



KINETIC Janitorial Questionnaire

Supplemental to: Completed ACORD 130 Workers' Compensation Application

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

B. Management practices, operations, loss control, claims handling & benefits	
Any of the following services provided? If yes, please indicate %.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> % Debris removal / Job site clean-up	
<input type="checkbox"/> % Exterior window cleaning above ground level	
<input type="checkbox"/> % Fire or Flood restoration	
<input type="checkbox"/> % Gutter, Chimney, or Solar Panel cleaning	
<input type="checkbox"/> % Hazardous material or bio-hazard clean-up	
<input type="checkbox"/> % Industrial cleaning	
<input type="checkbox"/> % Mold remediation	
<input type="checkbox"/> % Residential cleaning	
<input type="checkbox"/> % Snow removal	
<input type="checkbox"/> % Biohazard or Crime Scene cleaning	
Hours of operations	From: _____ To: _____
Number of years in business with current ownership	_____
Does the insured provide employee group transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of owned vehicles	
Any work from heights over 8 feet? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

What is the maximum weight employees are required to lift?	_____
Are 1099's used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you verify workers comp coverage for independent contractors?	<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
Employee turn-over percentage during the last 12 months	_____ %



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Average hourly wage to employees in the governing class.	\$ _____
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C. 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
Are personnel files documented for pre-existing injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No
New employee orientation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is job specific safety training conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. Safety Practices	
Formal injury & illness prevention 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
Employees required to wear non-slip shoes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Protective Equipment required	<input type="checkbox"/> Yes <input type="checkbox"/> No

E. 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 the owner active in daily operations?	<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
Formal return to work program	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety incentive program in place	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Committee with both employees and management	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Are supervisors accountable for injuries and accidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is machinery and equipment properly guarded?	<input type="checkbox"/> Yes <input type="checkbox"/> No