



# KINETIC Hotel Questionnaire

Supplemental to: Completed ACORD 130 Workers' Compensation Application

A. Applicant information			
Applicant name		Effective date	
FEIN		Website	
Description of operations			

B. Hiring Practices	
Written application	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written job description	<input type="checkbox"/> Yes <input type="checkbox"/> No
Background/reference check	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-hire drug testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-hire physical fitness test	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. Safety Practices	
Formal injury & illness prevention program	<input type="checkbox"/> Yes <input type="checkbox"/> No
Formal return to work program	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quarterly (or more) safety meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quarterly (or more) safety training	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety incentive plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. Management practices, operations, loss control, claims handling & benefits	
Is there a FT risk/safety mgr employed whose job is 50%+ safety related?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a post-accident drug testing program for all workplace injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a formal accident investigation and claims reporting process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do more than 50% of employees receive group health that is 50% employer paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide vacation and sick time to all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you open for business 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use a team approach when flipping or turning mattresses?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Management practices, operations, loss control, claims handling & benefits (continued)	
Do you operate shuttle transportation for guests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any of your staff conduct any landscaping or building maintenance or repairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your employees deliver food off premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees required to wear non-slip shoes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your kitchen staff use cut resistant gloves?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have lifting devices that assist employees with items that weigh more than 50lbs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any employees live on premise?	<input type="checkbox"/> Yes <input type="checkbox"/> No