250 miles

Frequency of MVR checks: Participation in an MVR Pull program? Yes No

Driver acceptability standards established? Yes No Vehicle inspection/maintenance program? Yes No Frequency:

Any BIT inspections with unsatisfactory rating? Yes No Employees take vehicles home at night? Yes No

Vehicle maintenance performed by employee? Yes No If NO, who:

How many vehicles have a capacity of 15 passengers or more? No. of employees allowed to ride in 15 passenger vehicles, at one time?

Do company vehicles transport any non-employee passengers? Yes No Clients only? Yes No

Do you have a driver safety program? Yes No If YES, please provide copy

For vehicles with passenger capacity > 15 passengers or over 10,000 GVW, please complete the following:

Year	Make & Model	Garage Location	Driving Radius	Ann. Mileage Driven	Gross Veh. Weight	Retail Deliveries
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No

Provide a list of the drivers of the 15 passenger or mor vehicles, including name, driver's license number and MVR's (or attach copy)

Driver Full Name	Driver's License

Payroll and Premium History

	Payroll	Premium
Current Year		
1st Prior Year		
2nd Prior Year		
3rd Prior Year		
4th Prior Year		